



“Preparing students for a globally
connected world”

Joi Tikoi, Principal



Student's First and Last Name

Grade

School Year

SCHOOL ORIENTATION PACKET

*** Packet includes:**

- World Language Elective (2nd – 8th grades)
- Textbook Agreement
- Computer Use Agreement
- 3-Way School Pledge
- Emergency Card (2 each per student)
- Schooloop Registration
- Independent Study Policy
- Attendance Policy

*** Packet doesn't include LUNCH APPLICATION**

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



“Preparing students for a globally connected world”

Joi Tikoi, Principal



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: _____

Core Classes: 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



“Preparing students for a globally connected world”

Joi Tikoi, Principal



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. I 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.
11. I will keep my passwords private.
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.

Please Complete, Detach and Return to Your School Site

Gateway Community Charters

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.

Name of Student	<u>Gateway International School</u> School	Grade
Signature of Student	Signature of Parent	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.

Student

Parent/Guardian

Teacher



“Preparing students for a globally
connected world”

Joi Tikoi, Principal



INDEPENDENT STUDY POLICY

In the event that your child must be gone from school for 3 or more days, an Independent Study Contract is available.

According to GCC Board Policy 03-12 the maximum amount of time that may elapse between when an Independent study assignment is made and when it is due shall not exceed the following limits:

Kindergarten: two weeks
First through third grade: three weeks
Fourth through sixth grade: four weeks
Seventh and eighth grade: five weeks

1. Requests for independent study should be turned in to the office for the principal's signature five (5) days prior to the absence, so that there is adequate time for the teacher to prepare student materials.
2. Independent Study is not allowed for the last two weeks of school.
3. Students must be present, in person, at the end of the time period to turn in the work.
4. Requests submitted with less than five (5) days notice will not be granted.
5. Successfully completed Independent Study Contracts will not count against a child's attendance record if the work is completed. If the work is NOT completed fully, absences will be counted as unexcused.
6. Completed work must be returned on the day the student returns to school.

EMERGENCY INFORMATION GIS (GCC)

Grade _____ Teacher _____

Child's Full legal name: _____ Boy Girl DOB: ___/___/___

Home PH: _____ Home Address: _____

Street Apt.# City Zip

If parents are divorced or separated, to whom has physical custody been granted? (attach verification)

Parent(s) or guardian child lives with:

Father _____ Check one: Natural Step Guardian/Foster

Employer: _____ Business PH: _____ Cell PH: _____

Mother _____ Check one: Natural Step Guardian/Foster

Employer: _____ Business PH: _____ Cell PH: _____

If my child is ill, has an emergency, or is suspended and I cannot be reached, please call and release my child to:

Name _____ PH#: _____

Check one: Baby sitter Neighbor Friend Relative Other: _____

Name _____ PH#: _____

Check one: Baby sitter Neighbor Friend Relative Other: _____

Physician's Name _____ Medical Coverage by: _____ ID# _____

Physician's PH: _____ Hospital Preference: _____

PARENT MUST CHECK ONE

- 1. In the event of an emergency, when a parent or guardian is unavailable, I authorize school personnel to make arrangements for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment. I authorize the physician named above to undertake such care and treatment as in 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.
- 2. I do not choose the above statement and desire the following action in the event of an emergency: _____

Next

Parent/Guardian Signature _____ Date: _____

EMERGENCY INFORMATION GIS (GCC)

Grade _____ Teacher _____

Child's Full legal name: _____ Boy Girl DOB: ___/___/___

Home PH: _____ Home Address: _____

Street Apt.# City Zip

If parents are divorced or separated, to whom has physical custody been granted? (attach verification)

Parent(s) or guardian child lives with:

Father _____ Check one: Natural Step Guardian/Foster

Employer: _____ Business PH: _____ Cell PH: _____

Mother _____ Check one: Natural Step Guardian/Foster

Employer: _____ Business PH: _____ Cell PH: _____

If my child is ill, has an emergency, or is suspended and I cannot be reached, please call and release my child to:

Name _____ PH#: _____

Check one: Baby sitter Neighbor Friend Relative Other: _____

Name _____ PH#: _____

Check one: Baby sitter Neighbor Friend Relative Other: _____

Physician's Name _____ Medical Coverage by: _____ ID# _____

Physician's PH: _____ Hospital Preference: _____

PARENT MUST CHECK ONE

- 1. In the event of an emergency, when a parent or guardian is unavailable, I authorize school personnel to make arrangements for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment. I authorize the physician named above to undertake such care and treatment as in 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.
- 2. I do not choose the above statement and desire the following action in the event of an emergency: _____

Next

Parent/Guardian Signature _____ Date: _____

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. 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 condition which limits participation in:

- Classroom activities Physical education

Please explain:

Under care of Dr. Phone:

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.

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

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. 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 condition which limits participation in:

- Classroom activities Physical education

Please explain:

Under care of Dr. Phone:

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.

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.

GIS Attendance Policy

Students are expected to be at school **ON TIME** and ready to learn every day.

Regular, timely attendance is CRITICAL for student success. Additionally, California State Law requires parent/guardians of children ages 6 to 18 to send their children to school, unless otherwise provided by law (Education Code 48200, 48290). Therefore, **PAR-ENTS HAVE THE RESPONSIBILITY FOR ENSURING THAT THEIR STUDENT ATTENDS ON TIME DAILY.**

Medical and dental appointments, and family vacations should be scheduled for those times when school is not in session.

However, if it is necessary for a student to be absent for 3 days or more, please contact the school office as soon as possible, **5 DAYS PRI-OR ABSENCE**, to request independent study class work and homework.

ARRIVAL

School starts at 8:30am Monday through Friday.

All students arriving to class after 8:45am

MUST CHECK IN at the office and get a **LATE/TARDY** slip.

DISMISSAL

Monday thru Thursday

K – 1st at 3:00pm; 2nd – 8th at 3:15pm

Friday

Dismissal Time is the same, at 12:30pm

ABSENCE PROCEDURE

Whenever a child is absent from school, the school must receive an explanation from the parent/guardian.

TO REPORT AN ABSENCE

PARENTS MAY:

send notes

Office Hours: 8:00am – 4:30pm

e-mail

Tamara.Varkentin@gcccharters.org

call the school office*

leave a voice mail*

*(916) 286-1985

fill out online form

Go to www.gischarter.org -> ATTENDANCE

REPORT AN ABSENCE

Schoolloop Student/Parent Registration

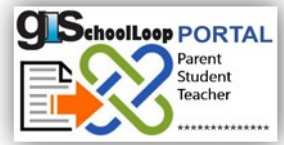
Every student and parent must register in Schoolloop to:

- View student's grade on demand
 - View HW assignments and missing HW assignments
 - View due dates for any homework/project
 - Receive daily emails with updated grade information
 - Email student's teacher
-

To register you have to follow these steps:

Go to www.gischarter.org

Under "Our News", yellow middle column, click on:



Click "Register", chose student/parent, and proceed registration

.....

In order to proceed registration you have to enter this information:

Student First and Last Name

Student/Parent Email

Student ID#

.....

YOUR STUDENT'S INFORMATION

Student Name _____

Student ID# _____

Teacher _____

Grade _____



Schoolloop App is available for download to your phone or tablet.