

Welcome to Teachwell

Completing this form provides Teachwell with basic contact information and includes questions related to student health and safety. The final section details how certain information you provide may be shared or used.

ABOUT THE STUDENT

STUDENT NAME

DATE OF BIRTH

FIRST

LAST

MIDDLE

MM

DD

YY

GENDER

ETHNICITY

MOBILE PHONE

EMAIL ADDRESS

FEMALE

MALE

ADDRESS

STREET ADDRESS

CITY

STATE

ZIP

STUDENT HEALTH INFORMATION

Teachwell respects the privacy of our students and complies with all laws regarding the protection of student health information. Answering the following questions helps us identify student needs that may be relevant to your student's education or time at school.

Please list and describe any relevant medical or health issues, including information about allergies.

Does your student regularly see a physician or other health professional? YES NO

Does your student currently take any prescription medication? YES NO

OUT-OF-SCHOOL PLACEMENT HISTORY

Please help us make sure we can gather all your student's educational records. If your student has spent time at a facility other than your local public school, please share the name of the facility, the dates the out-of-school placement and why the student was referred to the program.

SELF-DRIVING INFORMATION

If your student will drive to school, please share details about the student's primary vehicle.

MAKE

MODEL

LICENSE PLATE NUMBER

FAMILY INFORMATION AND APPROVED CONTACTS

PARENT OR GUARDIAN (1)

FIRST AND LAST NAME	RELATIONSHIP TO STUDENT	EMAIL ADDRESS
HOME PHONE	CELL PHONE	WORK PHONE

What is the best way to reach this person during the school day? TEXT MESSAGE PHONE CALL EMAIL

If this parent or guardian does not live with the student, please provide a current home address.

STREET ADDRESS	CITY	STATE	ZIP
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PARENT OR GUARDIAN (2)

FIRST AND LAST NAME	RELATIONSHIP TO STUDENT	EMAIL ADDRESS
HOME PHONE	CELL PHONE	WORK PHONE

What is the best way to reach this person during the school day? TEXT MESSAGE PHONE CALL EMAIL

If this parent or guardian does not live with the student, please provide a current home address.

STREET ADDRESS	CITY	STATE	ZIP
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APPROVED CONTACTS

Please list the name of three (3) people who can pick the student up for school or be contacted in case of an emergency. List people other than the student's parents or guardians.

FIRST AND LAST NAME	PHONE	RELATIONSHIP TO STUDENT
FIRST AND LAST NAME	PHONE	RELATIONSHIP TO STUDENT
FIRST AND LAST NAME	PHONE	RELATIONSHIP TO STUDENT

Please give us the names of anyone who can not have contact with your child and tell us whether there is a protection order in place.

USE OF STUDENT INFORMATION

DISCLOSURE OF DIRECTORY INFORMATION

Federal law and school policy allow the school district to release "Directory" information without parental consent. This information includes a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance.

If you **do not** want Teachwell to release this information without your consent, initial here:

_____ INITIAL

STUDENT PHOTO RELEASE

Teachwell may use photographs of students in year books, other school-related publications or for marketing materials, which may include publication on websites or social media platforms.

If you **do not** want Teachwell to use your student's photo without consent, initial here:

_____ INITIAL

STUDENT PARTICIPATION IN SCHOOL-SANCTIONED SURVEYS

Teachwell may provide a student's contact information to state entities or other third parties for the express purpose of inviting students to complete surveys about student experience, perception or behavior.

If you **do not** want your student to participate in surveys, initial here:

_____ INITIAL

SIGNATURE

By signing below, you are certifying that you have provided full and accurate information to Teachwell and that you have read the Teachwell equal opportunity and non-discrimination policy.

SIGNATURE

DATE

NOTICE OF NONDISCRIMINATION

Teachwell does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following persons have been designated to handle inquiries regarding the nondiscrimination policies:

Joan Frevik, Director
715 E 14th St., Sioux Falls SD 57104
605-367-7680
joan.frevik@teachwell.org

Mark Stavenger, Title IX Coordinator
715 E 14th St., Sioux Falls SD 57104
605-367-7680
mark.stavenger@teachwell.org

For further information on notice of nondiscrimination, visit
https://ocrkas.ed.gov/contact-ocr?field_state_value=684 or contact:

Office for Civil Rights
U.S. Department of Education
One Petticoat Lane
1010 Walnut Street, Suite 320
Kansas City, MO 64106

Telephone: 816-269-0550
Fax: 816-268-0599
TDD: 877-521-2172
email: OCR.KansasCity@ed.gov

For additional prohibited discrimination and related information, please review Teachwell Policy 3053 - Nondiscrimination