

"Preparing students for a globally connected world"

Joi Tikoi, Principal



20____ - 20___

Student's First and Last Name

Grade

School Year

SCHOOL ORIENTATION PACKET

World Language Elective (2nd – 8th grades)

Textbook Agreement

Computer Use Agreement

3-Way School Pledge

Emergency Card <u>(2 each per student)</u>



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World Language Elective Form for 2nd – 8th Grade

Students in TK – 1st grade take Russian ONLY.

Name: _____

Grade:_____

Last, First (please print)

Home Room Teacher: _____

<u>Core Classes</u>: Mathematics, Science, Social Studies, English Language Arts, Physical Education, Music/Art, and World Language.

Policy: Gateway International School is an International Baccalaureate School and it requires all students to receive instruction in at least one additional world language. We believe that learning is best achieved when we commit to it for a length of time, so once you have been placed in one world language course, you **MUST** stay in that language course for the school year. For grades 6-8, MYP students must stay in same language course for all 3 years.

World Language: Students must put 1st and 2nd choice. If there is no room in their first choice, we will put them in their second choice of world language elective.

_____ Russian _____Spanish

Student Signature

Date

Parent Signature

Date

900 Morse Avenue, Sacramento, CA 95864 PH: 916-286-1985 FX: 916-550-5328 An International Baccalaureate World School offering Primary and Middle Years Programs



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GATEWAY INTERNATIONAL SCHOOL

TEXTBOOK AGREEMENT

School Year_____

- 1. Student should return book on time and in good shape.
- 2. If the book will have permanent damage or, which will prevent the book from being used anymore, or is lost, the student hold full responsibility for paying the full price of that book or replacing it with a new one.

I, parent or legal guardian, have read this agreement about using books, and hold full responsibility for their protection. By signing below, I agree to pay the fine or replace it with a new one, in the event a book is lost or damaged.

Student's First and Last Name:	Grade:
Parent's First and Last Name:	
Parent's Signature	Date:



COMPUTER USE GUIDELINES FOR GCC STUDENT

School Year

- 1.1 will use the computer for school work and to learn.
- 2. When using school computers, I will.
 - Use good manners
 - Use appropriate language •
 - Never tell anyone my home address or phone number
 - Never post my picture on the Internet without permission of my parent(s) and teacher
 - Not look at or use anyone else's work without permission

3. I will show respect for all hardware and software that I use.

4. I will not install "pirated software" or knowingly use disks with viruses on any equipment.

5. I will use only appropriate language when writing on the computer.

6. I will limit my use of the Internet to only appropriate learning activities and respect the Internet filter's usage restrictions.

7. I will not share personal information about myself or anyone else on the Internet. This includes name, address, phone number, photograph, etc.

8. I understand that anyone can read the messages I send from the computer and that work stored on the computer is not private.

9. I understand that from time to time the computer or Internet connection may not be working when I plan to use it.

10. I will share the computer and the network.

- 12. I will not use anything from the computer or Internet or send anything over the Internet that belongs to someone else without their permission.
- 13. I will not download and share copyrighted music, videos, and other digital media.
- 14. If I am unsure how to use any or part of the computer system, I will ask for help.
- 15. I will not use the computers and the internet to gossip about, harass or intimidate fellow students or staff.
- I will not post on newsgroups or other message posting systems any communication containing profanity, racially disparaging remarks, or lewd and/or obscene language.
- I will not at any time use speech that is not appropriate for an • educational setting. Examples of speech that is not appropriate for an educational setting includes, but is not limited to, inflammatory language, profanity, personal attacks, harassment, threats to do personal harm or other criminal activity, and language that is intended to be racially derogatory.
- I will not make threats against others.
- 16. I will respect other peoples' work and not copy it as my own. I will not access anyone else's computer or accounts.

17. I will conserve our valuable natural resources by limiting my paper use.

- I will only print when I am allowed. •
- I will only print school work.

