

Student Last Name

First Name  
(Use full legal name)

Middle Name(s)

09-10

## InTech Collegiate High School New Enrollment Packet & Re-enrollment Packet

### For New Enrollments:

Thank you for beginning your enrollment in ICHS! To complete your enrollment, please:

1. Complete ***all*** pages of this packet
2. Pay the general fee of \$100 (if not qualifying for a fee waiver) (Course fees will be due during registration in August).
3. Turn in the following documentation:

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Photocopy of student immunization record             |
| <input type="checkbox"/> | Photocopy of student birth certificate               |
| <input type="checkbox"/> | Photocopy of all transcripts from grades 9-11<br>or  |
| <input type="checkbox"/> | Photocopy of grade report from 8 <sup>th</sup> Grade |
| <input type="checkbox"/> | Course Request Form (for appropriate grade)          |

### For Returning Enrollments:

Thanks for re-enrolling in ICHS! To complete your re-enrollment, please:

1. Complete all pages of this packet (we need to update the information each year for our own records and to meet legal requirements). Return this packet and other materials.
2. Pay the general fee of \$100 (if not qualifying for a fee waiver) (Course fees will be due during registration in August).
3. Turn in the following documentation:

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Course Request Form (for appropriate grade) |
|--------------------------|---|

*Please return completed forms, documentation, and fees to:*

**ICHS Registrar**  
**1787 N Research Parkway**  
**North Logan, UT 84341**

*For questions regarding enrollment, please contact the school registrar: 435 753-7377*

### Non-Discrimination Policy

InTech Collegiate High School admits students of any race, creed, color, national or ethnic origin, religion, sex or disability to all the rights, privileges, programs and activities generally accorded or made available to students at InTech Collegiate High School and does not discriminate on the basis of race, creed, color, national or ethnic origin, religion, sex or disability in the administration of its educational policies, admissions policies, scholarship programs, extracurricular programs and other school-administered programs.

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**Agreement to Comply with ICHS Policies and Procedures and State Law**

It is expected that parents/guardians will do the following:

- 1) Be responsible for their student(s) attendance – ensuring that their student(s) attend at least 93% of school days or otherwise follow the school attendance policy.
- 2) Be financially responsible for any fees or fines incurred by their student(s).
- 3) Be responsible for tracking student grades, assignments, and attendance (either through SIS or other methods) at least once a week.
- 4) Attend parent-teacher-student conferences each term or make alternative arrangements.

It is expected that students will do the following:

- 1) Attend 93% of the school days or otherwise follow the school attendance policy.
- 2) Follow all school rules as set forth in state law or the ICHS student handbook and follow any changes to those rules as amended by the ICHS board during the year or as amended/interpreted by the school principal within the principal's authority to do so.
- 3) Agree to follow all reasonable requests made by faculty and staff that fall under their authority as educators.

Student Signature

Student Name

Date

Parent Signature

Parent Name

Date

**Permission for Audio/Video Recording for Educational Purposes**

As part of its partnership with USU, InTech occasionally has college students from the College of Education and Human Services who have field experiences on ICHS campus. At times, it is advantageous for these college students to record the lectures or activities they do with InTech students to improve their own teaching skills. Such recordings are for educational purposes only (either for InTech or USU students/professors), will not be used for any other purpose, and will be destroyed at the end of each semester in which the recording is made.

  


I do give permission for recording of field experience lectures/activities that occur in my student's classes.

I do not give permission for recording of field experience lectures/activities that occur in my student's classes.

Student Signature

Student Name

Date

Parent Signature

Parent Name

Date

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**Demographic Information**

9 10 11 12

Grade Level in 09-10 (please circle)

F M

Gender

Birth Date (MM/DD/YYYY)

Asian

Black  
(non-Hispanic)

Hispanic

Pacific  
Islander

White  
(non-Hispanic)

Native American or  
Alaskan Native

Ethnicity (please circle only one)

(Ethnicity information is required by State and Federal accountability programs)

If Native American or  
Alaskan, list your Tribal  
affiliation in the box:

**Home Language Survey**

This information is helpful in order to provide meaningful instruction for all students and to communicate most effectively with parent. Providing this information does not mean your child will be taught in his or her native language (if other than English).

Which language did your son/daughter learn when he/she first began to talk? \_\_\_\_\_

What language does your son/daughter most frequently use at home? \_\_\_\_\_

What language do you most frequently use to speak to your son/daughter? \_\_\_\_\_

What language is most often spoken by the adults at home? \_\_\_\_\_

**Custodial Parent/Guardian #1** (All mailed correspondence will be sent to this parent/guardian).

Last Name

First Name

Relationship to Student

Street Address

City

State

Zip

Home Phone

Cell Phone

Work Phone

E-mail Address

Occupation (optional)

Employer (optional)

Some High School  
High School Diploma

Associate Degree  
Some College

Bachelor Degree

Graduate Degree

Highest Level of Education Attainment (Circle one)

Student Lives with this parent

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**Custodial Parent/Guardian #2** (Mailed correspondence will be sent to this parent/guardian separately if requested in writing. Request must be accompanied by legal papers documenting shared custody).

