



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 **2022-23** 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: _____



Community Service Hours Verification Form

Student Name: _____

ID Number: _____ Graduation Year: _____

Please check any/all boxes that apply:

- ☐ 10 community service hours Date(s) of experience: _____
- ☐ 100 community service hours Date(s) of experience: _____
(Service with Distinction)
- ☐ ____ community service hours Date(s) of experience: _____

Name of Agency/Organization _____

Describe the service activities performed:

Name of agency representative (please print): _____

Phone number: _____

Agency representative signature: _____ Date _____

Student signature: _____ Date _____

Parent/Guardian signature: _____ Date _____

RETURN FORM TO YOUR COUNSELOR



Guidelines for 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.

See reverse side for guidelines on eligible community service activities.

Upon completion of service hours, submit this completed form to your guidance counselor.

Starting with the graduating class of 2013, all students must complete 10 hours of community service to graduate.

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 2022-2023

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

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 the Guidance Office

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 NO. 1
MEDICATION AUTHORIZATION FORM**

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

ONE MEDICATION PER FORM

Prescription Medication: Health Care Provider to complete. Health Care Provider signature required.
Parent/Guardian signature required.

Non-Prescription 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 purposes: _____ 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. Non-prescription 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. Non-prescription 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 UNIFICADO ESCOLAR DE KENOSHA NO. 1
FORMATO DE AUTORIZACION DE MEDICAMENTOS

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

UN MEDICAMENTO POR FORMATO

Medicamento Con Receta Médica: A completar por el Proveedor de Servicios Médicos. Requiere firma del Proveedor de Servicios Médicos. Requiere firma del Padre/Representante Legal.

Medicamento Sin Receta Médica: A completar por el Padre/Representante Legal. Requiere firma del Padre/Representante Legal.

Medicamento para ser administrado como se indique.

Nombre del Estudiante: _____ Fecha de Nacimiento: ____/____/____

Medicamento: _____

Dosis: _____

Vía: _____

Tiempo(s) de Administración: _____

Razón por el Medicamento: _____

El estudiante puede llevarse su medicamento para propósitos de una emergencia: ____ Si ____ No

Síntomas/indicaciones adicionales: _____

Firma del Proveedor de Servicios Médicos: _____ Fecha: ____/____/____

Nombre del Proveedor de Servicios Médicos: (por favor escriba en letra de molde): _____

Dirección: _____ Teléfono: _____ Fax: _____

NOTA: La firma del Padre/Representante Legal permite al personal designado por la escuela suministrar el medicamento al estudiante citado anteriormente y a contactar al proveedor de servicios médicos en cualquier momento con preguntas e inquietudes relacionadas con ésta condición médica del estudiante y el medicamento.

Firma del Padre/Representante Legal: _____ Fecha ____/____/____

Nombre del Padre/Representante Legal: (por favor escriba en letra de molde): _____

Numero Telefónico durante el día: _____

CRITERIO PARA SUMINISTRO DE MEDICAMENTOS

1. **Autorización:** Los estudiantes que requieran medicamento en la escuela, incluyendo suplementos vitamínicos y herbales deberán entregar el formato completo de "Autorización de Medicamentos". Los medicamentos con receta médica requieren la firma de **ambos**, tanto del proveedor de servicios médicos como del padre/representante legal. Los medicamentos sin receta médica requieren la firma del padre/representante legal. Los padres deberán notificar a la escuela cuando el medicamento debe ser suspendido o cualquier otro cambio. Un formato actualizado de autorización de medicamento se requiere para todos los cambios en medicamentos, dosis u hora de administración. Todos los formatos de autorización de medicamentos deberán renovarse anualmente. Todos los medicamentos que no sean reclamados al final de año escolar serán desechados de acuerdo a la normativa.
2. **Envase:** Todos los medicamentos deben ser entregados en su envase original. Los medicamentos con receta médica requieren la etiqueta original de la farmacia. Medicamentos sin receta médica deben estar en su envase original con las indicaciones en el envase incluyendo el nombre del estudiante. Todos los medicamentos deben guardarse en un gabinete con seguro.
3. **Entrega a la Escuela:** Es de responsabilidad del padre/representante legal suministrar y entregar a la escuela todos los medicamentos autorizados y sustituir todos 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