



COMPUTER DAMAGE AND VANDALISM POLICIES

Dear Parent/Guardian:

Due to the high cost of providing and maintaining electronic devices, such as laptops and ipads, for all students in their core classes the following procedures must be followed to ensure safe and effective use of the devices.

- Classroom teachers are accountable for checking all computers daily for damage and/or vandalism, including damage to keyboards, screens, batteries, hinges, etc. Staff will notify tech staff and the dean of students if any damage or vandalism is observed.
- **All** students must sign on and off computers for all computer-based curriculum use.
- **All** students are assigned an electronic device in classrooms where they are accessible and must **ONLY** use the device they are assigned to.
- **NO** food, drinks, game playing, music CDs, or Internet surfing will be allowed.
- **NO** student will be left unattended in any of the classrooms.

Any vandalism or damage may result in loss of privileges and/or criminal fine. The following in school consequences may occur:

- Verbal warning and loss of computer privilege
- Written warning and loss of computer privilege
- Suspension of Privileges and referral to the Dean of Students
- Referral to the Dean of Students and/or suspension from school

This form must be signed by above parties and returned at registration before your student will be allowed computer privileges. By signing this form, you have read and understood the above information. You will be held responsible for cost, repairs, or replacement for any vandalism or theft that occurs.

Student Name (Please Print) _____ Date: _____

Parent/Guardian Name (Please Print) _____ Date: _____

Parent/Guardian Signature _____ Date: _____



Walking Permission Slip

Dear Parents/Guardians:

As part of your student's education, he/she will walk to several community projects, fieldwork opportunities, and field trips. They will also experience advisory walks in which the class will build community. Examples of these experiences include, but are not limited to:

- Classroom Fieldwork/Data Collection
- Kenosha Museums
- Advisory Walks
- Kenosha Lakefront for Cleanup
- Local Businesses

These experiences are an integral part of your child's education and can be considered part of the normal school day. Other trips involving travel will have a separate permission slip.

_____ (Please print student name) _____ (student ID #)
has my permission to participate in school activities that are within walking distance of Reuther Central High School for the **2024-25** school year. I realize that Reuther Central High School will not be held responsible for conduct or action that is contrary to school standards.

I can be reached at _____ (Cell or home phone) or _____ (work phone)

Print Parent/Guardian Name

Date

Parent/Guardian Signature

Date

My student will _____ /will not _____ need medication during walking field trips.

Name of Medication: _____



Student Parking Permit 2024-2025

For safety and security at Reuther High School, students are required to register the vehicles they will be driving to school. The School Board has set a fee of \$50.00 per permit for student parking. Student parking is available in the lot west of school, on a first come, first served basis. Vehicles not registered are subject to towing at the owner's expense.

- Complete this form and bring payment to Ms. Alicia or Ms. Stephanie in the main office.
- Complete your payment by cash, credit/debit, or check, payable to Reuther High School.

Student Name

ID Number

Cell Phone Number

Permit Number

Vehicle #1

Make

Model

License Plate

Vehicle #2

Make

Model

License Plate

Reuther High School and Kenosha Unified are not responsible for any damage to your vehicle.



Community Service Hours Verification Form

Student Name: _____ Grade/Cohort: _____

ID Number: _____ Number of service hours: _____

Date(s) of experience: _____

Name of Agency/Organization/Person: _____

Describe the service(s) activities performed:

Name of agency representative (please print): _____

Phone number: _____ E-mail: _____

Agency representative signature: _____ Date: _____

Student signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Guidelines For Eligible Community Service Activities

- Service activities may be performed through a non-profit organization, or a for-profit organization as long as the recipient of the service does not profit monetarily from it. (e.g. volunteering to help residents at a for profit nursing home.)
- Service may be performed with or for a faith-based organization, but activities must not evangelize or be religious in nature. (e.g. Volunteering at a church-sponsored food bank would be allowable. Volunteering to sing in the choir at a religious service would not fit the criteria.)
- Service activities must be performed without financial or other compensation.
- Students may not use court-ordered community service hours to fulfill the graduation requirement.
- All Kenosha Unified School District's behavior expectations and policies are in effect while a student is serving at the community agency site.
- The agency/organization must comply with all federal, state, and local laws that forbid discrimination on the basis of race, creed, gender, age, disability, religion or national origin.
- Starting with the graduation cohort of 2013, students must complete a total of ten hours of community service to fulfill the graduation requirement.
- Hours can be completed anytime during your high school enrollment. This includes the summer prior to 9th grade up through senior year, prior to annual deadline before Graduation.

***Upon completion of service hours, submit this completed form to your Guidance Counselor.**

For Office Use Only: Entered in IC: _____



Formulario de Verificación de Horas de Servicio Comunitario

Nombre del estudiante: _____ Grado/Cohorte: _____

Número de ID: _____ Número de horas de servicio: _____

Fecha(s) de la experiencia: _____

Nombre de la agencia/organización/persona: _____

Describa las actividades de servicio realizadas:

Nombre del representante/agencia (en letra de imprenta): _____

Número de teléfono: _____ Correo electrónico: _____

Firma del representante de la agencia: _____ Fecha: _____

Firma del estudiante: _____ Fecha: _____

Firma del Padre/Tutor: _____ Fecha: _____

Directrices para actividades de servicio comunitario elegibles

- Las actividades de servicio pueden realizarse a través de una organización sin fines de lucro o una organización con fines de lucro siempre que el destinatario del servicio no obtenga ganancias monetarias de ello. (por ejemplo, ofrecerse como voluntario para ayudar a los residentes de un asilo de ancianos con fines de lucro).
- El servicio puede realizarse con o para una organización religiosa, pero las actividades no deben evangelizar ni ser de naturaleza religiosa. (Por ejemplo, se permitiría ser voluntario en un banco de alimentos patrocinado por una iglesia. Ser voluntario para cantar en el coro en un servicio religioso no cumpliría los criterios).
- Las actividades de servicio deben realizarse sin compensación financiera o de otro tipo.
- Los estudiantes no pueden utilizar horas de servicio comunitario ordenadas por el tribunal para cumplir con el requisito de graduación.
- Todas las expectativas y políticas de conducta del Distrito Escolar Unificado de Kenosha están vigentes mientras un estudiante presta servicio en el sitio de la agencia comunitaria.
- La agencia/organización debe cumplir con todas las leyes federales, estatales y locales que prohíben la discriminación por motivos de raza, credo, género, edad, discapacidad, religión u origen nacional.
- A partir del grupo de graduación de 2013, los estudiantes deben completar un total de diez horas de servicio comunitario para cumplir con el requisito de graduación.
- Las horas se pueden completar en cualquier momento durante su inscripción en la escuela secundaria. Esto incluye el verano anterior al 9.th subir de grado hasta el último año, antes de la fecha límite anual antes de la graduación.

***Al completar las horas de servicio, envíe este formulario completo a su consejero vocacional.**

Sólo para uso de oficina: ingresado en IC: _____

REUTHER HIGH SCHOOL

PARENT PERMISSION FOR RELEASE FROM SCHOOL

11th & 12th Grade Students Only

TODAY'S DATE _____

STUDENT NAME _____ GRADE _____

Students at Reuther that are credit healthy, have earned all of their credits or have an extenuating life circumstance may have earned shortened schedules that are not afforded to all students.

I give permission for my child, _____, to have a shortened day schedule for their junior or senior school year. **JUNIORS ARE ONLY ALLOWED BLOCK 1 RELEASE UNLESS THEY HAVE A COLLEGE COURSE APPROVED BY THEIR COUNSELOR.**

I understand that Reuther is not involved with and cannot take responsibility for the way my child chooses to travel to and from school during this release time. Whether walking, driving or taking the bus, my child is also responsible to behave in a safe and polite manner. Students with releases can only be in the building 20 minutes prior to the start of their class or 20 minutes after their classes have ended unless given permission by a specific teacher.

This release can be revoked by the principal at any time because of failing a class(es), arriving to school tardy or not abiding by the West Door rules of arriving/leaving at alternate times.

If you have any questions, please feel free to contact the Guidance Office at (262) 359-6134.

Student Signature Student Phone # Date

Parent Signature Parent Phone # Date

RELEASE FOR 2024-2025

Note: JUNIORS ARE ONLY ALLOWED BLOCK 1 RELEASES

Quarter 1:	☐ Block 1	☐ Block 2	☐ Block 3	☐ Block 4	☐ I-Block
Quarter 2:	☐ Block 1	☐ Block 2	☐ Block 3	☐ Block 4	☐ I-Block
Quarter 3:	☐ Block 1	☐ Block 2	☐ Block 3	☐ Block 4	☐ I-Block
Quarter 4:	☐ Block 1	☐ Block 2	☐ Block 3	☐ Block 4	☐ I-Block



WORK EXPERIENCE

Course # 021200XQ

11th & 12th Grade Students Only

Earn .25 elective credit per quarter upon completion

Objective:

- Relate education to work experience
- To develop work ethics and responsibility
- To develop self-motivation

Evaluation Process:

- Obtain employment
- Complete this application and submit to your counselor for approval
- Work 15 minimum of hours per week
- Submit check stub or time card to your counselor

COURSE APPLICATION

TODAY'S DATE _____

STUDENT NAME _____ ID# _____ Grade _____
(Please Print)

STUDENT PHONE _____

WHERE TO YOU WORK? _____
(Name and Address)

TYPE OF WORK _____

DATE STARTED _____ PAID WEEKLY or EVERY 2 WEEKS

NUMBER OF HOURS PER WEEK YOU USUALLY WORK _____

SUPERVISOR'S NAME & PHONE # _____
(Please Print)

I would like to be placed in the below course(s): (must continue to work to qualify):

☐ QUARTER 1 ☐ QUARTER 2 ☐ QUARTER 3 ☐ QUARTER 4

☐ APPROVED

(Counselor Signature)

**KENOSHA UNIFIED SCHOOL DISTRICT
MEDICATION AUTHORIZATION FORM**

SCHOOL NAME: _____ **PHONE:** _____ **FAX:** _____

ONE MEDICATION PER FORM

Prescription Medication: Health Care Provider to complete. Health Care Provider signature required. **Pharmacy label must match order below**
Parent/Guardian signature required.

NonPrescription Medication: Parent/Guardian to complete. Parent/Guardian signature required.

Medication to be administered as directed.

Student Name: _____ DOB: ____/____/____

Medication: _____

Dosage: _____

Route: _____

Time(s) Administered: _____

Reason for Medication: _____

Student may carry medication for Emergency (LIFE SAVING) purposes only ***EPINEPHRINE, RESCUE INHALER, GLUCAGON, INSULIN***: ____ Yes ____ No

Additional directions/symptoms: _____

Health Care Provider Signature: _____ Date: ____/____/____

Health Care Provider Name (Please Print): _____

Address: _____ Phone: _____ Fax: _____

NOTE: Parent/Guardian signature permits designated school staff to dispense medication to the above student and to contact the health care provider at any time with questions or concerns related to this student's medical condition and medication.

Parent/Guardian Signature: _____ Date: ____/____/____

Parent/Guardian Name (Please Print): _____

Daytime Phone Number: _____

CRITERIA FOR DISPENSING MEDICATION

1 **Authorization:** Students requiring medication at school, including herbal and vitamin supplements, shall provide a completed "Medication Authorization Form". Prescription medications require a signature from both a health care provider and parent/guardian. Nonprescription medications require the parent/guardian signature. The parents must notify the school when the drug is discontinued or for any changes. An updated medication authorization form is required for all changes in medication, dosage, or administration time. All medication authorization forms must be renewed annually. All unclaimed medication at the end of the school year will be disposed of per policy.

2 **Container:** All medication must be supplied in the original container. Prescription medications require the pharmacy label. Nonprescription medication must be in the original container with the directions on the container including student name. All medication shall be kept in a locked cabinet.

3 **Delivery to School:** It is the responsibility of the parent/guardian to provide and deliver to the school all authorized medication and replace expired medication.

DISTRITO ESCOLAR UNIFICADO DE KENOSHA
FORMULARIO AUTORIZACIÓN DE MEDICAMENTOS

NOMBRE DE ESCUELA: _____ **TELÉFONO:** _____ **FAX:** _____

UN MEDICAMENTO POR FORMULARIO

Medicamento recetado: Proveedor de atención médica para completar. Se requiere la firma del proveedor de atención médica. **La etiqueta de la farmacia debe coincidir con el orden a continuación.**
Se requiere la firma del Padre/Tutor.

Medicamentos Sin Receta: Padre/Tutor para completar. Se requiere la firma del Padre/Tutor.

La medicación debe administrarse según las indicaciones.

Nombre del Estudiante: _____ FDN: ____ / ____ / _____

Medicamento: _____

Dosis: _____

Ruta: _____

Hora(s) Administrada: _____

Razón del Medicamento: _____

El estudiante puede llevar medicamentos para emergencias (SALVA VIDAS) únicamente ***EPINEFRINA, INHALADOR DE RESCATE, GLUCAGON, INSULÍNA***: ____ Sí ____ No

Instrucciones/síntomas adicionales: _____

Firma del Proveedor de Atención Médica: _____ Fecha: ____ / ____ / _____

Nombre del Proveedor de Atención Médica (Favor de Imprimir): _____

Dirección: _____ Teléfono: _____ Fax: _____

NOTA: La firma de Padre/Tutor permite al personal escolar designado dispensar medicamentos al estudiante mencionado anteriormente y comunicarse con el proveedor de atención médica en cualquier momento con preguntas o inquietudes relacionadas con la condición médica y la medicación de este estudiante.

Padre/Tutor Firma: _____ Fecha: ____ / ____ / _____

Nombre del Padre/Tutor (Favor de Imprimir): _____

Teléfono Durante el Día: _____

CRITERIOS DE DISPENSACIÓN DE MEDICAMENTOS

1 Autorización: Los estudiantes que necesiten medicamentos en la escuela, incluyendo los suplementos de hierbas y vitaminas, proporcionarán un "Formulario de Autorización de Medicamentos" completo. Los medicamentos recetados requieren la firma del proveedor de atención médica y del padre/tutor. Los medicamentos sin receta requieren la firma del padre/tutor. Los padres deben notificar a la escuela cuando se discontinúa el medicamento o cualquier cambio. Se requiere un formulario de autorización de medicación actualizado para todos los cambios en la medicación, la dosis o el tiempo de administración. Todos los formularios de autorización de medicamentos deben renovarse anualmente. Todos los medicamentos no reclamados al final del año escolar se desecharán según la política.

2 Contenedor: Toda medicación debe ser suministrada en el envase original. Los medicamentos recetados requieren la etiqueta de la farmacia. Medicamentos sin receta deben estar en el envase original con las instrucciones en el envase incluyendo el nombre del estudiante. Todos los medicamentos se guardarán en un gabinete cerrado con llave.

3 Entrega a la Escuela: Es responsabilidad del padre/tutor proporcionar y entregar a la escuela todos los medicamentos autorizados y reemplazar los medicamentos vencidos.



Request for Pre-Arranged Absence

Kenosha Unified School District No. 1
School Board Policies
Rule 5310 B(2)Pre-Arranged Absences:

Approval of a request for a pre-arranged absence may be given in situations such as family, group, or individual activities of significant benefit to the student to warrant absences from school. Building principals may approve the prearranged absence of students upon written request from a parent/guardian. Requests for approval of a prearranged absence will be submitted on the form provided by the school office, and will be considered after the necessary details are provided, including reason for the request, evaluative notations by the teachers, signature of the parent/guardian, and other information which may be requested. In accordance with states statue 118.15 (3)(c) ... A child may not be excused for more than 10 days in a school year under this paragraph.

Request for Absence:

The parent(s)/guardian(s) of _____ are planning an absence from school for _____ school days, from _____ to _____ for the purpose of _____.

Parent/Guardian Signature

Date

Academic Standing:

School attendance impacts the progress of academic success. Please consult with the classroom teacher(s) for current academic standings and any comments regarding this pre-arranged absence.

Course/Subject:	Grade:	Teacher:	Comments:

Verification:

Kenosha Unified School District acknowledges your request for an absence. We appreciate your communication and encourage strong school attendance for the remainder of the school year. It is the student's responsibility to ensure all possible make-up work is completed.

Principal Signature

Date

☐ Approved

☐ Not Recommended Due to Academic/Attendance Concerns

Solicitud de Ausencia Pre-Programada

Distrito Escolar Unificado de Kenosha No. 1
Política de la Junta Escolar
Regla 5310 B (2) Ausencia Pre-Programada:

La aprobación de una solicitud de ausencia pre-programada puede ser otorgar en situaciones tales como de familia, grupo, o actividades individuales de beneficio significativo para el estudiante para justificar la ausencia de la escuela. EL Principal del Edificio puede aprobar la solicitud pre-programada de ausencia del estudiante por una petición por escrito del padre/tutor. Solicitud de aprobación de ausencia pre-programada se presenta por medio del formulario proporcionado por la oficina escolar. Y se tomara en consideración después que proporcione detalles necesarios, incluyendo motivo de solicitud, notas de evaluación por parte del maestro/a, firma del padre/tutor, y alguna otra información que puede ser solicitada. De acuerdo con el estatuto estatal 118.15 (3)(c) ... Bajo este párrafo, un niño/a no puede ser justificado por más de 10 días en un año escolar.

Solicitud de Ausencia:

El padre(s)/tutor(es) de _____ están planeando un ausencia de la escuela para _____ días escolares, del _____ al _____ con el propósito de _____.

Firma del Padre/Tutor

Fecha

Posición Académica:

La asistencia escolar afecta el progreso del éxito académico. Favor de consultar con el maestro(s) de la clase, para la posición académica actual con respecto a esta ausencia pre-programada.

Curso/Materia:	Grado:	Maestro/a:	Comentarios:

Verificación:

EL Distrito Escolar Unificado de Kenosha tomara en cuenta su solicitud de ausencia. Agradecemos su comunicación y estimulamos fuertemente la asistencia escolar para el resto del año escolar, Es la responsabilidad del estudiante de asegurarse que todo trabajo faltante posible sea completado.

Firma del Principal

Fecha

☐ Aprobado

☐ No lo Recomendáramos Dado a Preocupación Académica/Asistencia