Married

Divorced/Shared Custody

Legal Relation to Custodial Parent/Guardian #1 (Circle 1)

Last Name

First Name

Relationship to Student

Street Address

City

State

Zip

Home Phone

Cell Phone

Work Phone

E-mail Address

Occupation (optional)

Employer (optional)

Some High School High  
School Diploma

Associate Degree  
Some College

Bachelor  
Degree

Graduate  
Degree

Highest Level of Education Attainment (Circle one)

Student Lives with this parent

### Emergency Contacts

(Students may be released to the following adults in case of suspensions or emergencies if a custodial parent/guardian cannot be reached).

#1

Last Name

First Name

Relationship to Student

Home Phone

Cell Phone

Work Phone

#2

Last Name

First Name

Relationship to Student

Home Phone

Cell Phone

Work Phone

### Restricted Contacts

(Please list any individual for whom there is a current court order restraining them from contact with your student. Please submit supporting documentation and photographs of these individuals.)

Last Name

First Name

Relationship to Student

Home Phone

Cell Phone

Work Phone

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**Physician Information**

*In the event of an accident or other medical emergency, when a parent/guardian is unavailable, I hereby authorize a representative of the school to make arrangements as he/she considers necessary for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment. Under such circumstances, I further authorize the physician(s) named below to undertake such care and treatment as is considered necessary. In the event said physician is unavailable, I authorize such care and treatment to be performed by a licensed physician or surgeon. I agree to pay all costs incurred as a result of the foregoing.*

Physician

Phone Number

Health Insurance Provider

Health Insurance ID Number

Hospital Preference

Dentist

Phone Number

Dental Insurance Provider

Dental Insurance ID Number

Parent/Guardian Signature

Date

Does your student have a history of significant health problems? (Please describe.)	Y N	
Does your student have allergies to medications, foods, or environmental? (Please describe.)	Y N	
Does your student use vision or hearing aids (including contacts/glasses)? (Describe how often or for what purposes your student needs these assistive devices.)	Y N	
Doew your student have a history of or is (s)he currently seeing a counselor/physician for mental health issues?	Y N	
Does your student require (or have a condition that is likely to require) medication during the school day?	Y N	<i>A signed medication release must be on file in the school office for any student taking medication (physician prescribed or over-the-counter) during school hours. This must be renewed annually. With only a few exceptions, students will not be allowed to store or self-administer drugs. Students are subject to suspension or expulsion for the possession or distribution of illegal, prescribed, or OTC drugs.</i>
Does your student have a physical condition that limits participation in PE or another class? (Please explain) (Please submit a physician's note requesting an excusal from PE).	Y N	



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**ICHS Directory Information Withhold Release Request**

Directory information is information that is generally not considered harmful or an invasion of privacy if released.

This information may be released at the discretion of school officials, without consent, for appropriate reasons such as, school publications, newspaper articles, and to outside education related organizations. Such information is also used by ICHS to promote the school and assist students in college and career placement.

In addition, Federal laws require secondary schools to provide military recruiters, upon request, the names, addresses and telephone listings of their students.

The items listed below are designated as "directory information" by ICHS and may be released for appropriate reasons at the discretion of your child's school. [UCA §§ 53A-13-301, et seq.] Under the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, you have the right to withhold the release of any or all of the information listed below.

Should you decide to inform ICHS not to release any or all of the items listed below, any future requests for such information from individuals or entities not affiliated with ICHS will be refused.

**Please check each individual type of directory information that you would like withheld (or check none of them) and sign below.**

- Student's name
- Student's address
- Student's telephone number
- Date of birth
- Participation in officially recognized activities
- Diplomas, certificates, and awards received
- Security/Yearbook Photograph
- Photos of Activities/Classwork/Projects (for publicity purposes)
- Images appearing in school sponsored multimedia

**Please Note:**

- 1) A new form for non-release must be completed each school year at the time of registration.
- 2) Notwithstanding this "Withhold Release Request" - information may always be released to individuals/entities with a legal right (based on statutory law, administrative rules, or administrative, or court order).
- 3) ICHS provides directory information to both military and college recruiters upon their request, if you prefer to not have this information released to either of these types of recruiters, please submit a signed and dated letter requesting that your student's directory information be withheld from either college or military recruiters or both.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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**Declaration of Household Income**

If the total annual income (before deductions) of all people in the student’s household does not exceed the amount given in the table below for a household of that size, the student qualifies as “economically disadvantaged.”

Household Size & Annual Income

1.....	19,240
2.....	25,900
3.....	32,560
4.....	39,220
5.....	45,880
6.....	52,540
7.....	59,200
8.....	65,860

For each additional family member add 6,290

Please mark an “X” in the box next to the description that applies to your child and sign below.

