

Student Information

Student:	SS#	DOB:
		Grade:
ETHNICITY (Check one): 1) ___ American Indian/Alaskan Native 2) ___ Asian/Pacific Islander 3) ___ African American 4) ___ Hispanic 5) ___ White-Not Hispanic 6) ___ Other		
Home Phone:		
Address:		Zip:
Mailing Label: (Circle) Mr. Mrs. Ms. Dr. Other:		
Parent/Guardian:	SS #:	
Business Phone:	Cell Phone:	
Name of Business:	Cell Phone Provider:	
EMAIL ADDRESS:		
Mailing Label: (Circle) Mr. Mrs. Ms. Dr. Other:		
Parent/Guardian:	SS #:	
Business Phone:	Cell Phone:	
Name of Business:	Cell Phone Provider:	
EMAIL ADDRESS:		
Public School District:	Public School:	

Marital Status: Married Divorced Single Separated Widowed
The student lives with: Both Mother Father Guardian

IN CASE OF EMERGENCY, FIRST CONTACT IS: (PLEASE CIRCLE)		
NAME:	HOME WORK CELL	NAME:
		HOME WORK CELL
IN CASE OF EMERGENCY AND PARENT IS NOT AVAILABLE, CONTACT: (MUST BE COMPLETED)		
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Physician	Phone	
Allergies:	Special Medical Needs:	
<input type="checkbox"/> My child may leave El Paso Country Day School only with the persons listed below. My child may be released from school with the following people (include car pool) <i>without</i> a permission slip. <i>All others shall require a permission slip.</i> <input type="checkbox"/> None		
Name:	Name:	
Name:	Name:	
Name:	Name:	
Parental Permissions:		
In case of emergency, EPCDS has permission to seek medical aid for my child.		Date:
Parent Signature:		
My child has permission to go on field trips .		Date:
Parent Signature:		
EPCDS has permission to use my child's photograph for promotional purposes.		Date:
Parent Signature:		

Health Information

2018-2019

STUDENT:

DATE OF BIRTH:

AGE:

WEIGHT:

HEIGHT:

Record abnormal condition only: Heart Eyes Nervous System Chest/Lungs Skin Teeth Kidneys Muscular/Skeletal Throat Sinuses**Medical History: Please indicate if the student has had any of the following:** Measles Scarlet Fever Whooping Cough Mumps Pneumonia Diphtheria Rheumatic Fever Chicken Pox Tuberculosis Has the student traveled outside the United States in the past year?

Allergies (include food):

Current Medications:

Has the student had any surgery in the past year?

If yes, please describe

Other conditions

For the protection of your child and the other students and faculty,
EPCDS requires all students to have an annual physical with the completed form maintained in the school office.

Physician's Name (please print)

Address:

Phone:

Hospital Preference:

Physician's Signature (mandatory):

Date:

Parental Permissions: (All grades)

El Paso Country Day School may administer acetaminophen (Tylenol) to my child at the school's discretion.

Parent Signature:

Date:

I agree to promptly inform the school of any changes relevant to my child's health.

Parent Signature:

Date:

SCHOOL RIGHTS

1. **Each student has the right to be safe: physically, emotionally, and intellectually.**
2. **Everyone has the right to learn.**
3. **Absolute integrity is required of us all.**
4. **Everyone has the right to mutual respect.**

Physical safety is of primary importance. Any student interfering with the safety of another will be considered as a serious breach of expectations and will result in a notation on the student's permanent record, suspension, and/or expulsion. Emotional safety is essential for the well being of all students. When this is disturbed by such behaviors as teasing, harassment, put downs, etc. it compromises the entire learning process. Each student has the right to learn. Disruption to class includes excessive tardiness. When an individual interferes with the rights of another s/he will have to be removed from class. Academic integrity is expected of all EPCDS students. All work is expected to be the student's own unless otherwise indicated. Plagiarizing, copying, or otherwise presenting any work as one's own that is not, will result in a notation on permanent records, suspension, and/or expulsion.