11. I will keep my passwords private.

Please Complete, Detach and Return to Your School Site

COMPUTER USE AGREEMENT School Year

I acknowledge that I will receive/have received training from GCC regarding internet safety, appropriate behavior while online, and training regarding bullying/cyber bullying awareness/response. I agree to follow the provisions of the GCC "Computer Use Guidelines for GCC Students". I understand that I may have my computer privileges restricted or taken away if I do not follow the guidelines.

I have discussed these rules with my child and my child agrees to follow them.

Gateway International School		
Name of Student	School	Grade
Signature of Student	Signature of Parent	Date

Date

Gateway International School

Three – Way School Pledge

It is important that families and schools work together to help students achieve high academic standards. Through a balanced educational approach we can ensure success. The following are agreed upon roles and responsibilities for teachers, students and parents. Your signature signifies support of these actions.

Student Pledge

I agree to carry out the following responsibilities to the best of my ability:

- Show respect towards the school, classmates, staff and families.
- Come to school on time ready to learn and work hard.
- Bring necessary materials, completed assignments and homework.
- Know and follow the school rules and abide by the social contract.
- Ask for help when I need it.
- Communicate regularly with my parents and teachers about school experiences so that they can help me to be successful in school.
- Set aside enough time to complete my homework assignments and projects.

Parent/Guardian Pledge

I agree to carry out the following responsibilities to the best of my ability:

- Show respect for the school staff, students, and other families.
- Help my child with homework by providing a quiet place and enough time for its completion.
- Monitor my child's use of all electronic devices (TV, computer, video games, i-Phone, etc.)
- Read daily to my child or encourage my child to independently read at least 20 minutes.
- Communicate with the teacher or the school when there is a concern.
- Ensure that my child attends school dressed appropriately every day, gets an adequate amount of sleep, and receives regular medical attention and proper nutrition.
- Regularly monitor my child's progress in school.
- Actively participate in all school related activities such as shared decision-making, volunteering and/or attending parent-teacher conferences.
- Communicate the importance of education and learning to my child.

Teacher Pledge

- I agree to carry out the following responsibilities to the best of my ability:
- Show respect for the school staff, students, and other families.
- Provide high-quality curriculum and instruction.
- · Endeavor to motivate my students to learn.
- Have high expectations and help every child to develop a love for learning.
- Communicate regularly with families about student progress.
- Provide a warm, safe, and caring learning environment.
- Provide meaningful, daily homework assignments to reinforce and extend learning.
- Participate in professional development opportunities that improve teaching and learning and support the formation of partnerships with families and the community.
- Actively participate in collaborative decision making and consistently work with families and my school colleagues to make the schools accessible, welcoming places for families which help each student achieve the school's high academic standards.
- Hold myself, students, and parents responsible for the highest standards of performance.

I have read and received the GIS parent and student handbook provided in the student planner.

Parent/Guardian

EMERGENCY INFOR	MATION GIS (GCC)	Grade	Teache	er	
Child's Full legal name: _			Воу	Girl	
Home PH:	Home Address:				
If parents are divorced or separa Parent(s) or guardian chi	ted, to whom has physical custody been gran Id lives with:	Street ted? (attach verificatior	Apt.# n)	City	Zip
Father	Check	one: 🗌 Natural 🛛	Step Gu	uardian/Foster	
Employer:	Bus	iness PH:	C	Cell PH:	
Mother	Check	one: 🗌 Natural	Step Gu	vardian/Foster	
Employer:	Bus	iness PH:	C	cell PH:	
If my child is ill, has an emer	gency, or is suspended and I cannot b	e reached, please	call and release n	ny child to:	
Name				PH#:	
Check one: 🗌 Bat	oy sitter 🗌 Neighbor 🗌 Friend	Relative	Other:		
Name			F	PH#:	
Check one: 🔲 Bat	oy sitter 🗌 Neighbor 🗌 Friend	Relative] Other:		
Physician's Name		Medical Coverage b	y:	ID#	
	Physician's PH:		Hospital Preference	ce:	
CHECK agree to pay all c	t of an emergency, when a parent or guardian is unavail luding necessary transportation, in accordance with thei necessary. In the event said physician is unavailable, I osts incurred as a result of the foregoing. tose the above statement and desire the following action			a noonooa prijololan or oargoon.	
2. I do not cho					
		-	te:		
Parent/Guardian Signature	MATION GIS (GCC)	Da	Teache	er	
EMERGENCY INFOR Child's Full legal name: _	RMATION GIS (GCC)	Da	Teache Boy		
EMERGENCY INFOR Child's Full legal name: _	MATION GIS (GCC)	Da	Teache Boy	er Girl	
Parent/Guardian Signature EMERGENCY INFOR Child's Full legal name: Home PH:	RMATION GIS (GCC)	Grade	Teache	er	Zip
Parent/Guardian Signature EMERGENCY INFOR Child's Full legal name: Home PH:	RMATION GIS (GCC) Home Address: ted, to whom has physical custody been gram	Grade	Teache	er Girl	
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PLEASE CHECK THE FOLLOWING ITEMS IF THEY PERTAIN TO YOUR CHILD

CHECK HERE - if there are no known health problems

GENERAL HEALTH

1. Has the following condition(s):

Asthma Epilepsy Fainting spells Diabetes Hyperactiv(ADHD) Heart condition Migraines Other:
Describe checked conditions:
Allergies: (circle one) Medication Food Seasonal Beestings Allergic Reaction:
Are any of the above life threatening? Yes No (explain)
EYES Wears glasses To be worn at all times Wears contacts To be worn at all times Requires preferential seating Date of last eye exam: Under care of Dr.
Comments:
EARS Has a hearing problem Has tubes in ears Uses hearing aid Requires preferential seating Under care of Dr. Phone:
Comments:

2. List medication prescribed:

Current dosage:	
For (diagnosis):	
Does the drug need to be	e taken during school hours? 🗌 Yes 🗌 No
Prescribed by Dr	Phone:
3. Has a physical cond	lition which limits participation in:
Please explain:	

Under care of Dr. _____

The California Education Code makes it mandatory that every student be provided with physical education. If, at any time your child is ill or has a condition which you feel required being excused from activity for more than five (5) school days, an explanatory note is required from your child' health advisor.

Phone:

4. Circle if you DO/DO NOT want health information give to Teachers and Support Staff.

HEALTH INFORMATION GATHERED FROM THIS CARD AND OTHER SOURCES THROUGHOUT THE SCHOOL EAR, MAY BE SHARED WITH SCHOOL STAFF WHEN APPROPRIATE, TO PROTECT THE HEALTH AND WELFARE OF YOUR CHILD.

PLEASE CHECK THE FOLLOWING ITEMS IF THEY PERTAIN TO YOUR CHILD

CHECK HERE - if there are no known health problems

GENERAL HEALTH

1. Has the following condition(s):

Asthma Epilepsy Fainting spells Diabetes Hyperactive(ADHD) Heart condition Migraines Other:
Describe checked conditions:
Allergies: (circle one) Medication Food Seasonal Beestings
Are any of the above life threatening? Yes No (explain)
EYES Wears glasses To be worn at all times Wears contacts To be worn at all times Requires preferential seating Date of last eye exam:
Under care of Dr Phone:
Comments:
EARS Has a hearing problem Has tubes in ears Uses hearing aid Requires preferential seating Under care of Dr Phone: Comments:

2. List medication prescribed:

Current dosage:	
For (diagnosis):	
Does the drug need to be	taken during school hours? Yes No
Prescribed by Dr.	Phone:
3. Has a physical condit Classroom activities Please explain:	

Under care of Dr. _____ Phone: _____

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