



Thank you for your inquiry to enroll your student at Windover High School. The following steps must be completed as part of the Windover High School enrollment process:

- ☐ Complete the enrollment packet and return as soon as possible
 - ☐ Enrollment form with Virtual permission
 - ☐ Records request form with parent signature – return with the enrollment form
 - ☐ Permission to place form if the student receives special education services
 - ☐ Consent for Disclosure of Immunization Information
 - ☐ Field trip, Medical, and Sports Authorization
 - ☐ Non-Prescription Medication form (this allows the student to take over the counter medication such as Tylenol, ibuprofen)
 - ☐ Education Benefits Form
 - ☐ WHS Computer/Technology Use Policy for Students
 - ☐ SchoolMessenger Contact Information
 - ☐ Food Allergy Action Plan
 - ☐ Directory Information Release
 - ☐ Windover Compact
 - ☐ WHS Cell Phone Policy
- ☐ Ensure immunization records are current & up-to-date
- ☐ Submit a copy of immunization records to Windover High School
- ☐ Birth Certificate - bring an original birth certificate or copy to be verified by Windover High School staff prior to the start of school as required, and a copy will be made for student's file
- ☐ Proof of Residency - a copy of one (1) of the following matching enrollment address: Driver's license, rent receipt, utility bill, property tax bill, or voter registration card
- ☐ Mail/FAX or e-mail enrollment forms and immunization records to:
919 Smith Road, Midland MI 48640
Fax #: (989)839-7699
Email: jfowler@windover.org

All of the forms and steps must be complete before your student will be considered a Windover High School student. If you have any questions, please do not hesitate to contact Windover High School at 989-832-0852.

WINDOVER HIGH SCHOOL-ENROLLMENT DATA

2025-2026

For School Use: Student # _____ Enroll Date _____ UIC _____
Last School _____ Res Dist _____ Cohort Year _____

NOTE: MICHIGAN STATE LAW REQUIRES THAT YOU SUBMIT A COPY OF YOUR CHILD'S ORIGINAL BIRTH CERTIFICATE. ALL IMMUNIZATIONS ARE TO BE UP-TO-DATE & A COPY SUPPLIED FOR OUR RECORDS.

Student Name _____
Last First Middle

Address _____ Apt # _____ City _____ State _____ Zip _____

Home/Cell Phone # _____ Student Phone # _____

Parent's E-mail address _____

(RESERVED FOR PHOTO)

Student's E-mail address _____

Birth Date _____ Age _____ Gender: Male Female _____ Other Address: _____

Last School Attended _____

Are you receiving special education services? ☐ Yes ☐ No ☐ IEP ☐ 504 Plan

Transportation Needed ☐ Yes ☐ No

Is your student's primary language a language other than English? ☐ No ☐ Yes, Please Specify _____

Is there a language other than English spoken regularly in the home? ☐ No ☐ Yes, Please Specify _____

Are you Hispanic or Latino? Yes _____ No _____

Parent/Guardian Information:

Ethnicity: (please select one)

- ☐ American Indian or Alaska Native
☐ Asian American
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islands
☐ White

Name Relationship Phone

Cell Phone Work Phone

Other Emergency Contact:

☒

Parent or Adult Signature _____ Date _____

Name Relationship Phone

Name Relationship Phone

PLEASE CHECK/CIRCLE ALL THAT APPLY: (PARENT) High School Diploma ☐ YES ☐ NO GED
☐ Some College Bachelors Degree ☐ Associates Degree ☐ Masters Degree

Check One: Housing Arrangement: ☐ Permanent/Regular Housing ☐ Living with Friend or Relative ☐ Shelter
☐ In Transition

PERMISSION TO ACCESS VIRTUAL ONLINE COURSES:

☐ I give my student permission to access/take virtual online courses for high school and college credit.

☐ I DO NOT GIVE my student permission to access virtual online courses

PRINT NAME: _____

☒ _____
Parent/Guardian Signature



Windover High School
919 Smith Road
Midland, MI 48640.
989-832-0852
Fax: 989-839-7699

2025-2026 Academic Year

TO: _____

(Previous School)

Sending School - please note: The Michigan Attorney General ruled on April 23, 1982 that a school district may not withhold records of a student who transfers to another district if the student has an outstanding financial obligation to the school district.

Also, according to MCL 380.1135, the transferring student's record must be transferred from the sending school within 30 days from receipt of the request for the record.

Please send the following information for:

Student Name: _____

Date of Birth: _____

Windover Start Date: _____

- ☐ Complete CA60, including transcript of credits
- ☐ Any and all Special Education Records
- ☐ STATE test scores
- ☐ Immunization Records
- ☐ Discipline Records/Reports

X _____

(Adult Student OR Parent Signature)

(Date)

Note: Family Education Rights and Privacy Act dated June 17, 1976, Vol. 41, No. 118, pg. 24673 – Parental permission is no longer required when records are requested by authorized school personnel.

SENDING SCHOOL: Has this student been expelled pursuant to Section 1311 of the Revised School Code of Michigan? Yes _____ No _____

Please email or fax the student's transcript & latest iep (if applicable) as soon as possible, and send their confidential record information to:

Jan Fowler
Windover High School
919 Smith Road
Midland, Michigan 48640
jfowler@windover.org

~~ Please return this form with CA60 ~~

Parent/Guardian:

Fill in Section A and C- Front and Back

Administration:

"Fill in Office Use Only."



919 SMITH RD.
MIDLAND, MI 48640
989-832-0852

REQUEST FOR IMMEDIATE **SPECIAL EDUCATION PLACEMENT**

CURRENT STUDENT INFORMATION PART A:

Student Name _____ Birthdate: _____ Age: _____

Parent/Guardian: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

PREVIOUS SCHOOL INFORMATION PART B:

The following evidence has been presented to demonstrate reasonable cause that this student is eligible for special education programs and services.

Verified By: _____

Previous School Building: _____ Previous School District: _____

School Address: _____ Phone: _____ Fax: _____

Teacher: _____ Grade: _____ Eligibility: _____

Date of current MET report: _____ Is current MET report attached? ☐ Yes ☐ No

Date of most recent IEP: _____ Is most recent IEP attached? ☐ Yes ☐ No

Special Education/Service: _____ Time/Frequency: _____

Special Education/Service: _____ Time/Frequency: _____

Special Education/Service: _____ Time/Frequency: _____

SPECIAL EDUCATION ASSIGNMENT PART C:

As a parent/guardian of this student or of the student who is of legal age, I grant permission for the placement of the following program and/or services:

Program _____ Rule 340 _____ Hours _____

FORM CONTINUED ON BACK→

SPECIAL EDUCATION ASSIGNMENT PART C, CONTINUED:

Program _____ Rule 340 _____ Hours _____

Building Placement: Windover High School

Special Education Service Provider: _____

- ☐ Option A - The IEP from the previous district continues to be appropriate. An IEPT will be held on or before the annual renew date of _____.
- ☐ Option B - This placement is temporary, an IEPT will be convened within 30 days to review placement and/or make revisions in the program. The IEPT will be held on or before _____.
- ☐ Option C - I give permission for the release of confidential school records to include: CA60's, special education records, IEP's, and MET reports, from the previous school district.

Signature of Parent/Guardian or
Student 18 Years of Age

Date

School Official/Position

Date

Office Use Only

IEP meeting is to be held on or before the following date: _____

Date of implementation _____ (Should be the date when verification of services was received).

Added to the data system on _____ initials _____

WINDOVER HIGH SCHOOL

Consent for Disclosure of Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the students name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

I authorize WINDOVER HIGH SCHOOL – to release my child's immunization record to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

Student's Name: _____ Date of Birth: ____/____/____

Signature of Parent/Guardian
or Eligible Student (18+): _____ Date: ____/____/____

Printed Parent/Guardian Name: _____

FIELD TRIP, MEDICAL AND SPORTS AUTHORIZATION WINDOVER HIGH SCHOOL

Highlighted Fields are Required

Student Name	Date of Birth	Today's Date

I/We, the parent(s) or legal guardian (s) of above student, hereby delegate to Windover High School the authority and consent to any or all medical, surgical, hospital care, or treatment, in cause of emergency, while on an educational Field Trip or participating in any Sporting Event. Such treatment is to be rendered by, or under the jurisdiction of a duly licensed physician. The System is fully authorized to act in accordance with best judgment in any such emergency and is absolved from any liability or financial responsibility.

X _____ Home Phone _____
Signature of Parent/Guardian or adult student

EMERGENCY INFORMATION

Please list below any health conditions (asthma, dietary, etc), allergies, special needs, injuries, and any medications they are taking. You may attach a separate sheet:

Name of Physician Address Phone Number

Medical-Insurance Co. Name/Medicaid _____

Name of Subscriber _____

Group * _____ Service # _____ Contract # _____



NON-PRESCRIPTION MEDICATION FORM

Student Name: _____

Date of Birth: _____

**** **To be completed by parent if student is under 18 years of age**

I give permission for my student _____ to receive non-prescription medication for episodic (occasional) issues.

This student is both capable and responsible for self-administering this medication; however it must be taken in the presence of a Windover staff member: _____ **No** _____ **Yes**

Do you want to be contacted if your student receives medication?
_____ **No** _____ **Yes**

My student is allowed to take: _____ *Tablet* _____ *Capsule* _____ *Liquid*

My student is allergic or has a reaction to the following non-prescription medications:

Date: _____ Signature _____ Relationship _____

NOTE: ALL NON-PRESCRIPTION AND PRESCRIPTION MEDICATION MUST BE HELD BY OFFICE AND MUST BE ADMINISTERED BY STAFF OR IN THE PRESENCE OF STAFF.

2025-2026 EDUCATION BENEFITS FORM SY

District: Windover High School School: Windover High School

Part A: STUDENT INFORMATION - Complete for each student Pre-K through 12th Grade

Student's Last Name	Student's First Name	Grade Level	School	Identify H if Homeless M if Migrant R if Runaway F if Foster

Part B: BENEFITS RECEIVED (if applicable)

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, provide the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Name: _____ Case Number: _____

Part C: HOUSEHOLD SIZE	Part D: ANNUAL HOUSEHOLD INCOME - Select the appropriate range of combined annual income for all people in the household (Include all income before taxes)		
<input type="checkbox"/> 1 →	<input type="checkbox"/> At or below \$19,578	<input type="checkbox"/> Between \$19,579 and \$27,861	<input type="checkbox"/> At or above \$27,862
<input type="checkbox"/> 2 →	<input type="checkbox"/> At or below \$26,572	<input type="checkbox"/> Between \$26,573 and \$37,814	<input type="checkbox"/> At or above \$37,815
<input type="checkbox"/> 3 →	<input type="checkbox"/> At or below \$33,566	<input type="checkbox"/> Between \$33,567 and \$47,767	<input type="checkbox"/> At or above \$47,768
<input type="checkbox"/> 4 →	<input type="checkbox"/> At or below \$40,560	<input type="checkbox"/> Between \$40,561 and \$57,720	<input type="checkbox"/> At or above \$57,721
<input type="checkbox"/> 5 →	<input type="checkbox"/> At or below \$47,554	<input type="checkbox"/> Between \$47,555 and \$67,673	<input type="checkbox"/> At or above \$67,674
<input type="checkbox"/> 6 →	<input type="checkbox"/> At or below \$54,548	<input type="checkbox"/> Between \$54,549 and \$77,626	<input type="checkbox"/> At or above \$77,627
<input type="checkbox"/> 7 →	<input type="checkbox"/> At or below \$61,542	<input type="checkbox"/> Between \$61,543 and \$87,579	<input type="checkbox"/> At or above \$87,580
<input type="checkbox"/> 8 →	<input type="checkbox"/> At or below \$68,536	<input type="checkbox"/> Between \$68,537 and \$97,532	<input type="checkbox"/> At or above \$97,533

*** Special Instructions for households with more than 8 people: DO NOT check the boxes above. Instead, fill in items below:**

Household size (# people): _____ Total annual income: _____

Part E: CERTIFICATION - The head of household or adult designee who completed this form must complete this certification section

I certify (promise) that all information on this form is true and that all income is reported to the best of my knowledge. I understand that this form may impact the amount of State or Federal funding allocated to my local school district. I understand that the information I have provided may be verified.

(Signature)	(Printed Name)	(Date)
(Address)	(City)	(Zip)
(Email Address)	(Home Phone)	(Work Phone)

Do NOT fill out this section. This is for school use only.

Status: F _____ R _____ N _____ Determining Official's Signature: _____ Date: _____

INSTRUCTIONS FOR COMPLETING THE EDUCATION BENEFITS FORM

This form is used to determine eligibility for state benefits for which your child(ren)'s school may qualify. Please complete, sign, and return this form to your child's school.

If any member of your household receives benefits from the Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, please follow these instructions:

Part A: Student Information – For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part B: Benefits Received – If any household member, including adults, receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR), provide the name and case number. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Part C: Household Size - Check the box for the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

Part D: Annual Household Income – Skip this part

Part E: Certification - Sign the form. Print your name and date.

If your household does not receive benefits from the Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, please follow these instructions:

Part A: Student Information - For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part B: Benefits Received – Skip this part

Part C: Household Size – Check the box for the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

Part D: Annual Household Income – Moving across the same row as the household size check box, check the box that shows the range of annual income for all people in your household. Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.

Part E: Certification - Sign the form. Print your name, date, and contact information.



919 SMITH RD.
MIDLAND, MI 48640
989-832-0852

WHS Computer/Technology Use Policy for Students

COMPUTER USE

We require that students and parents accept, and sign the following rules for acceptable use of technology. Access to the Internet and the use of the computer network is provided to students who agree to act in a considerate and responsible manner. The use of the Internet is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. The faculty and staff of Windover High School reserve the right to request the administrator to suspend specific user accounts.

In accordance with the Children's Internet Protection Act (CIPA) all WHS students will access the Internet through an appropriate filter that blocks objectionable (inappropriate and harmful) material. Objectionable material is defined as any visual depiction of obscenity, pornography, or other depictions not appropriate for students. The filter is set to automatically block these kinds of web pages. Sites that advocate antisocial behavior will also be blocked to the extent possible. The safety and security of WHS students are of utmost importance. It is expected that students will never give personal information to a stranger by way of email, chat rooms, or other forms of electronic communications.

1. Students are responsible for appropriate behavior on the Windover High School Network. General school rules for behavior and communications apply to the Internet.
2. Network administrators may review files and communications to maintain system integrity and ensure that users are using the system responsibly. Users should not expect that files are private.
3. **USERS ARE PROHIBITED FROM** using the technology for a "for-profit" business, for product advertisement or political lobbying the malicious use of technology to disrupt the use of technology by others, to harass or to discriminate against others, and to infiltrate unauthorized computer systems using Windover High School information technologies to draft, send, or receive inappropriate communications and material including but not limited to items which are pornographic, obscene, profane, vulgar, harassing, threatening, defamatory or otherwise prohibited by law participating in hate mail, harassment, discriminatory remarks and other antisocial behaviors on the network vandalizing Windover High School or any other information technologies (Windover High School's or any others). Vandalism is defined as any attempt to harm, destroy, disrupt or hack the operation of the Windover High School Network. Vandalism includes, but is not limited to, the creation or intentional receipt or transmission of computer viruses

Consequences of Inappropriate Behavior:

Windover High School's system is not a public forum and access to technology is a privilege and not a right. Any user who does not comply with the Electronic Information Access and Use Policy will lose network privileges. Repeated or severe infractions of the policy may result in permanent termination of privileges. Users violating any of the rights and responsibilities may face additional disciplinary action deemed appropriate in keeping with the disciplinary policies and guidelines of the school.

**WHS ELECTRONIC INFO AND USE FOR EDUCATIONAL PURPOSES
MEMBER RESPONSIBILITY DECLARATION**

- Windover High School has developed an Electronic Information Access and Use for Educational Purposes Policy for the Internet, local and wide area networks, computers, and related equipment.
- Access to and use of the Internet, local and wide area networks, computers, and related equipment is a privilege for the user.
- I have read, understand, and will abide by the Electronic Information Access and Use Policy and this agreement.
- I understand that should I commit any violation, my privileges may be revoked, school disciplinary action, and/or appropriate legal action may be taken.
- Members having accounts on the Windover High School Network should be advised that they might locate the material that could be considered offensive or controversial.
- Parents of minors should be aware of the existence of such materials and monitor home usage of the system.
- Students knowingly bringing or downloading such material into the school environment will be dealt with according to the discipline policies of Windover High School and such activities may result in termination of their account on the network.
- In consideration of the privilege of using the WHS Network and in consideration for having access to the information contained or accessed on it, I hereby release Windover High School and its operators and sponsors, its faculty and staff, and all organizations, groups, and institutions with which WHS is affiliated for any and all claims of any nature arising from my use, my child's use or inability to use of the WHS Network.

CHROMEBOOK USE**Receiving a Chromebook**

- A. Parents/guardians and students must sign and return the User Agreement and Parent Permission Form before a Chromebook is issued to the student.
- B. Chromebook will be labeled in a manner specified by WHS; this will include the serial number.
- C. The Chromebook and school-issued email account are the property of WHS and as a result, may be subject to inspection at any time. The student should have NO expectation of privacy of material found on a Chromebook or a school-supplied or supported email service.
- D. Should your child be a virtual student and/or your child chooses to opt-out of having a Chromebook, you will need to submit a signed note to that effect to WHS.

Students are responsible for following the Acceptable Use Policy and appropriate handling of the device during school.

Taking Care of a Chromebook

Students are responsible for the general care of the Chromebook they have been issued by the WHS. Chromebooks that are broken or fail to work properly must be given to the District Technology Coordinator for an evaluation of the equipment. Care must be taken to protect the screen. Students are responsible for anything done using their assigned Chromebook or their login. Chromebooks are the property of the WHS and all users will follow these procedures and the WHS Computer Use Policy.

General Precautions

- A. While the Chromebook is considered scratch resistant, the Chromebook can scratch. Avoid using any sharp object(s) on the Chromebook.
- B. Chromebooks do not respond well to liquid. Avoid applying liquids to the Chromebook. The Chromebook can be cleaned with a soft, lint-free cloth. Avoid getting moisture in the openings. Do not use window cleaners, household cleaners, aerosol sprays, solvents, alcohol, ammonia, or abrasives to clean the Chromebook.
- C. Do not close the lid with a pen/pencil or other objects inside as it will break the screen.
- D. Do not attempt to gain access to the internal electronics or repair of a Chromebook. If a Chromebook fails to work or is damaged, report the problem to the school.
- E. There is no "jailbreaking" (bypassing filters and controls) of this device.
- F. Never throw or slide a Chromebook.
- G. Cords and cables must be inserted carefully into the Chromebook to prevent damage.
- H. Chromebooks must remain free of any writing, drawing, stickers, or labels that are not the property of the WHS or approved by the building principal.
- I. Chromebooks may have the ability to be remotely located. Modifying, disabling, or attempting to disable the locator is a violation of the Electronic Information and Use Policy and grounds for disciplinary action.
- J. Chromebooks have a unique identification number and at no time should the number or labels be modified or removed.
- K. Chromebooks should be placed and stored either vertically in a case or in a backpack/bookbag to avoid putting any pressure on the screen.
- L. Chromebooks must never be left in an unlocked car or in any unsupervised area.
- M. Chromebooks must not be left in a vehicle or a location that is not temperature controlled. Do not leave the Chromebook in your car in the winter!!
- N. Chromebooks must be charged for school each day. This is the student's responsibility. Students will not be allowed to charge their devices in classrooms. If you can remember to charge your phone you can remember to charge your Chromebook.
- O. Chromebooks are assigned to individual students and the responsibility for the care of the Chromebook solely rests with that individual. Students should not lend their Chromebooks to another person.
- P. PLEASE DO NOT ATTEMPT TO CONTACT A SERVICE DIRECTLY FOR REPAIR QUESTIONS. PLEASE CONTACT THE SCHOOL.

Returning a Chromebook

- A. Chromebooks and all WHS accessories will be returned during the final weeks of school so they can be checked for serviceability.

Screensavers/Background photos

While personalized screensavers or backgrounds are permitted, inappropriate or provocative images including but not limited to pornographic images, guns, weapons, inappropriate language, threatening language, drug, alcohol, or gang-related images are not permitted and subject to disciplinary action.

Sound, Music, Games, Software/Apps

- A. Sound must be muted at all times unless permission is obtained from the teacher for instructional purposes.
- B. Students should provide their own headsets/earbuds.
- C. Music is only allowed on the Chromebook at the discretion of the teacher.
- D. All software/apps must be district-provided. Data storage will be through apps on the Chromebook, i.e. Google Docs, Notepad, etc.
- E. Internet games are not allowed on the WHS Chromebooks.

Using a Chromebook at School

WHS Chromebooks are intended for use at school each day. WHS assigned chromebooks are the only electronic device to be used while the student is on school property. The use of personal electronic devices is not allowed on WHS property. In addition to teacher expectations for the Chromebook use, school messages, announcements, procedures and rules, calendars, and schedules may be accessed using the Chromebook. Students are responsible for bringing their Chromebook to all classes unless specifically instructed not to do so by a teacher.

Chromebook Undergoing Repair

Loaner Chromebooks may be issued to students when their Chromebooks are being repaired by the school. A limited number of "loaner" Chromebooks are available so having a "loaner" is not guaranteed.

Network Connectivity

WHS makes no guarantee that the district's network will be up and running 100% of the time. In the rare case that the network is down, the district will not be responsible for lost or missing data.

User Signature: _____ Date: ____/____/____

Parent Signature: _____ Date: ____/____/____



SchoolMessenger Contact Information

Windover High School uses SchoolMessenger to send alerts to students and parents/guardians for any event happening at the school that they would need to be aware of.

These alerts may be referencing absences, snow days, power outages at the school, parent-teacher conferences, or any alert the school deems necessary for students and parents/guardians to be notified of.

These alerts are sent with a **phone call** made to the phone number in the SchoolMessenger system and an email sent to the **email** in the system.

If the phone call is not answered and voicemail is working, the system will leave a message.

If you want to be notified of any alerts for your student, please fill out the contact information below.

If you choose to Opt-Out of being notified of any alerts for your student, please fill in your student's name and signature and check the box to Opt-Out.

Thank You,

Scott Hewitt
Principal/CAO



SchoolMessenger Contact Information

Parent/Guardian Phone Number

Parent/Guardian Email

Student Name

Parent/Guardian Signature

☐ **Check to Opt-Out of SchoolMessenger alerts.**

PLEASE RETURN THIS FORM TO THE SCHOOL OFFICE

IF YOUR CHILD HAS A FOOD ALLERGY/ALLERGIES, PLEASE HAVE YOUR CHILD'S PHYSICIAN COMPLETE, SIGN, AND DATE THIS FORM. A PARENT SIGNATURE & DATE IS ALSO REQUIRED.

IF YOUR CHILD HAS "NO" ALLERGIES, PLEASE FILL IN YOUR CHILD'S NAME, CHECK THE "NO" BOX, SIGN AND DATE AT THE BOTTOM.

☐ "NO" FOOD ALLERGIES

Food Allergy Action Plan Emergency Care Plan

Place
Student's
Picture
Here

Name: _____ D.O.B.: ____/____/____

Allergy to: _____

Weight: _____ lbs. Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No

Extremely reactive to the following foods: _____

THEREFORE:

- ☐ If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten.
☐ If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noted.

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:

LUNG: Short of breath, wheeze, repetitive cough
HEART: Pale, blue, faint, weak pulse, dizzy, confused
THROAT: Tight, hoarse, trouble breathing/swallowing
MOUTH: Obstructive swelling (tongue and/or lips)
SKIN: Many hives over body

Or combination of symptoms from different body areas:

SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)
GUT: Vomiting, diarrhea, crampy pain



1. INJECT EPINEPHRINE IMMEDIATELY

2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications:
 - Antihistamine
 - Inhaler (bronchodilator) if asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

MILD SYMPTOMS ONLY:

MOUTH: Itchy mouth
SKIN: A few hives around mouth/face, mild itch
GUT: Mild nausea/discomfort



1. GIVE ANTIHISTAMINE

2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring (see box below)

Medications/Doses

Epinephrine (brand and dose): _____

Antihistamine (brand and dose): _____

Other (e.g., inhaler-bronchodilator if asthmatic): _____

Monitoring

Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

Parent/Guardian Signature _____

Date _____

Physician/Healthcare Provider Signature _____

Date _____

COMPLETE ADD'L INFO ON BACK OF FORM

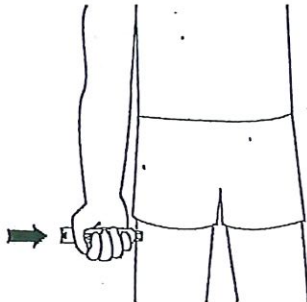


EPIPEN Auto-Injector and EPIPEN Jr Auto-Injector Directions

- First, remove the EPIPEN Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap



- Hold orange tip near outer thigh (always apply to thigh)



- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds



DEY® and the Dey logo, EpiPen®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak® are registered trademarks of Dey Pharma, L.P.

Adrenaclick™ 0.3 mg and Adrenaclick™ 0.15 mg Directions



Remove GREY caps labeled "1" and "2."



Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).

Contacts

Call 911 (Rescue squad: ()) Doctor: _____

Parent/Guardian: _____

Phone: () _____

Phone: () _____

Other Emergency Contacts

Name/Relationship: _____

Phone: () _____

Name/Relationship: _____

Phone: () _____

Windover High School Directory Information Release

I give my permission for Windover High School and its representatives to release "DIRECTORY INFORMATION" (name, photo) for the student listed below.

(Student's Name)

(Parent/Guardian Signature)

(Date)

Denial of Consent for Release of Student information to Military Recruiters

Section 9528 requires schools that receive federal funds to provide military recruiters with students' names, addresses and telephone numbers unless a parent has "opted out" of providing such information.

If you DO NOT Consent to the release of this information, please sign this form.

I request that my student _____ not have his/her name, address and telephone listing released to the armed forces.

Parent/Guardian or Adult Student Signature

For more information: <http://www2.ed.gov/policy/gen/guid/fpco/hottopics/ht-09-02a.html>

Windover High School Field Trip Permission

I give my permission for _____
(Student Name)
to participate in any field trip sponsored by Windover High School. These trips may involve walking, car, van, or bus transportation.

(Parent/Guardian Signature)

(Date)

Windover High School

School Commitments

- Students begin their Windover academic career with a fresh start
- Windover is committed to informing parents about student progress through; newsletters, P/T conferences, family events
 - Transcripts will be mailed home after each trimester
- Students will explore the requirements of post-high school education, training and employment in their interest area
 - Students will be college & career ready upon completion of High School with their diploma

Principal's Commitment

- Provide a safe and positive environment for teaching and learning
 - Communicate, demonstrate and uphold high expectations
 - Insist on attention to student progress
 - Serve as a resource for parents & students
 - Support and attend school functions
- Have high expectations for each student academically and socially

Signature: _____



Windover High School Compact

We believe that success in high school is a responsibility equally shared between students, parents and school staff. The goal of our commitments to each other is to engage students in positive behavior and academic success.

Parent/Guardian Commitments

- Maintain communication with the school about attendance, behavior and grades
- Monitor my son/daughter's school progress
- Insure my son/daughter is prepared for school each day (well rested!)
- Attend school workshops such as: high school graduation requirements, future goals, college admission and financial aid
- Insure my son/daughter has excellent attendance
- Have high expectations for my son/daughter academically and socially

Signature: _____

Student Commitments

- Arrive at school on time, prepared for the day and ready to learn
- Observe Windover rules at all times
- Take part in class activities; completing assignments in school each day
- Work to my academic potential by participating to the best of my ability
- Be honest and ask for assistance whenever needed
- Attend parent/teacher conferences with my parent/guardian
- Acknowledge that ALL jobs use math, science & language arts skills
- Treat all students and staff with respect each day
- Reach high expectations for myself each day

Signature: _____

Windover Away for the Day: A New Communication Device Policy

Windover Students will not be allowed to carry or use cell phones during the school day. Personal electronic communication devices (*e.g. smartwatch with communication access*), must be disabled while the student is at school.



- School phones are available in the school office should a student need to contact their parent/guardian.
- Additionally, if a parent needs to get a message to their child, they may call the office.
- If a student brings a cell phone to school for after school use, it will be the student's responsibility to ensure that the phone remains off and is stored with the office for the entirety of the school day.

Expectation for Storage of Cell Phones

- Cell phones are required to be powered off upon arrival at school. Devices must be secured with office storage each day
- Students are not allowed to carry cell phones on their person or use their cell phone and/or smartwatch capabilities before school or during school hours (8:30 AM - 3:30 PM).
- Windover is not responsible for any lost, damaged, or stolen devices.

Consequences for Misuse

Should you choose to violate the cell phone policy, school personnel will confiscate the device and turn it into the office. Consequences for the offender will occur as follows, though consequences could compound with defiance or dishonesty:

1st Offense - The student may pick up the violating device in the office at the end of the school day (parents will be notified via automated email phone or school messenger).

2nd Offense - A parent/guardian may be required to pick up the device from the office. The student will receive disciplinary action to include detention, suspension and/or other consequences.

3rd Offense - The parent/guardian and/or student will be required to conference with administration before the device may be picked up from the office. In addition, the student will receive disciplinary action to include suspension and/or other consequences.

Subsequent Offenses - A parent/guardian meeting will be required, and the student will receive up to and including change in placement or expulsion

Notes: Administration will be immediately notified if a student refuses to surrender an electronic device to school personnel. Refusal will be considered insubordination and will result in disciplinary action that may include suspension.

In the event that a student knowingly lends another student their phone, and that student is caught using the device in a manner that violates the cell phone policy, both students will receive consequences as outlined above.

Justification for Policy Change

- Serious incidents have recently occurred involving the use of cell phone. School data systems indicate technology infractions are a leading source of office referrals, Lack of academic progress and there is significant evidence to suggest that cell phone devices are causing an increased disruption to the educational environment.
- Students have: Chromebooks available and therefore, have no need for a personal communication device for educational purposes.
- School should promote and encourage socialization skills among peers during common time. When students who are struggling with being social are allowed to retreat into their device between classes or during lunch, they miss an opportunity to practice communication skills.
- Cyberbullying and privacy infringement can occur using cell phones during school hours (*e.g. taking photos and videos without permission*). This does not align with our Windover Values.
- Access to smartphones, texts, and social media magnifies inequity and limits inclusion and acceptance, issues many students grapple with during the day. • Some apps and phone utilities are untraceable (*e.g. Snapchat, airdrop, Vaulty, Unseen, etc.*).
- Cell phone usage in school can negatively impact attention and performance as students are frequently tardy or out of the classroom to check their device.
- Social media addiction (*e.g. TikTok, Instagram, etc.*) is a growing concern among adolescents.

Parent Signature _____ **Date** _____

Student Signature _____ **Date** _____

Addressing Concerns

“With the increase in safety issues, I need a phone to contact my parents during school.”

The work of emergency personnel and first responders is dependent on keeping phone lines open. It is critical that students and parents do not overload the system. Additionally, phones may make students less safe during a crisis. The phone could distract or interfere with students quickly taking important measures designed to keep them safe in an emergency. The sound of the phone may also alert an assailant to hiding places.

“I need access to a device for a medical issue.”

If an electronic device is needed to monitor important medical information, a 504 Educational Plan may be put in place that will accommodate any necessary phone usage during school hours. Limits to outgoing and incoming communication may be requested as part of this accommodation.

“My phone is personal property and the school has no right to confiscate it or dictate its use.”

The education and safety of our students is our first priority at School. Many personal property items are not allowed in schools in order to maintain the integrity of the learning environment for all. Students and/or parents/ guardians, are able to pick up confiscated devices from the office the same day the offense occurs.

“My parents and I need to contact one another during the school day.”

Parents can communicate with their child through school email or call the school office in the case of an emergency. Likewise, students can use office phones when parent contact is necessary. When parents help their children plan their days without text messages and/or phone calls, they help them to develop valuable executive-functioning skills.

“Will I be able to use a cell phone on field trips?”

When used appropriately, having a cell phone during a school sponsored trip can be beneficial for everyone. Because each outing is different, cell phone usage on field trips will be determined on an event basis. Acceptable usage will be addressed by the teacher and/or sponsor. Students will be expected to fully engage in the field trip experience and use the device in an acceptable manner. Misuse will result in the device being confiscated by school personnel. Windover is not responsible for lost, stolen, or damaged devices while on a school sponsored trip.

“Will any students have access to a cell phone for school purposes?”

At this point, no. However this policy may change over time to allow classroom driven use of a device if it is deemed appropriate by the instructor, administration, and the board. Should this type of exception a separate agreement will be published and used. In any case, misuse will result in the loss of privilege.

“Will I be allowed to use a cell phone in the cafeteria before school and during lunch?”

No, personal devices will not be allowed at any point in the school day. Communication devices, (e.g., smartwatch with communication access), must be disabled while the student is at school. Cell phones must be powered off upon entering the building, and stored with office storage as instructed.

“Does the Communication Device Policy apply to Chromebooks?”

Personal or school issued Chromebooks are not permitted. This will be enforced going forward. Before school, and during lunch, Chromebooks may be used responsibly. As a school, we promote positive socialization among our students during this time. In addition, the Chromebooks can be easily damaged by open food and/or beverages. As always students and parents may be held responsible for damage or destruction of school chromebooks.

“Does this policy apply to visitors?”

The Communication Device Policy applies to all students of Windover High. Staff and visitors are of course permitted to maintain their phones, but will be encouraged to keep them away for the day when on campus.

Encouragement

We appreciate your support of our new policy which is grounded in the Windover Mission. This change is necessary to ensure a focused and safe environment for the overall well-being of all students. ***Away for the Day*** will take effect immediately upon the start of Trimester 3.