I have read the El Paso Country Day School Student and Parent Handbook available online at www.epcnds.org. I understand that I will comply with the information contained within and as listed above.

STUDENT:
STUDENT SIGNATURE:
DATE:

I acknowledge that my child has reviewed the Student and Parent Handbook and will comply with the information contained within and as listed above.

PARENT:
PARENT SIGNATURE:
DATE:

Behavior standards for the computer room are very strict in order to ensure the safety of the students and to protect the computers. These standards are discussed the first class day in the computer room. Violation of these standards will result in the logical consequence of restricted computer privileges until the student has demonstrated increased respect for the facility.

Students are expected to:

- Respect hardware and software,
- Respect all data stored on the hardware, including another student's work,
- Use the Internet appropriately,
- Each student is required to have his/her own USB Flash Drive for document storage,
- Use the school computers as needed to complete homework assignments when the computer lab or office computers are available,

Students may **not**:

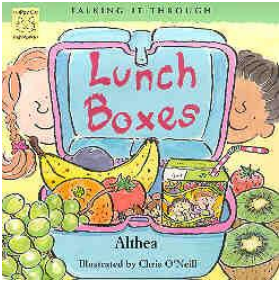
- Install hardware or software on EPCDS equipment,
- Have food or drinks in the computer lab or near computer equipment,
- Play computer games on the school computers which do not pertain to the day's lesson,
- Use home computer failure as an excuse for not turning in homework on time.
- Use EPCDS computers for e-mail, instant messaging or other personal use.

- Cyberbullying in and outside of school will not be tolerated. All electronic devices may be searched by El Paso Country Day School staff.

- I acknowledge that my child accepts the responsibilities for and complies with the guidelines for computer use as stated above and as set forth in the Student and Parent Handbook (available online at www.epcnds.org).

STUDENT (Please print):		
PARENT SIGNATURE:		DATE:
Computer at Home?	YES	NO
Email Address Student:		
Email Address Mother/Parent/Guardian:		
Email Address Father/Parent/Guardian:		

Hot Lunch Program



- Each card has twenty (20) lunches and may be purchased for \$120.00.
- The card will be punched each time it is used and you may purchase several cards at one time.
- Each card should last approximately one (1) month (*if used daily*) and will be kept in the school office for student convenience.
- A menu will be issued at the beginning of each month.
- Students will be notified when the card is about to expire.

- A student will not be permitted to purchase lunch if their card has expired.

School T-Shirt

Throughout the school year, there are many occasions where students are required to wear school T-shirts: class trips, Sports Day, TV commercials and a variety of other events. Wearing our T-shirt as a group encourages school pride and is exemplary of school unity. The official school T-shirt will be required for these types of events. If you purchased one this past year and it still fits, you do not have to purchase a new one.



I understand that if my child does not wear his or her school T-shirt when required, EPCDS will provide one and bill it to your account.

HOT LUNCH PROGRAM: Lunch card (20 lunches per card) @ \$120.00 per card	
Number of cards:	x \$120.00 =
SHORT SLEEVE	
TSHIRT: \$ 16.00 each	CIRCLE SIZE(s) BELOW:
YOUTH: S M L ADULT: S M L XL	
POLO: \$ 20.00 each	CIRCLE SIZE(s) BELOW:
YOUTH: S M L ADULT: S M L XL	
LONG SLEEVE	
TSHIRT: \$ 20.00 each	CIRCLE SIZE(s):
YOUTH: S M L ADULT: S M L XL	
POLO: \$ 20.00 each	CIRCLE SIZE(s) BELOW:
YOUTH: S M L ADULT: S M L XL	
Miscellaneous:	
TOTAL AMOUNT ENCLOSED	
STUDENT NAME:	
Parent Name (if other:)	DATE: