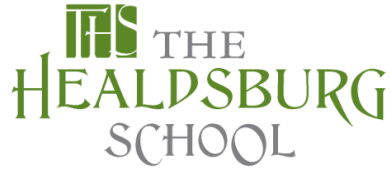




Enrollment Forms Checklist Returning Families

Please return the forms listed below on or before June 4, 2010. Should you be unable to provide copies of your child's immunization records and birth certificate by this time please return the other forms and send in the remaining information as soon as possible.

Authorization for Administering Medication	One per student (if appropriate)	Due: June 4
Contact Information Form	One per student	Due: June 4
Ethical Computer & Internet Use Student Agreement	One per student	Due: June 4
Health Form	One per student	Due: June 4
Emergency Health Care Plan	As needed	Only if applicable.
Motor Vehicle Detail Form	One per family	Due: June 4 This form is required if your vehicle will be used for school fieldtrips and/or carpooling
School Calendar	One per family	For Your Reference
Volunteer Security Check Form	One per adult	Due: June 4 (If haven't completed in past) Required for all adults who intend to volunteer at any school function and/or chaperoning any school field trip



Authorization for Administering Medication
2010-11

The California Education Code provides for any pupil who is required to take, during the regular school day, medication prescribed for him/her by a physician, provided the school receives all three of the following items:

1. A written statement from the physician detailing the method, amount, and time schedule the medication is to be taken.
2. Written authorization from the parent or guardian of the pupil indicating the directive that the school assist the student in the matter set forth in the physician's statement.
3. Medication must be in an appropriately labeled prescription container.

Student Name (please print): _____

Physician

I have prescribed the following medication for the above named student.

Medication: _____

Dosage: _____

Time: _____ Before Lunch: _____ After Lunch: _____

The school should be aware of the following side effects: _____

Other information for the school: _____

Signature of Physician: _____ *Date:* _____

Printed Name of Physician: _____

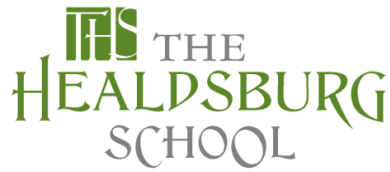
Parent/Guardian

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____



Contact Information
2010-11

Student Name: _____ Grade: _____

Date of birth: _____ Gender: _____

Siblings and their grades:

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Emergency Contact Details	
Parent/Guardian Details	Parent/Guardian Details
Name:	Name:
Cell #:	Cell #:
Work #:	Work #:
Home #:	Home #:
Home Address:	Home Address:
E-mail:	E-mail:
<p>In the event that you cannot be contacted PLEASE give the name of a local friend or neighbor who we may contact in an emergency</p>	
Contact #1 Name:	Relationship:
Telephone:	Cell #:
Contact #2 Name:	Relationship:
Telephone:	Cell#:

In case of an emergency, I agree to my child receiving any emergency dental, medical or surgical treatment, including anesthetic or blood transfusion, as considered necessary by the medical authorities present.

Parent/Guardian Name (Print): _____ Signed: _____

Parent/Guardian Name (Print): _____ Signed: _____

Parent/Guardian Name (Print): _____ Signed: _____

Student Name: _____

Grade: _____

Medical Information About Your Child

Name of Child's Doctor: _____ Phone # _____

Insurance Carrier: _____ Insurance number: _____

Is your child on any long term medication? No Yes

*If yes, please specify below. Additionally, submit the **Authorization for Administering Medication Form** (enclosed).*

Please outline any special dietary requirements of your child:

Does your child have any allergies? No Yes

*If yes, please complete and submit the **Allergy Action Form** (enclosed).*

When did your child last have a tetanus injection? _____

Notification of any changes to the information on this form should be made in writing to the Office. This information will be shared, as needed, with other professionals working with your child.

Parent/Guardian Initial __

Parent/Guardian Initial __

Parent/Guardian Initial __



2010-11

Ethical Computer & Internet Use Student Agreement

Student's Name: _____

Grade: _____

* Please see back page for agreement details, sign and date

Disclaimer

The school does not guarantee the functioning of any computer and shall not be liable for any direct or indirect, incidental or consequential damages, including lost data sustained in the use of any computer or any other hardware or software.

Student Ethical Computer and Internet Use Agreement

1. I will use Internet access only for educational purposes.
2. I will understand that any storage space allotted to me is not necessarily private.
3. I will ensure that I have permission from a supervising teacher or staff member to download any materials from the Internet onto any THS computer.
4. I will respect the diversity of beliefs of our community and not create or distribute any information, which may be offensive to members of our community.
5. I will not participate in public or unregulated chat forums.
6. I will not use the Internet for any illegal purpose.
7. I will only use email for school projects using appropriate language and content.
8. I will properly cite all references to online materials and respect the rights of copyright holders of articles, images, and sounds.
9. I will not tamper with or view any files belonging to any other student or staff member *without their permission*.
10. I will not damage or alter any form of hardware or software that belongs to THS.
11. I will not release any personal information about myself, staff members, or other students to anyone.
12. I will not reveal any passwords or access codes, which I have received from THS to anyone.
13. I will not download or use any unauthorized games or programs.
14. I understand that the use of the Internet is a privilege not a right, which may be withdrawn if I violate the principles of ethical computer use.

Consequences of Inappropriate Use

Violation of these regulations may result in the loss of Internet access privileges and/or computer use privileges. Violations may also lead to suspension or expulsion from school.

Student's Agreement

I have read and understand the school rules for Acceptable Internet Use and agree to support the Ethical Computer and Internet Use Agreement. I will use the computer systems and Internet in a responsible way and obey these rules at all times.

Student Name (Print): _____

Student Signature: _____

Date: _____

Parent/Guardian Name (Print): _____

Signature: _____

Date: _____

Parent/Guardian Name (Print): _____

Signature: _____

Date: _____

Parent/Guardian Name (Print): _____

Signature: _____

Date: _____

THS Health Form 2010-11

For safety reasons, your child is not permitted to participate in Field Trips or Athletic Programs for the school year until this form is complete and on file in the Office. This form must be submitted for all students enrolled at THS. Please complete this form and send it to the Office on or before June 4, 2010. Please give as much health information as currently available. If any health information changes during the school year, please inform the Office immediately.

Student Name: _____ Birth Date: _____ Gender: M F Grade: _____

1. **ALLERGIES.** Does your child have any known allergies? Yes No

List any allergies. Include foods, medications, plants and animals.

Please note: If your child has any known allergies, an **Allergy Action Plan Form** (enclosed) must be completed and submitted to the school in addition to the THS Health Form.

2. **MEDICATION.** Before medication can be administered at school, an **Authorization for Administering Medication Form, (enclosed), MUST be submitted to the school office and signed by all custodial parents/guardians.**

Is medication taken at home on a daily basis? Yes No

Medication _____ Used to treat _____ Dose/time _____

Medication _____ Used to treat _____ Dose/time _____

Is medication taken at school on a daily basis? Yes No

Medication _____ Used to treat _____ Dose/time _____

Medication _____ Used to treat _____ Dose/time _____

I give permission for the office to administer the following medications as indicated:

Advil Tylenol Parent Signature _____

3. **TREATMENT.** Is your child receiving current or ongoing treatment for any of the following:

- Medical condition
- Surgical condition
- Psychological condition

If yes, please explain and **attach physician's statement.**

4. **SPORTS.** Is there any reason why your child cannot participate in physical education classes or intramural/interscholastic sports? No Yes

If yes, please explain and *attach physician's statement:* _____

5. **SIGHT DIFFICULTIES.** No Yes

If yes, please explain _____ Contacts Glasses

6. **LANGUAGE DEVELOPMENT.**

Any previous difficulties with hearing, speech or language development? No Yes

If yes, please explain. Include therapy dates and treatment details.

7. **PREVIOUS ILLNESS.** Please indicate if and when your child has had the following illnesses.

Illness	Date	Illness	Date	Illness	Date
Measles 10 day (Rubeola)		Seizures		Dizziness	
German Measles 10 day (Rubella)		Chicken Pox		Fainting	
Painful Menstruation		Excema		Mumps	
TB or TB contact		Asthma		Other	
Scarlet Fever		Diabetes		Other	
Rheumatic Fever		Heart Disease		Other	

8. **OPERATIONS, INJURIES AND ILLNESS.** Please list any significant operations, injuries, and illness.

None.

9. **IMMUNIZATION HISTORY.** Please attach a copy of the original record.

10. **OTHER MEDICAL INFORMATION.** Please list any other medical information not included above.

11. **FURTHER DISCUSSIONS.** I wish to discuss _____ with the Head of School.

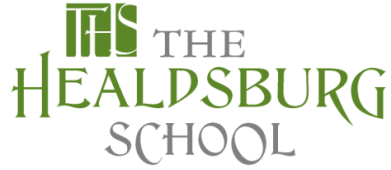
12. May we pass on any of the information on the health form to your child's teachers, as deemed necessary, to promote your child's academic success and safety: Yes No

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Motor Vehicle Detail Form 2010-11

This form is for student transportation purposes (field trips, car pooling, etc.). Please Note: \$300,000 liability coverage is required. Copy of your car insurance coverage must be submitted with this form.

Name of Driver: _____ Driver Lic # _____ Expires _____

Family Name: _____

Address: _____

Phone: _____

Car No: 1

Make and Model: _____

License Plate: _____ Color: _____

Car No: 2

Make and Model: _____

License Plate: _____ Color: _____

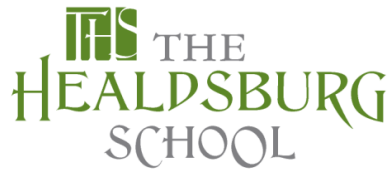
Car No: 3

Make and Model: _____

License Plate: _____ Color: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Volunteer Security Check Form 2010-11

(PLEASE complete one form per volunteer)

All volunteers who are involved in any activity at the school or chaperoning at any student related function need to have a Certificate of Clearance. This Certificate of Clearance verifies that you have been fingerprinted and cleared to volunteer at THS and work with our students. Whatever the activity, whether it takes place at school or away from school, that includes students from the school (even if their parents are in attendance), the volunteer must have a current Certificate of Clearance on file with the school before any volunteer work for the school will be authorized. You **MUST NOT** commence volunteer activities until the process has been completed. This is a State of California requirement.

If you expect to be involved in any activities this year, (e.g. sports, field trip chaperones, classroom volunteers etc.), please complete the form below and return it to the school on or before June 4, 2010. You will then be sent the necessary forms to complete for the fingerprinting process. If you have any questions, please call the school office at (707) 433-4847. Thank you for your cooperation with this required procedure.

I expect to be involved as a volunteer in activities at the school this year.

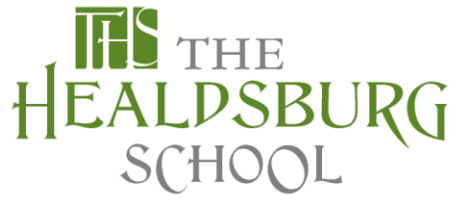
Name: _____

Telephone No: _____

Name(s) of students attending THS: _____

Relationship: _____

Volunteer Activity (if known) _____



**Expanding the Healdsburg School Community
2010-2011**

Many Families have approached the administration with a request that we expand our invitations and opportunities to participate in school functions. We would like to include grandparents and relatives of THS students in our school community whenever it is appropriate, but we need your help. Please complete this form and tell us who to include and how to contact them. Please note that this information will remain confidential and restricted.

Thank you!!!

Name of Friend or Relative _____
Relationship _____

Mailing Address _____

Email _____ **Phone** _____

Name of Friend or Relative _____
Relationship _____

Mailing Address _____

Email _____ **Phone** _____

Opportunities to participate include:

- *Attending events on campus involving students; for example The Election Connection, the holiday performance, Grandparents/Special Person Day, other pageants or shows
- *Attending Admissions Open Houses or Coffees with Head of School
- *Assisting with office support, school functions, building projects
- *Attending and/or helping with the annual parent group fundraising event
- *Sharing knowledge or experience in the classroom as it fits with the curriculum
- *Helping with fundraising and solicitations
- *Contributing to the Annual Fund

Please indicate any professional talents or personal skills your friends or relatives might like to share: