



# Orientation Forms



## Demographic Form

Complete **ONLY** items you wish to have corrected



## Media Consent Form



## Parent Portal Authorization Form



## Updated Immunization Records



Bring a copy of both sides of  
Immunization card **OR** Copy of your  
Current Immunization Exemption Letter



*Ivanna Eudora Kean High School*  
**DEMOGRAPHIC CHANGE FORM**

FOR OFFICE USE ONLY      SID: \_\_\_\_\_      DATE: \_\_\_\_\_

**INSTRUCTIONS: PLEASE COMPLETE ONLY THE ITEMS YOU WOULD LIKE TO HAVE CORRECTED.**

Student's First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Physical Address	Mailing Address
Number _____ Street _____ Apt # _____	Number/P.O. Box # _____ Street _____ Apt # _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____

\_\_\_\_\_ Main Contact Phone #  
*\*this number will be used for the School's Automated Phone Calls*

**PARENT/GUARDIAN CONTACT INFORMATION**

**FIRST PARENT/GUARDIAN**  
Check one:  Mr.  Mrs.  Ms.  Other (specify): \_\_\_\_\_ Relation: Father Mother Legal Guardian  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Cellular Phone# \_\_\_\_\_ Work Phone# (include ext.) \_\_\_\_\_ Other Phone# \_\_\_\_\_  
Email Address \_\_\_\_\_

**SECOND PARENT/GUARDIAN**  
Check one:  Mr.  Mrs.  Ms.  Other (specify): \_\_\_\_\_ Relation: Father Mother Legal Guardian  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Cellular Phone# \_\_\_\_\_ Work Phone# (include ext.) \_\_\_\_\_ Other Phone# \_\_\_\_\_  
Email Address \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**  
Check one:  Mr.  Mrs.  Ms.  Other (specify): \_\_\_\_\_ Relation: \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Cellular Phone# \_\_\_\_\_ Work Phone# (include ext.) \_\_\_\_\_ Other Phone# \_\_\_\_\_

**OTHER CHANGE (PLEASE SPECIFY):** \_\_\_\_\_  
\_\_\_\_\_



THE VIRGIN ISLANDS DEPARTMENT OF  
**EDUCATION**

## Student Media Consent and Release Form

*Throughout the school year, students may be highlighted in efforts to promote VI Department of Education activities and achievements. For example, students may be featured in materials to train teachers and/or increase public awareness of our schools through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media.*

I, as the parent or guardian of student \_\_\_\_\_, attending **Ivanna Eudora Kean High School**, hereby give the VI Department of Education (VIDE) and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

- a) This is with the understanding that neither VIDE nor its representatives, will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child's participation.
- b) I further release and relieve VIDE, its Board, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material. I certify that I have read the Media Consent and Release Liability statement and fully understand its terms and conditions.

**If parent/guardian chooses to change above authorization, he/she needs to do so in person at the child's school.**

### Please Print

Name of child \_\_\_\_\_ Grade \_\_\_\_\_

School **Ivanna Eudora Kean High School**

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Print name of parent/guardian \_\_\_\_\_

Phone Number \_\_\_\_\_

I **DO** give permission for my child to be photographed, interviewed or used in promotional materials

I **DO NOT** give permission for my child to be photographed, interviewed or used in promotional materials.

**Parent / Guardian's Signature**

**Date**



Office of the Insular Superintendent

St. Thomas-St. John District  
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Tel: 340-775-2250

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## Parent Portal Acceptable Use Policy Signature Page

\_\_\_\_\_  
**Student's Last Name**

(Please print clearly)

\_\_\_\_\_  
**Student's First Name**

\_\_\_\_\_  
**Grade Level**

**School: Ivanna Eudora Kean High School**

The Virgin Islands Department of Education, St. Thomas-St. John School District provides parent(s) or guardian(s) access to student information through the Parent Portal. Access to the system is available through the Internet and accounts are created by using web access information furnished by the school. Users must protect their login information in order to maintain security and are required to adhere to the Parent Portal Acceptable Use Policy. This signature page must be completed and returned for each student.

I have read and I understand and agree to the terms of the Parent Portal Acceptable Use Policy. I understand that access to the Parent Portal is designed for the educational support of my child and is not an official record.

**I hereby expressly release the Virgin Islands Department of Education, the St. Thomas-St. John School District, its administrators, staff, employees, and agents from any and all claims, liability, loss, damages, and causes of action of whatsoever character and description which may arise out of, relate to, or is any way connected directly or indirectly to the use or inability to use the Parent Portal including but not limited to damage to personal equipment when connected to the Parent Portal or PowerSchool System.**

Parent/Guardian Name: \_\_\_\_\_

(Please print clearly)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_ Email \_\_\_\_\_



### For Office Use Only

Parent Identification Verified: \_\_\_\_\_ District Student Number: \_\_\_\_\_

Date: \_\_\_\_\_ Name of District Official: \_\_\_\_\_