	<i>I certify that my child qualifies as economically disadvantaged according to the table above. I understand that this information will be submitted by the school to the Utah State Office of Education and may be used to determine how certain state and federal funds are allocated and how well the school performs academically; that school officials <b>will need</b> to verify my claim in case of an audit; and that deliberate misrepresentation of my household size or income may subject me to prosecution under applicable state and federal laws.</i>
	<i>My child does not qualify as economically disadvantaged according to the table above.</i>

Signature of a parent or legal guardian of the student named above

Date

Printed name of the person who signed this form

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## Student Computer & Internet Acceptable Use Policy & Agreement

InTech Collegiate High School has given students the opportunity to gain computer skills necessary for course work and advanced learning. To protect the student, InTech will provide Internet content filtering and virus control software. Students will be issued usernames and passwords. The network will be monitored for safety. Computer use is a privilege a student can lose this privilege and be subject to disciplinary action should he or she choose to violate the conditions of this agreement. If the student's parent/guardian has not signed this agreement their student will not have access to school computers and/or the internet. This agreement must be renewed annually.

**Privileges:** Use of the Internet and school computers is a privilege and not a right. Internet services provided by the school district are not intended for personal use. ICHS system administrators will determine appropriate use. Their decision is final. The system administrator may deny user access at any time.

**Privacy:** Students have no expectation of privacy in electronic data or communications (i.e., files, disks, documents, emails, etc.) which have been created in, entered in, stored in, downloaded from, or accessed on InTech's computer system. System administrators monitor, log, and may review any or all files and messages.

### Students will not:

- Access or distribute inappropriate materials objectionable to use in a public school environment. This includes pornographic, obscene, sexually explicit, or threatening material.
- Use one's identity, misrepresent one's identity or use another's identity to illegally access student, school, information or send email, chat, or any form of electronic communication.
- Communicate vulgar, defamatory or threatening language, graphics or artwork.
- Download, upload, install or execute software without prior approval from an authorized teacher/advisor.
- Violate copyright or intellectual rights by knowingly downloading or distributing copyrighted material.
- Engage in illegal activities defined as a violation of local, state, and/or federal laws. This includes but is not limited to corrupting, destroying, or manipulation system data.
- Engage in hacking, sniffers, packet capture software, password grabbers, spy-ware, or software that compromises the network in any way.
- Change or manipulate the configuration of computer hardware or software.
- Operate an unauthorized business.
- Lobby for political purposes.
- Execute non-educational gaming.
- Customize computer settings for personal use.
- Erase, expire, or reset memory cache, web page links, or HTTP location history without prior consent.
- Use any interactive real time Internet activity (such as chat rooms) without prior approval.
- Copy system or curriculum programs or files from a computer or the network without permission.
- Send mass emails.

The above examples are not all inclusive.

### Students will:

- Only use school computer equipment with permission from and under supervision of lab advisor, or faculty/staff member.
- Respect and follow computer teacher/advisor instructions.
- Use computer hardware, the Internet, and the school network to work on school related assignments only.
- Immediately report equipment failures to staff members.
- Immediately report accidental access to unauthorized sites.
- Use computer property properly, and ask for help when necessary.
- Report unacceptable Internet sites to a staff supervisor.
- Follow basic net-etiquette and be a good network citizen.

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*Student Last Name*

*First Name*  
*(Use full legal name)*

*Middle Name(s)*

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**Non-School Equipment**

A student may connect to the school network with personal equipment such as a palm computer or laptop only under the following conditions:

- The student is sponsored by a faculty member.
- The equipment is registered with the on-site computer technician.
- Appropriate anti-virus software is installed.
- A personal firewall is installed and never disabled.
- Personal equipment that is used to access the InTech network falls under the same rules and regulations as school owned equipment.
- The school may revoke the privilege of using personal equipment on our network at any time with or without cause.
- Violation of any part of this policy will subject students to consequences as determined by school, and network administration. This may include failure in citizenship, revocation of privileges, failure and/or removal from computer courses, suspension, expulsion, or other actions deemed appropriate by InTech Collegiate High School.

I have read InTech Collegiate High School's Computer and Internet Acceptable Use Policy and agree to abide by all conditions. I understand that violation of the provisions stated in the Policy may constitute suspension or revocation of computer/network/Internet privileges and/or other disciplinary action.

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Student's Signature

Date

**SPONSORING PARENT OR LEGAL GUARDIAN SECTION:**

I have read and understand InTech Collegiate High School's Computer and Internet Acceptable Use Policy. I understand that school and ICBS network administrators have taken reasonable precautions to ensure that controversial material is not accessible. Nevertheless, I understand that content which may be offensive may still be available and have discussed with my student appropriate actions to take if inappropriate content is discovered. I give my permission for my student to use the following services at school under appropriate supervision.

(Check ONE box only)

<input type="checkbox"/>
<input type="checkbox"/>

School computers AND Internet service.

School computers only. No Internet service.

---

Parent/Guardian's Signature

Date