

# WINTER LAKES ELEMENTARY SCHOOLS

Sharon Nelson – Principal  
1742 N. Fir St., Coquille, OR 97423  
Phone: 541-396-2414 Fax: 541-396-2182

Website: [www.coquille.k12.or.us](http://www.coquille.k12.or.us)

## REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS BETWEEN SCHOOLS

TO OFFICE OF THE REGISTRAR:

PREVIOUS SCHOOL \_\_\_\_\_

PREVIOUS SCHOOL ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

LAST NAME	FIRST NAME	BIRTH DATE	GRADE
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- 1) Transcript ( Please fax or email ASAP)
- 2) Health/Immunization Records
- 3) Birth Certificate
- 4) Academic Testing
- 5) IEP and Special Service Assessments:
  - Resource Room Data
  - Psychological Reports
  - Speech/Language
  - Counseling/Casework
  - Audiology/Vocational
  - Physical and/or Occupational Therapy
- 6) Title 1 Information
- 7) Gifted and Talented Records
- 8) Behavioral Records
- 9) State Assessments Scores

Please fax or email the transcript and IEP records (if applicable) to:

Winter Lakes School

Fax: (541)396-2182

email: [deversole@coquille.k12.or.us](mailto:deversole@coquille.k12.or.us)

Please mail records to: Debbie Eversole, Secretary

1742 N. First Street

Coquille, OR 97423

phone: (541)396-2414

I give my permission for these records to be released to Winter Lakes School, Coquille School District

Parent/Eligible Student: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*FOR OFFICE USE ONLY\*\*\***

**Student ID#:** \_\_\_\_\_

**Enrolled Date:** \_\_\_\_\_

**IDT:** \_\_\_\_\_

**WINTER LAKES SCHOOL  
2023/2024 REGISTRATION FORM**

**Grade:** \_\_\_\_\_

**STUDENT INFORMATION**

Legal Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Male ☐ Female ☐

Preferred Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace: \_\_\_\_\_

Student Cell Phone#: \_\_\_\_\_ Student Email Address: \_\_\_\_\_

**ADDRESS INFORMATION**

Physical Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Mailing Address (If different): \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

**#1:** Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(If Different From Student)

Email Address: \_\_\_\_\_ Lives With Student?: ☐ YES ☐ NO

Relationship: ☐ Mother ☐ Father ☐ Stepfather ☐ Stepmother ☐ Grandparent ☐ Guardian ☐ Foster ☐ Other: \_\_\_\_\_

**#2:** Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(If Different From Student)

Email Address: \_\_\_\_\_ Lives With Student?: ☐ YES ☐ NO

Relationship: ☐ Mother ☐ Father ☐ Stepfather ☐ Stepmother ☐ Grandparent ☐ Guardian ☐ Foster ☐ Other: \_\_\_\_\_

**Military Connected Student** – Is either Parent/Guardian currently an active member of the Armed Forces or National Guard? ☐ YES ☐ NO

**EMERGENCY CONTACTS** Please list in the order to be contacted in an emergency

Name	Relationship	Primary Phone	Cell Phone	Lives With	OK to Pick Up?
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

### OTHER CHILDREN IN THE FAMILY

<u>Name</u>	<u>DOB</u>	<u>Gender</u>	<u>Current School</u>

<u>Educational Background</u>	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
My child has been identified for Special Education			My child has been seeing a counselor	
My child has been identified for a 504 Plan			My child has a behavior problem	
My child has been home schooled			My child has special needs	
My child has been identified for Talented & Gifted			My child may be released to either parent	
My child takes medication: At school _____ At home: _____			I have custody papers on file for my child	
My child has a severe food allergy			My child needs to wear glasses at school	
My child has a hearing problem				

### Mark Special Services your child has been receiving

☐ Speech  
 ☐ Title I  
 ☐ IEP  
 ☐ 504  
 ☐ Indian Education  
 ☐ English as a Second Language  
 ☐ Other: \_\_\_\_\_

### PERMISSIONS

I give permission for my child to participate in school field trips: \_\_\_\_\_

I give permission for my child to be screened for possible speech, hearing, dental, and vision deficiencies and further in-depth testing, if necessary. *(This will be done at no cost to parents):*

If you agree, please sign here: \_\_\_\_\_

**If there are any legal documents or restraining orders concerning your children:** Please supply a copy to the school office. Without legal documentation, requests to limit parental contact cannot be honored.

Document: \_\_\_\_\_ Date Given to Office: \_\_\_\_\_

### PERSONALLY IDENTIFIABLE INFORMATION

The 1995 Oregon Legislature directed the Oregon Department of Education to develop new guidelines for school records. These regulations have been made to ensure the confidentiality of school records and protect the student's privacy. Beginning with the 1995/96 school year, the school may disclose the name, address, telephone number, and photograph of a student unless the parent/guardian requests the information be withheld.

The Coquille School District may use your child's name and/or photograph in the following school activities: School newsletter, website, school displays/bulletin boards; school programs and activities may be submitted to local newspapers. Please notify the school, in writing, if you do not wish to have this information released.

I \_\_\_\_\_, verify that all of the information included in this form is correct, to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2023/2024**  
**HEALTH INFORMATION FORM**  
Winter Lakes School

**STUDENT:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **GR/RM:** \_\_\_\_\_  
Parent(s): \_\_\_\_\_ Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_  
Emergency contact other than parent: \_\_\_\_\_ Phone: \_\_\_\_\_  
Physician's Name and Phone Number: \_\_\_\_\_

*\*\*This information may be shared with appropriate school staff or health care provider\*\**

Please check (✓) any conditions, disorders, or history of other health problems that apply:

\_\_\_\_\_ **ASTHMA:**

How often do asthma episodes occur? (Check one)

- \_\_\_\_\_ Less than 2 days/week, no night time awakenings (Mild Intermittent)  
\_\_\_\_\_ More than 2 days/week, night time awakenings 1 – 2x/month (Mild Persistent)  
\_\_\_\_\_ Daily, night time awakenings 3 – 4x/month (Moderate Persistent)  
\_\_\_\_\_ Throughout the day, night time awakenings more than 1x/ week (Severe Persistent)

Will student need to have a rescue inhaler at school? ☐ **YES** ☐ **NO**

Asthma Triggers: \_\_\_\_\_

\_\_\_\_\_ **ALLERGIES:**

\_\_\_\_\_ **SEVERE:** (choose) BEE STING PEANUTS OTHER: \_\_\_\_\_

Describe symptoms : \_\_\_\_\_

Is an EpiPen prescribed? ☐ **YES** ☐ **NO**

\_\_\_\_\_ **FOOD ALLERGIES:** What food(s)/symptoms? \_\_\_\_\_

*\*\*An order from your health care provider is required for a food/drink substitution\*\**

\_\_\_\_\_ **MEDICATION ALLERGIES:** \_\_\_\_\_

\_\_\_\_\_ **OTHER ALLERGIES:** \_\_\_\_\_

\_\_\_\_\_ **DIABETES:** *\*\*A health care management plan must be in place before student attends school\*\**

\_\_\_\_\_ **SEIZURE DISORDER**

_____ Abdominal / Stomach	_____ Concussions / Head injuries	_____ Vision, Eye Problems/ Color Blind
_____ ADD / ADHD	_____ Emotional / Mental Health Issues	
_____ Auditory/ Hearing problems	_____ Headaches / Migraines	_____ Other _____
_____ Autism	_____ Immune Disorder	_____
_____ Bladder / Kidney Problems	_____ Muscle/Bone /Joint disease /injury	_____
_____ Bleeding Disorder	_____ Neurological Disorder	
_____ Bowel Problems	_____ Skin Disorder	
_____ Cardiac / Heart Problems	_____ Thyroid Problems	_____ <b>NONE OF THE ABOVE</b>

**Describe any concern noted above:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS taken regularly at home/school:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*\*An MD order and/or written instructions from parent are required for administration of medication at school\*\**

**PERMISSION FOR EMERGENCY TREATMENT:**

If I cannot be located, in case of an emergency, school officials are authorized to call an ambulance and/or transport my child to a medical facility to be treated by the doctor on duty. The doctor on duty is authorized to give consent for any procedure of hospital care deemed advisable.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Oregon Certificate of Immunization Status

## Oregon Health Authority, Immunization Program

Oregon law requires proof of immunization be provided or an exemption be signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Health Authority, Immunization Program and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority. Please list immunizations in the order they were received.

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>	Complete for all Up-to- date	
Mailing Address <i>Dirección</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Codigo Postal</i>		
Parents' or Guardians' Names <i>Nombre de los padres o guardian</i>		Home Telephone Number <i>Número de Teléfono</i>			Medical  Non medical

Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)
Booster Dose Tdap					
Polio (IPV or OPV)					
Varicella (Chickenpox) [VZV or VAR] Check here if child has had chickenpox disease _____ (mm/dd/yy)					
Measles/Mumps/Rubella (MMR)					
<i>or</i>					
Measles vaccine only					
Mumps vaccine only					
Rubella vaccine only					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)					

**I certify that the above information is an accurate record of this child's immunization history.**

Signature\* \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>For school/facility use only</b>
School/facility Name
Student ID Number
Grade

\*Parent, guardian, student at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations received.

**Continued On Reverse Side**



# Oregon Certificate of Immunization Status, Page 2

## Oregon Health Authority, Immunization Program

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
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Recommended Vaccines	Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
	Pneumococcal (PCV) (Only in children less than 5 years)					
	Meningococcal (MCV4, MPSV4)					
	Human Papilloma Virus (HPV) (9 years or older)					
	Influenza (Flu)					
	Other Vaccine Please specify:					
	Other Vaccine Please specify:					

### For medical exemptions:

Please submit a **letter** signed by a licensed physician stating:

- Child's name
- Birth date
- Medical condition that contraindicates vaccine
- List of vaccines contraindicated
- Approximate time until condition resolves, if applicable
- Physician's signature and date
- Physician's contact information, including phone number

**For Immunity Documentation** (history of disease or positive titer): Please submit a **letter** signed by a licensed physician stating:

- Child's name and birth date
- Diagnosis or lab report
- Physician's signature and date

### Nonmedical Exemption:

I have received information regarding the benefits and risks of immunizations. I understand that my child may be excluded from school or child care attendance if there is a case of disease that could be prevented by vaccine. I have attached the required document from (check one):

A health care practitioner

The vaccine educational module approved by the Oregon Health Authority

I understand that I may decline one or more vaccinations for my child and request that my child be exempted from the following required immunizations (check all that apply):

Diphtheria/ Tetanus/Pertussis

Hepatitis B

Polio

Hepatitis A

Varicella

Hib

Measles/Mumps/Rubella

Signature of Parent or Guardian

Date

### Optional:

ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of:

Religious belief

Philosophical belief

Other

I certify that the above information is an accurate record of this child's immunization history and exemption status.

Signature \_\_\_\_\_

\_\_\_\_\_ Date

Update Signature \_\_\_\_\_

\_\_\_\_\_ Date

Update Signature \_\_\_\_\_

\_\_\_\_\_ Date

Update Signature \_\_\_\_\_

\_\_\_\_\_ Date

## Student Residency Questionnaire

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(mm/dd/yyyy)

Person completing form:

- ☐ Parent/guardian ☐ Unaccompanied youth (a youth that does not live with a parent or guardian)  
☐ Youth ☐ Other: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please answer these questions about the student's residency. The information you provide is confidential and protected by the law called the Federal Education Rights and Privacy Act. We use this information to decide which schools students should attend. We also use this information to make sure the rights of a child, youth or an unaccompanied youth are met based on a law called the McKinney-Vento Homeless Assistance Act.

1. Is the student's address a temporary living arrangement? ☐ Yes ☐ No  
 2. Is the student's living arrangement due to loss of housing or financial hardship? ☐ Yes ☐ No

**If the answer to any of the above is YES, please complete the following:**

Where is the student identified above currently living? (Please check one)

- ☐ In a motel or hotel due to loss of housing or financial hardship  
☐ In an emergency shelter, transitional housing facility, or abandoned in a hospital  
☐ Sharing another family's house or apartment  
☐ In a car, park, trailer park (this does not refer to a mobile home (trailer) park, this refers to a type of camping ground for fifth (housing that does not meet modern standards of living), or abandoned building  
☐ In a bus or train station  
☐ Moving from place to place (couch surfing)  
☐ In a public or private place not meant to be used as a regular place for people to sleep  
☐ Other: \_\_\_\_\_

Last school the student attended:

School: \_\_\_\_\_ District: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Name of Parent, Guardian or education decision maker:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Signature: \_\_\_\_\_

Home Phone: \_\_\_\_\_ email: \_\_\_\_\_

**OR**

Student (if an unaccompanied youth that is homeless):

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

If a child, youth or unaccompanied youth is NOT living in permanent housing, proof of residency and other documents (health, school records, etc.) normally needed for enrollment are NOT required. The child, youth or unaccompanied youth must be enrolled immediately in his or her school of origin, the school where other children attend that is in the area where the student is currently living, or another school that the student may attend based on what is best for the student.

OFFICE USE ONLY			
Date Completed	Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	District Representative	Comments

## Language Use Survey

The purpose of this survey is to determine if your child's current language exposure and use might make your child eligible to receive English Learner (EL) services.

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. What language(s) does your child hear or use regularly in your household (i.e. spoken, media, music, literature, etc.)? Hear? \_\_\_\_\_ Use (e.g., ASL)? \_\_\_\_\_

2. Describe the language(s) your child understands.

- ☐ No English
- ☐ Mostly another language and a little English
- ☐ English and another language equally
- ☐ Mostly English and a little of another language
- ☐ Tribal or Native Language
- ☐ Only English

3. What language(s) do adults most frequently use when speaking/conversing to your child?

Father/Guardian: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_

Other Adults in the Home: \_\_\_\_\_ Child-care Providers: \_\_\_\_\_

4. What language(s) did your child speak/express from 0-4 years of age? \_\_\_\_\_

5. What language(s) does your child CURRENTLY speak/express most frequently outside of school?

\_\_\_\_\_

6. Does your child frequently participate in cultural activities that are in a language other than English? Please list the activity and how often your child participates in the activity (e.g., once/week, 2 times/week, once a month, etc.).

\_\_\_\_\_

7. Is there anything else you think the school should know about your child's language use?

\_\_\_\_\_

Parent Questions: In what language(s) do you want to receive information from the school (if available)?

Father/Guardian:

Oral \_\_\_\_\_ Written \_\_\_\_\_ American Sign Language \_\_\_\_\_

Mother/Guardian:

Oral \_\_\_\_\_ Written \_\_\_\_\_ American Sign Language \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

What is your relationship to the student (i.e., parent, grandparent, etc.)? \_\_\_\_\_



## Encuesta sobre el uso de idiomas

El propósito de esta encuesta es determinar si el contacto lingüístico y el uso de idiomas que actualmente tiene su hijo(a) le puede calificar para recibir los servicios del Programa de aprendizaje del idioma inglés (ELL).

Nombre del/de la Estudiante: \_\_\_\_\_ Grado: \_\_\_\_\_

Escuela: \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_

1. ¿Qué idioma(s) oye(n) su hijo(a) con frecuencia en su casa (ej. hablado, medios de comunicación, música, literatura, etc.)? oye/n \_\_\_\_\_ use/n (ej. ASL) \_\_\_\_\_

2. Describa el idioma/los idiomas que su hijo(a) entiende.

- ☐ No inglés
- ☐ Un poco de inglés y sabré todo otro idioma
- ☐ Inglés y otro idioma utilizado equitativamente
- ☐ Sobre todo, inglés y un poco de otro idioma
- ☐ Lengua Nativa o Tribal
- ☐ Sólo inglés

3. ¿Qué idioma(s) utilizan **los adultos** con más frecuencia cuando hablan con su hijo(a)?

Padre/Tutor: \_\_\_\_\_ Madre/Tutora: \_\_\_\_\_

Otros adultos del hogar: \_\_\_\_\_ Proveedores de cuidado del niño(a): \_\_\_\_\_

4. ¿Qué idioma(s) habla/expresa su hijo(a) con más frecuencia desde los años 0-4?

\_\_\_\_\_

5. ¿En qué idioma habla/expresa su hijo/a actualmente más frecuentemente fuera de la escuela?

\_\_\_\_\_

6. ¿Participa su hijo/a frecuentemente en actividades culturales que son en un idioma más que inglés? Por favor, indique las actividades y la frecuencia con la que su hijo/a participa en la actividad. (por ejemplo: una vez/semana, dos veces/semana, una vez/mes, etc.)

\_\_\_\_\_

7. ¿Hay algo más que piensa que la escuela debería saber sobre el uso del idioma de su hijo(a)?

\_\_\_\_\_

Pregunta para los Padres: ¿En qué idioma(s) quiere/n usted/es recibir información de la escuela (si está disponible)?

Padre/Tutor: \_\_\_\_\_  
Oral \_\_\_\_\_ Escrito \_\_\_\_\_ Lenguaje de signos americana \_\_\_\_\_

Madre/Tutor: \_\_\_\_\_  
Oral \_\_\_\_\_ Escrito \_\_\_\_\_ Lenguaje de signos americana \_\_\_\_\_

Firma del padre/Tutor(a) \_\_\_\_\_ Fecha \_\_\_\_\_

¿Cuál es su relación con el estudiante? \_\_\_\_\_ (ej. padre, madre, abuelo/a, etc.)

**Coquille School District**  
**Student Race and Ethnicity Reporting**

Student Name: \_\_\_\_\_ Date Form Completed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ☐ Male ☐ Female

Person Completing Form: ☐ Parent/Guardian ☐ Student ☐ Other: \_\_\_\_\_

The U.S. Department of Education has implemented new standards for school districts to report student race and ethnicity. Your answers to the following will be held strictly confidential and data will be used only in the aggregate.

1. Is your child of Hispanic, Latino, or Spanish ethnicity: ☐ Yes ☐ No  
Includes person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.

If you answered "Yes" to question #1, you may also check on or more the racial categories in question #2. If you answered "no", please check one or more of the following racial categories.

2. Racial Categories:

- ☐ American Indian or Alaska Native  
Origins in any of the original peoples of North, Central, and south America who maintain a tribal affiliation or community attachment.
- ☐ Asian  
Origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam.
- ☐ Black or African American  
Origins in any of the black racial groups of Africa
- ☐ Native Hawaiian or other Pacific Islander  
Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- ☐ White  
Origins in any of the original peoples of Europe, the Middle East, or North Africa.

Please complete the entire form and return it to:

WINTER LAKES SCHOOL

1742 N. Fir St., Coquille, OR 97423

Fax: 541-396-

e-mail: [deversole@coquille.k12.or.us](mailto:deversole@coquille.k12.or.us)

OFFICE USE ONLY	
Race/Ethnicity Code	

Dear Families,

The Title VI Indian Education Program is trying to locate students who are descendants of Native Americans. Our school district receives an entitlement grant from the federal government based on the number of Native American students enrolled in our schools.

This grant enables the Indian Education Program to offer a wide variety of projects designed to meet the educational needs of students. The program offers crafts, films, field trips, and enrichment opportunities to provide cultural knowledge and increase academic success. Scholarships and Indian Education summer camps are also available for all Native American students.

Please check one of the following statements below:

\_\_\_\_\_ No, my student does not have Native American heritage.

Name of student: \_\_\_\_\_

\_\_\_\_\_ Yes, my student has Native American heritage.

If you marked "Yes," please list **all** students in your household with Native American heritage. You only need to complete this form once, even if you have students in different schools within the Coquille School District.

_____	_____	_____	
Parent signature	Date	Address	
_____	_____	_____	_____
Student name	Grade	School	Tribe
_____	_____	_____	_____
Student name	Grade	School	Tribe
_____	_____	_____	_____
Student name	Grade	School	Tribe
_____	_____	_____	_____
Student name	Grade	School	Tribe

You will be receiving a government form from the Indian Education Program Coordinator. This form is to ensure federal funding. Thank you for your support.



## Student Eligibility Survey/Encuesta sobre elegibilidad de estudiantes

**School's Name/Nombre de la escuela:** Winter Lakes High School

**Student's Name/Nombre del estudiante:**

1. Do you have reliable internet access at home (reliable enough that you don't have to think about whether it will work when you need it to work)?

☐ Yes  
☐ No

¿Cuentas con conexión a Internet confiable en casa (suficientemente confiable como para no tener que pensar si va a funcionar cuando necesitas que funcione)?

☐ Sí  
☐ No

2. If you do have reliable internet access at home, is it fast enough that you can do your homework without waiting for long periods of time for websites to load?

☐ Yes  
☐ No

Si tienes acceso confiable a Internet en casa, ¿es suficientemente rápido como para que puedas hacer tus tareas escolares sin tener que esperar largos periodos para que se carguen los sitios web?

☐ Sí  
☐ No

3. Would you use the free 1Million Project device and high-speed internet access to help you achieve your full potential in school and in life?

¿Usarías este dispositivo y el acceso a Internet de alta velocidad gratis del Proyecto 1Million Project para ayudarte a alcanzar todo tu potencial en la escuela y en la vida?

# WINTER LAKES SCHOOL

...

Sharon Nelson – Principal  
1742 N. Fir St., Coquille, OR 97423  
Phone: 541-396-2414 Fax: 541-396-2182

Website: [www.coquille.k12.or.us](http://www.coquille.k12.or.us)

This paperwork gives permission for the school to refer your student to our school counselors.

The nature and scope of counseling service may include emotional support, stress management skills, as well as counseling to help students enjoy success in school. Other services could include behavior screening, checklists, observations, interviews, file reviews, Functional Behavior Assessments and Behavior Support Plans.

Services may be provided for individual students or in a group setting.

All records regarding a student's counseling are kept confidential and are not included with other student records.

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I give permission for \_\_\_\_\_ to receive counselling  
services at Coquille School District/Winter Lakes School

Parent/Guardian: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## COUNSELOR PERMISSION FORM

## Winter Lakes School Attendance Agreement

It is the responsibility of Winter Lakes' students and/or families to make contact with the school on a daily basis on all school days as designated on the school year calendar. This contact may be in person, electronically or via the telephone. The minimum hours of attendance on the Winter Lakes campus is set forth by this agreement in the following statements:

---

(Name of Student)

\_\_\_\_\_ Option 1: Student will primarily complete courses from home but is encouraged to come into school and/or contact school personnel as frequently as needed to support learning. Student will be monitored by parent or learning coach when taking course related tests and pretests at home.

\_\_\_\_\_ Option 2: Student will primarily complete courses from home but is encouraged to come into school and/or contact school personnel as frequently as needed to support learning. Student will complete all course related tests and pretests at the Winter Lakes campus.

\_\_\_\_\_ Option 3: Student will be present at Winter Lakes School between the hours of \_\_\_\_\_ and \_\_\_\_\_, on all school days. Student will complete all course related tests and pretests at the Winter Lakes campus. Parent or adult student will notify the office at Winter Lakes School if any deviation from this schedule is to occur.

\_\_\_\_\_ Option 4: Student will be present at Winter Lakes School between the hours of \_\_\_\_\_ and \_\_\_\_\_, on all school days. Student will be monitored by parent or learning coach when taking course related tests and pretests at home. Parent or adult student will notify the office at Winter Lakes School if any deviation from this schedule is to occur.

Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent/Advocate Signature: \_\_\_\_\_

\* This agreement may be altered at any time by completing a new attendance agreement.

# Learning Coach Contract

## Production Guidelines

### Production Guidelines

Students at Winter Lakes School are expected to produce at least 8 “quarks” of work per day (5quarks for K-8 students). A quark refers to the volume of work that is generally produced by a student in a traditional class period. This daily production becomes the total required work for a Progress to Graduation Record (PGR) assessment period. When a WLS student produces an average of 8 quarks a day that is referred to as a 100% production level. In some special situations the 8 quark a day requirement maybe altered by mutual consent of the student, parent/advocate and school administration.

Overall Progress Report averages will be used to show student consistency over their enrollment period a Winter Lakes Schools and assess the probationary stat of the student.

All students enrolled in Winter Lakes Schools are required to have “learning Coach” assigned to them. The student selected Learning Coach may be a parent or any other mature adult that will assist the student and Winter Lakes Learning Specialist in attaining appropriate production guidelines.

“A team coach brings out the best in each player, and a learning coach will likewise inspire, encourage and guide their student individually to bring out the best learner possible. Each learner has a unique set of preference and tendencies to access, process and retain information. Learning Coaches help students to be productive and support their personal strengths so each may learn and attain.”

Learning Coaches provide both support to the student and serve as a person for the student’s Learning Specialist to reach out to on academic school matters.

## Learning Coach Contract

Winter Lakes Student: \_\_\_\_\_

I, \_\_\_\_\_, do hereby agree to assist the above named student in meeting the production guidelines of Winter Lakes Schools. I agree to check in with the above mentioned student multiple times a week and to be aware of the student's weekly progress. Furthermore, I agree to be receptive to communication from the student's Learning Specialist form Winter Lakes School.

### Learning Coach Contact Information

Name: \_\_\_\_\_

My preferred mode of communication is: \_\_\_\_\_ Other \_\_\_\_\_

Home phone number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Learning Coach Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Winter Lakes/Odysseyware Parental Access

Please return this form to Winter Lakes High School in order to be given access to view the progress of my student(s) on-line school work. You may mail, fax or deliver the form.

Student (s) Name: \_\_\_\_\_

Your First Name: \_\_\_\_\_

Your Last Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please read and sign: I realize that my e-mail address will only be used for the purpose of establishing a link to my student(s) Odysseyware account. To that extent, I give my permission and request that the e-mail address that I have provided above may be used for this stated purpose.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Coquille School District

## Acceptable Use Policy

### Introduction

Coquille School District recognizes that access to technology in school gives students greater opportunities to learn, engage, communicate, and develop skills that will prepare them for work, life, and citizenship. We are committed to helping students develop 21<sup>st</sup>-century technology and communication skills.

To that end, we provide access to technologies for student and staff use.

This Acceptable Use Policy outlines the guidelines and behaviors that users are expected to follow when using school technologies or when using personally-owned devices on the school campus.

- The Coquille School District network is intended for educational purposes.
- All activity over the network or using district technologies may be monitored and retained.
- Access to online content via the network may be restricted in accordance with our policies and federal regulations, such as the Children's Internet Protection Act (CIPA).
- Students are expected to follow the same rules for good behavior and respectful conduct online as offline.
- Misuse of school resources can result in disciplinary action.
- Coquille School District makes a reasonable effort to ensure students' safety and security online, but will not be held accountable for any harm or damages that result from use of school technologies.
- Users of the district network or other technologies are expected to alert IT staff immediately of any concerns for safety or security.

### Technologies Covered

Coquille School District may provide Internet access, desktop computers, mobile computers or devices, videoconferencing capabilities, online collaboration capabilities, message boards, email, and more.

As new technologies emerge, Coquille School District will attempt to provide access to them. The policies outlined in this document are intended to cover *all* available technologies, not just those specifically listed.

**Usage Policies**

All technologies provided by the district are intended for education purposes. All users are expected to use good judgment and to follow the specifics of this document as well as the spirit of it: be safe, appropriate, careful and kind; don't try to get around technological protection measures; use good common sense; and ask if you don't know.

**Web Access**

Coquille School District provides its users with access to the Internet, including web sites, resources, content, and online tools. That access will be restricted in compliance with CIPA regulations and school policies. Web browsing may be monitored and web activity records may be retained indefinitely.

Users are expected to respect that the web filter is a safety precaution, and should not try to circumvent it when browsing the Web. If a site is blocked and a user believes it shouldn't be, the user should follow district protocol to alert an IT staff member or submit the site for review.

**Email**

Coquille School District may provide users with email accounts for the purpose of school-related communication. Availability and use may be restricted based on school policies.

If users are provided with email accounts, they should be used with care. Users should not send personal information; should not attempt to open files or follow links from unknown or untrusted origin; should use appropriate language; and should only communicate with other people as allowed by the district policy or the teacher.

Users are expected to communicate with the same appropriate, safe, mindful, courteous conduct online as offline. Email usage may be monitored and archived.

**Social/Web 2.0 / Collaborative Content**

Recognizing the benefits collaboration brings to education, Coquille School District may provide users with access to web sites or tools that allow communication, collaboration, sharing, and messaging among users.

Users are expected to communicate with the same appropriate, safe, mindful, courteous conduct online as offline. Posts, chats, sharing, and messaging may be monitored. Users should be careful not to share personally-identifying information online.

**Mobile Devices Policy**

Coquille School District may provide users with mobile computers or other devices to promote learning outside of the classroom. Users should abide by the same acceptable use policies when using school devices off the school network as on the school network.

Users are expected to treat these devices with extreme care and caution; these are expensive devices that the school is entrusting to your care. Users should report any loss, damage, or malfunction to IT staff immediately. Users may be financially accountable for any damage resulting from negligence or misuse.

Use of school-issued mobile devices off the school network may be monitored.

**Personally-Owned Devices Policy**

Students using their personally owned devices on school property are under the same rules as if they were using district owned devices. Trying to circumvent the web filter is not allowed. If your device is detected trying to circumvent the web filter it will no longer be allowed on the school network. Use of a Proxy is considered circumventing the web filter.

**Security**

Users are expected to take reasonable safeguards against the transmission of security threats over the school network. This includes not opening or distributing infected files or programs and not opening files or programs of unknown origin.

If you believe a computer or mobile device you are using might be infected with a virus, please alert IT. Do not attempt to remove the virus yourself or download any programs to help remove the virus.

**Downloads**

Users should not download or attempt to download or run .exe programs over the school network or onto school resources without express permission from IT staff.

You may be able to download other file types, such as images or videos. For the security of our network, download such files only from reputable sites, and only for education purposes.

**Netiquette**

Users should always use the Internet, network resources, and online sites in a courteous and respectful manner.

Users should also recognize that among the valuable content online is unverified, incorrect, or inappropriate content. Users should use trusted sources when conducting research via the Internet.

Users should also remember not to post anything online that they wouldn't want parents, teachers, or future colleges or employers to see. Once something is online, it's out there—and can sometimes be shared and spread in ways you never intended.

**Plagiarism**

Users should not plagiarize (or use as their own, without citing the original creator) content, including words or images, from the Internet. Users should not take credit for things they didn't create themselves, or misrepresent themselves as an author or creator of something found online. Research conducted via the Internet should be appropriately cited, giving credit to the original author.

**Personal Safety**

Users should never share personal information, including phone number, address, social security number, birthday, or financial information, over the Internet without adult permission. Users should recognize that communicating over the Internet brings anonymity and associated risks, and should carefully safeguard the personal information of themselves and others. Users should never agree to meet someone they meet online in real life without parental permission.

If you see a message, comment, image, or anything else online that makes you concerned for your personal safety, bring it to the attention of an adult (teacher or staff if you're at school; parent if you're using the device at home) immediately.

**Cyberbullying**

Cyberbullying will not be tolerated. Harassing, dissing, flaming, denigrating, impersonating, outing, tricking, excluding, and cyberstalking are all examples of cyberbullying. Don't be mean. Don't send emails or post comments with the intent of scaring, hurting, or intimidating someone else.

Engaging in these behaviors, or any online activities intended to harm (physically or emotionally) another person, will result in severe disciplinary action and loss of privileges. In

some cases, cyberbullying can be a crime. Remember that your activities are monitored and retained.

### **Examples of Acceptable Use**

I will:

- ✓ Use school technologies for school-related activities.
- ✓ Follow the same guidelines for respectful, responsible behavior online that I am expected to follow offline.
- ✓ Treat school resources carefully, and alert staff if there is any problem with their operation.
- ✓ Encourage positive, constructive discussion if allowed to use communicative or collaborative technologies.
- ✓ Alert a teacher or other staff member if I see threatening, inappropriate, or harmful content (images, messages, posts) online.
- ✓ Use school technologies at appropriate times, in approved places, for educational pursuits.
- ✓ Cite sources when using online sites and resources for research.
- ✓ Recognize that use of school technologies is a privilege and treat it as such.
- ✓ Be cautious to protect the safety of myself and others.
- ✓ Help to protect the security of school resources.

This is not intended to be an exhaustive list. Users should use their own good judgment when using school technologies.

### **Examples of Unacceptable Use**

I will **not**:

- ✓ Use school technologies in a way that could be personally or physically harmful.
- ✓ Attempt to find inappropriate images or content.
- ✓ Engage in cyberbullying, harassment, or disrespectful conduct toward others.
- ✓ Try to find ways to circumvent the school's safety measures and filtering tools.
- ✓ Use school technologies to send spam or chain mail.
- ✓ Plagiarize content I find online.
- ✓ Post personally-identifying information, about myself or others.
- ✓ Agree to meet someone I meet online in real life.
- ✓ Use language online that would be unacceptable in the classroom.
- ✓ Use school technologies for illegal activities or to pursue information on such activities.
- ✓ Attempt to hack or access sites, servers, or content that isn't intended for my use.

This is not intended to be an exhaustive list. Users should use their own good judgment when using school technologies.

**Limitation of Liability**

Coquille School District will not be responsible for damage or harm to persons, files, data, or hardware.

While Coquille School District employs filtering and other safety and security mechanisms, and attempts to ensure their proper function, it makes no guarantees as to their effectiveness.

Coquille School District will not be responsible, financially or otherwise, for unauthorized transactions conducted over the school network.

**Violations of this Acceptable Use Policy**

Violations of this policy may have disciplinary repercussions, including:

- Suspension of network, technology, or computer privileges
- Notification to parents
- Detention or suspension from school and school-related activities
- Legal action and/or prosecution

**I have read and understood this Acceptable Use Policy and agree to abide by it:**

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**(Student** Printed Name)

---

**(Student** Signature)

---

(Date)

**I have read and discussed this Acceptable Use Policy with my child:**

---

**(Parent** Printed Name)

---

**(Parent** Signature)

---

(Date)

**Permission to use Google Docs and/or Office365**

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**(Parent** Signature)



# WINTER LAKES **ELEMETNARY** SCHOOL

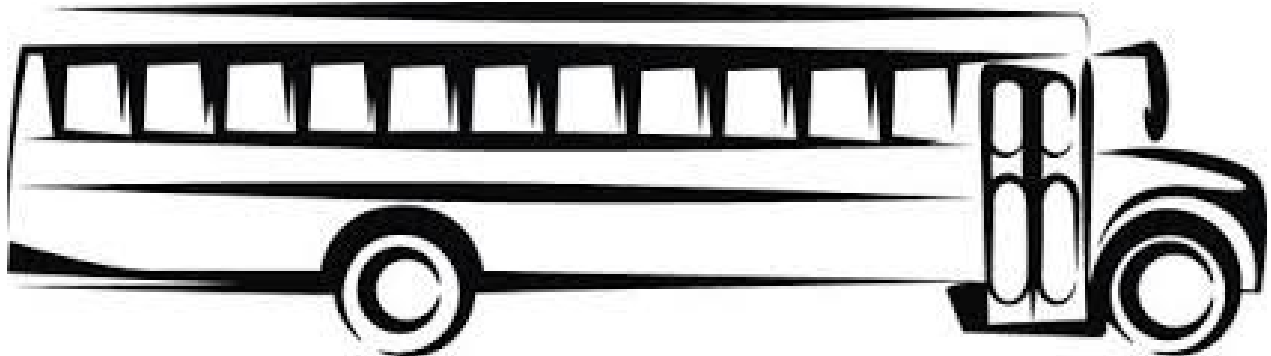
Sharon Nelson – Principal

1742 N. Fir St., Coquille, OR 97423  
Phone: 541-396-2414 Fax: 541-824-0116

## STUDENT TRANSPORTATION

Transportation staff works to ensure the safety of our children to and from school. Our drivers take pride in seeing that every student arrives at school safely, on time and ready to learn. Transportation safety is a shared responsibility that requires the active participation of bus drivers, school staff, parents, and student. For most students, their day begins and ends with a bus ride. Let's work together for all our students.

- ❖ INSIDE
  - Regulation
  - Policies
  - Bus Rules



Please retain this information for later reference and return ONLY the last two pages-signed to the Office

## **Bus Rules & Code of Conduct**

*Please discuss the bus rules with your children and keep a copy at home for students to review if needed.*

Each year the district will include the following transportation rules in the student/parent handbook and issue a code of conduct to all students and parents accompanied by the following form to be acknowledgment of being read and understood. Rules governing buses are provided by ODE and Coquille School District policy

The district will provide interpretation to those students/parents whose primary language is not English.

While riding a school bus, students will comply with the following rules adopted by the Oregon State Department of Education:

1. Students being transported are under authority of the school bus driver;
2. Fighting, wrestling or boisterous activity is prohibited on the school bus;
3. Students shall use the emergency door only in case of emergency;
4. Students shall be on time for the school bus, both morning and afternoon;
5. Students shall not bring firearms, weapons or other potentially hazardous materials on the school bus;
6. Students will not bring animals, except approved assistance guide animals, on the school bus;
7. Students shall remain seated while the school bus is in motion;
8. Students may be assigned seats by the driver;
9. When necessary to cross the road, students shall cross in front of the school bus or as instructed by the school bus driver;
10. Students shall not extend their hands, arms or heads through school bus windows;
11. Students shall have written permission to leave the school bus other than for home or school;
12. Students shall converse in normal tones; loud or vulgar language is prohibited;
13. Students shall not open or close windows without permission of driver;
14. Students shall keep the school bus clean and must refrain from damaging it;
15. Students shall be courteous to the driver, fellow students and passers-by;
16. Students who refuse to obey promptly the directions of the driver or refuse to obey regulations may forfeit their privilege to ride on the school buses;

Students will also comply with the following additional rules adopted by Coquille School District:

1. student possession, use, distribution or sale of tobacco products or inhalant delivery systems in any form on district premises, at school-sponsored activities, on or off district premises, on all district grounds, including parking lots, in district-owned, rented or leased vehicles or otherwise, or while a student is under the jurisdiction of the district, is prohibited.
2. Students shall not throw or propel materials through the air while on the school bus.
3. Large items that cannot be safely transported while in the students' lap or directly under the seat are prohibited on home to school routes.
4. Students shall not interfere with any of the school bus operating controls except in an emergency or as instructed by the driver. This shall include the service door, which could activate the eight light warning systems and the emergency door and windows, which set off alarms which could distract the driver.
5. Students shall not use vulgar or obscene language, gestures or written material toward the driver or any other student or the public.
6. Inappropriate physical/sexual conduct between students is prohibited.
7. Students shall not possess or light any type of combustibles.
8. Students shall not eat or drink on the bus. (Exception: field trips with adult present)
9. Students shall sit properly on the bus. (Back to back, seat to seat, face forward, feet in front.)
10. Skateboards, glass containers, insects, aerosol containers, laser pointers and like products are prohibited on the bus.
11. Any item used in a hazardous or inappropriate manner on the bus will be confiscated. Parents will be required to retrieve these items from the transportation department.
12. Students shall not board any bus while on suspension or expulsion from their route.

## **Violations**

Each year the district will include the following procedures for violations in the student/parent handbook and issue the procedures to all students and parents accompanied by a form to be signed as an acknowledgment of being read and understood.

The district will provide interpretation to those students/parents whose primary language is not English.

### **DISCIPLINARY PROCEDURES FOR VIOLATIONS**

1. **Written Warning:** Written warning at time of infraction-copy sent home-parent must sign and student must return it the next day.
2. **Bus Conduct Report #1:** Notice sent to parents-principal calls home-sends a copy of rules with highlighted offence.
3. **Bus Conduct Report #2:** Notice to parents that the problem has continued or a new problem-principal calls, sends a copy of rules with highlighted offence.
4. **Bus Conduct Report #3:** Student is suspended for 5 days arranged by T.S. and principal (principal can set a better time than T.S.)
5. **Bus Conduct Report #4:** Suspended for 10 days
6. **Bus Conduct Report #5:** Expelled for Trimester
7. **Bus Conduct Report #6:** Expelled for remainder of school year-starts new school year on probation.
8. In all instances, the appeal process may be used if the student and/or parent desires.

\*All citations must be signed by the driver and principal.

### **Definitions:**

“Suspension” means any disciplinary removal, other than expulsion, for up to 10 school days.

“Expulsion” means any disciplinary removal beyond 10 school days up to one calendar year.

### **Suspension Procedures**

Due process procedures used by the district governing student behavior shall be applied. Normally the suspension process shall be in accordance with the following procedures:

Suspension hearings shall be conducted in private, and will be more informal than is the case of an expulsion hearing. The hearing will be conducted by the superintendent or designated representative. The procedure should be more of a conversation between the two parties than a formal hearing;

The student will be informed of the violation(s) and given the opportunity to be heard and present his/her view of the occurrence;

If suspension is to follow, the student will be given the reason(s) for the action, the duration of the suspension and the tentative procedures for reinstatement;

If possible, parents will be notified immediately by telephone of the suspension and given reasons for the action. The parents will be encouraged to conference with the building administrator. Arrangement should be made for the student’s transportation to and from school and to other school activities;

A written communication will be mailed to the student and parents within one workday restating the reasons for the action(s), the duration of the suspension and procedure for arranging a mutually satisfactory time for a conference for possible re-admittance;

The written communication shall state that the parent may appeal the reason for suspension and the duration of suspension to the appropriate administrator;

In special or emergency circumstances, a suspension may be continued until some specific pending action occurs, such as a physical or mental examination, incarceration by court action or if there is a serious risk that substantial harm will occur if the suspension is terminated pending an intended expulsion.

# Frequently Asked Transportation Questions

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## **1. Q) Why can't the driver add a stop?**

A) We take many things into consideration when constructing bus routes. Of those, student safety is the most important. Stops are created by using established criteria which insures that all students are transported safely. All changes must go through Transportation to assess safety standards set by Oregon Dept. of Education.

## **2. Q) How can a stop be changed or added to a bus route?**

A) All change requests must be submitted to the Transportation Department for review. Changes affect all students riding the route, and all parents/guardians must be notified of any change to their student's stop. Please do not ask drivers to make 'special' stops for your student. This practice is strictly forbidden by the Oregon Department of Education.

## **3. Q) Can a student ride to a different stop or on a different route on a one-time basis?**

A) Students may ride a different bus or to a different stop if ALL of the following conditions are met:

- A note is supplied for EACH occurrence
- A note is written and signed by the parent/guardian and is given to the school secretary/administrator. The student is given a bus pass to hand it the driver upon loading. Notes to the driver from student/parent will not be accepted – the pass must come from the school office.

## **4. Q) What time do students need to be at their bus stop?**

A) Parents should ensure that their students are at their designated stop and ready to board five (5) minutes prior to the scheduled stop time. Traffic and other circumstances can cause the bus to be early or late on any given day. Transportation uses Official U.S. Time ([www.time.gov](http://www.time.gov)) for all routes. Parents should check their clocks to insure they are on the same time.

## **5. Q) Can a student bring a pet on the bus?**

A) Oregon Revised Statutes do not permit insects, reptiles, or animals of any type except for approved guide or assistance animals.

## **6. Q) Why are the students assigned to a seat?**

A) Seats are assigned in order to maintain a calm and safe atmosphere on the bus. This makes loading and unloading more efficient.

## **7. Q) Where will my student be picked up or dropped off?**

A) Your student will be picked up at a designated stop along the route. Students are discharged from the bus at their designated stop. A pre-approved bus pass must be presented to the driver at the time they board if you want your student to disembark at a different stop. (See #3)

## **8. Q) Do I have to be with my kindergarten student at the pickup point?**

A) It is advisable for you to be at the pickup point with your student.

## **9. Q) Do I need to meet my kindergarten student at the drop-off point?**

A) Your student will be dropped at their designated stop only if an adult is present, unless other arrangements have been made, older siblings, neighbors or relatives. Please let your school know if you need other arrangements.

If the driver cannot contact a parent or guardian:

- The driver will call the Transportation office or School for additional information.
- Driver will let the building administrator/secretary know they will return to the stop at the end of the route.
- If no parent is present at that time the student will be returned to the school.

## **10. Q) May my student be transported to/from a Day Care instead of home?**

A) Your student may be transported to/from a day care provided that the day care is within your school attendance area. This would be their designated stop every day if they go to daycare every day.

**11. Q) What about early releases?**

A) Early release routes are identical to regular-day, (K-12), adjusted for time.

**12. Q) Will my student have the same bus stop when snow routes are used?**

A) Some routes and certain stops on individual routes may be eliminated when snow routes are used. On inclement weather days, the District will provide information on any time delays and snow routes.

**13. Q) If a parent has a concern about their student's bus route or driver, who should they talk to?**

A) They should contact the Transportation Office at (541) 396-2723.

**14. Q) Can a parent take their student off the bus along the route?**

A) Federal and State Transportation regulations only permit the students to depart the bus at their designated stop or at school. Only a district staff member may remove a student from the bus at school. This is for the safety and security of all students.

**15. Q) Can students carry glass, plants, skateboards, or a large project on the bus?**

A) Objects that could break or anything that could potentially injure students cannot be transported on the bus. Large items that cannot be safely stored on the students' lap may not be transported. These objects become hazardous in the event of a collision.

**16. Q) Will students have the same stop before and after school?**

A) Stops may not be the same in the morning as they are in the afternoon for some students. Many students go to after school programs and daycare which would create the same type of situation. Additionally, some afternoon routes and stops may be consolidated for efficiency.

**17. Q) Can students bring their musical instrument or skateboard on the bus?**

A) For student safety, large, uncontained objects cannot be transported on the school bus (See #16). Musical instruments in a case may be transported provided there is space on the bus and the instrument can be secured by the student. Skateboards are not permitted.

**18. Q) If my student has not arrived at the normal drop off time who do I call?**

A) Afterschool route times are estimates and may vary depending on many factors. Call the Coquille School your child attends. They can contact student transportation to confirm any delays and provide an estimated arrival time.

**19. Q) Will transportation be provided if we move?**

A) Depending on whether or not you still reside in the same school boundary, transportation may be available and new stop information will be provided within three days of notifying transportation of your address change. If your move has placed, you in the walking area for your home school your student will no longer ride a bus. If you have moved out of the school boundary you will be responsible for your student's transportation.

**20. Q) Why aren't there any seatbelts on the buses?**

A) By design, only a lap belt could be installed in a bus, not a lap/shoulder belt system.

In school buses children are protected by the safety compartment they ride in, this is called "compartmentalization". One of the major benefits of compartmentalization is that it is a passive form of crash protection. Neither the driver nor the student has to assure that the lap belt is placed properly across the student's lower torso. The design also fits a wide variety of weights, heights, ages, and seating positions. In a collision, the seat in front of the passenger is designed to deflect forward, absorbing the energy developed in the crash. The seat design allows the knees to impact first, followed by the chest. Lap belts would keep the pelvis secure and allow the head to impact the seat in front of the passenger. Data from laboratory crash tests conducted in the United States and Canada indicate that the trauma and force on the head would likely result in greater, not lower, injury levels. While school buses continue to be the safest vehicle on the Nation's highways, the federal government is studying ways to make school buses even safer. The National Highway Traffic Safety Administration has a research program underway that is looking at ways to make school bus passengers even safer in a crash. When that research is completed later this year, there may be changes proposed for future school buses. In the meantime, current school bus safety requirements provide your child with the safest form of transportation possible, including your personal vehicle.

## APPEAL PROCEDURE

If a student or parent wishes to appeal the application of the discipline policy, the steps outlined below should be used. If the student or parent wishes to complain about a school employee's decision, use policy KLD - Public Complaints about District Personnel.

- STEP 1: The student or his/her representative will discuss the issue with the transportation supervisor and principal.
- STEP 2: If the student is not satisfied with the outcome of the discussion, he/she may file a written statement with the principal and transportation supervisor. This is to be done within 10 school days of the act or condition which is the basis of the complaint. The administration will, within three school days, arrange a student, parent, transportation supervisor, principal conference with the goal of resolving the issue.
- STEP 3: Within five school days, the principal is to communicate, in writing, the decision to the student and the student's parents.
- STEP 4: If, after five school days from receipt of the administrator's reply, the issue still remains unresolved, the student may submit the matter in writing to the superintendent. The superintendent will meet with the student within three school days and will respond to the issue, in writing, within five school days after the appeal.
- STEP 5: If the issue is still unresolved, the student may appeal to the Board. The Board will notify persons involved that a hearing will be held within 14 days of receipt of the appeal. The Board shall review correspondence, hear relevant facts and respond to the student within three school days following the hearing.

Please return this signed form to the school on or before the second day of school.

I have read and understand the transportation contract plan. I understand that transportation is an important service and that the safety of my student is the primary concern.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Bus # \_\_\_\_\_ Phone Numbers: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

School \_\_\_\_\_

## SIGN AND RETURN TO YOUR CHILD'S SCHOOL

I certify that I will read and discussed the Coquille School Bus Rules and Regulations with my bus student(s).  
***(You only need to fill out one form if you have students in more than one school)***

NAMES OF CHILDREN

GRADE

TEACHER

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Name (please print)

\_\_\_\_\_  
Parent /Guardian's Signature

\_\_\_\_\_  
Home Address **(No PO Box numbers)**

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Cell#

\_\_\_\_\_  
Date

If your child will go to a daycare provider, please fill out the following information;

Name of daycare provider \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell# \_\_\_\_\_

Schedule \_\_\_\_\_ (do you rotate weekly/monthly/different days)

### Emergency Closure Information

In case of an emergency closure, we have plans that will be put into action. The course of action taken depends on the reason of closure. You will be notified by the district's ALERT PHONE SYSTEM.

Please keep the schools updated on any changes; daycare provider, address, phone number and emergency contacts  
If by chance we have to send students home early.

Where would you like your student to go?

Home      Normal daycare provider      Other (if so, give information)

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_ Cell# \_\_\_\_\_

My Child may walk      I would prefer my child ride a bus      I will pick up/ provide transportation  
Interdistrict transfer student (transportation provided within Coquille School District boundaries only)

**Last Page**-----Fill out this form and return **ONLY THIS PAGE** at the time of registration. PLEASE keep the rest of the Transportation information packet for later reference.