

REGISTRATION CHECKLIST

Newbury Local Schools
14775 Auburn Rd
Newbury, OH 44065
Phone: (440) 564-5501 Fax: (440) 564-9690

The Newbury Local School District is pleased to welcome your family to the district. In order to expedite the registration process please review the Registration Process and complete this Checklist PRIOR to making your registration appointment to avoid delaying your child(ren) from attending the district.

Reminders:

- ALL forms and documents MUST be presented at the Registration Appointment or the appointment will be rescheduled
- If you have questions and/or problems with any required documentation please contact the Registrar PRIOR to your appointment for instructions.
- Additional documentation may be required if needed

CHECKLIST

Picture identification of the parent/guardian registering the child (ex., driver's license, state ID, passport, military ID
Birth Certificate of child being enrolled -MUST be original or a certified copy
Proof of Residency

If parent/guardian owns home:

One of the following:

.Purchase Agreement
Mortgage Deed

Two of the following:

Recent Utility Bill** (within 30 days)
Current tax statement or bill
Voter Registration

If parent/guardian is renting or living with someone:

Two of the following:

Current Lease Agreement (Signed/dated by ALL parties)
Property Owner Affidavit (Notarized) form available on website
Recent Utility Bill** (within 30 days)

****Acceptable Utility Bill - water/sewer, electric, gas, phone-(land line only)**

Registration Packet Forms

Registration Form I Notice of Legal Obligation
Residency and Custody Declaration
Home Language Survey
Health History Form
Immunization Form
Record Request Form
Transportation Form

Previous Academic Records - if student is transferring from another district records will be requested. However, last report card, at the very least, must be presented to verify grade level.

The following documents must be presented if applicable:

IEP/ETR -if child receives any special education services the documentation must be presented with registration

Complete Legal Documentation of Divorce -if student(s) parents are divorced.

Complete Legal Documentation of Custody Determination - if anyone other than birthparents have custody

Complete Legal Documentation of Name Change or Adoption

To schedule your Registration Appointment please call: 440-564-2282

Appointment Date: _____

Appointment Time: _____

If you are missing any documentation, or if you feel you have a situation not covered in this document, please contact the Registrar PRIOR to your appointment

Welcome Parents and Students! We are pleased that you have chosen to be a part of our district. Student registration takes place at the Newbury Board of Education located at 14775 Auburn Rd. Registrations are done by **APPOINTMENT ONLY** with our Office Staff. Registration Packet Forms **MUST** be completed in full **prior** to your appointment and **ALL** required documentation (*included on "Registration Checklist" included in the packet*) must be presented at the appointment to complete the registration of your student(s). If any of this information is missing the appointment will be rescheduled.

FAQ'S

1. **Who may register a child?** Only a Parent or Legal Guardian may register a child for school. The Parent/Guardian must be a resident of the district to qualify.
2. **What defines Residency?** To qualify to attend the Newbury Local School District the Parent/Guardian must reside within the district boundaries. Residency is defined as the location where the student lives (sleeps, eats and bathes) a majority of the time.
3. **What is Kindergarten Eligibility?** Ohio law requires all children complete a formal kindergarten program. Children who are five years old on or before September 30th are eligible to attend kindergarten.
4. **Is there early entrance for Kindergarten?** Under rare instances, if a child's birthdate falls between October 1 and December 31 of the year they will attend school, an Early Entrance Evaluation may be authorized to indicate that the child has demonstrated superior functioning in the areas of ability and achievement. Contact the building Principal for further information regarding Early Entrance.
5. **How do I register my child for Kindergarten?** Newbury Local School's conduct's a mass Kindergarten registration in early March each year to register new Kindergarten students for the next school year. This mass registration typically occurs on the first Saturday in March; however please check the Newbury Website at www.newburyschools.org for the exact date each year. The information will also be published in local newspapers. If a Parent/Guardian is unable to attend the Saturday registration individual appointments can be arranged by contacting the Office to schedule.

REGISTRATION PACKET FORM DESCRIPTION

1. **Registration Checklist** - *Checklist form parent/guardian to complete and verify prior to registration appointment*
2. **Registration Form/Notification of Legal Obligation** -*Provides district with student and parent/guardian demographic information and required information regarding academic documentation of prospective student. Notifies parent/guardian's legal obligation to the district regarding information provided and present or future notifications to the district.*
3. **Residency and Custody Declaration** -*Provides district with household members and verification that parent/guardian is aware and knows of all of their legal obligations to the district.*
4. **Home Language Survey** -*State mandated form notifying district of the student's native language.*
5. **Health History Form** -*Provides district with student health history and/or concerns of the child.*
6. **Immunization History** -*State mandate form notifying district of immunizations provided to the student.*
7. **New Student Record Release** -*Release for district to obtain previous records and/or information to be able to provide accurate academic instruction to student. New Kindergarten students may also need this form to obtain information from a Preschool entity.*

STUDENT REGISTRATION FORM

Date student will enter Newbury Local Schools: / / Entering Grade** : Bldg:
Mo Day Year
 **Grade placement is subject to adjustment when transfer credits are evaluated according to Newbury School policy

Legal Name _____ Gender Male Female
Last Middle First

Home Address _____ **County** _____
Number Street City Zip

Mailing Address _____ **Home Phone:** _____
If different Number Street City Zip

Birthplace _____ **Date of Birth** / /
City State Country Mo Day Year

Required by the U.S. Department of Education
Ethnicity / Race (required) Home Language Survey (required)

Is the student Hispanic/Latino YES NO
A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.

Citizenship: US Citizen
 Other: _____

What is the student's race: *(Please check all that apply)*
 ** Note to parent/guardian: If not completed, enrolling personnel will designate race/ethnicity for the district

- Asian**
Original peoples of the Far East, Southeast Asia or the Indian subcontinent
- Black or African American**
Having origins in any of the black racial groups of Africa
- American Indian or Alaskan Native**
Original peoples of North or South America who maintain tribal affiliation or community attachment
- Native Hawaiian or Pacific Islander**
Original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White**
Origins in any of the original peoples of Europe, the Middle East, or North Africa

- 1) What language did your child first speak when they learned to talk?

 - 2) What language does your child use most frequently at home?

 - 3) What language do you use most frequently to your child?

 - 4) What language do the adults at home most often speak?

 - 5) How long has your son/daughter attended school in the United States? _____
- Does an adult in the home read English?
 YES NO
- Does an adult in the home speak English?
 YES NO

IS THE CHILD:

Identified Gifted YES NO

Identified Special Ed (IEP) YES NO

On a 504 Plan YES NO

DOES THE CHILD:

Receive remedial academic support? YES NO
If yes, in what area?

Reading Math Other _____

Student Lives With *Check all that apply*

- Birth or Adoptive Parents
- Birth or Adoptive Father
- Birth or Adoptive Mother
- Birth or Adoptive Father & Step Mother
- Birth or Adoptive Mother & Step Father
- Grandparent(s)
- Foster Family
- Other: _____

Custody/Guardianship *Check all that apply*

- Birth or Adoptive Parents
- Birth or Adoptive Father
- Birth or Adoptive Mother
- Birth or Adoptive Father & Step Mother
- Birth or Adoptive Mother & Step Father
- Other: _____

Previous School Information

District Name _____ **Previous school records included?**
School Name _____ Yes No
Address _____
Street Address City State Zip

Demographics

Academics

Residency

School Info

TRANSPORTATION REGISTRATION - NEWBURY

(PLEASE PRINT)

(1 CARD PER CHILD)

DATE OF BIRTH _____

Date _____ School Year 20__ - to 20__

Pupil's Name _____ Sex _____
M or F

Address _____
Number Street

City _____ Zip Code _____

Address Location Between _____ and _____
Street Street

Parent/Guardian Name(s): _____ ; _____

Assigned School: ___ Newbury Elementary ___ Newbury Jr/Sr ___ St. Helen

Non-Public: _____ Present Grade _____
School Name

FOR SCHOOL USE ONLY
STUDENT STATUS:

Pupil ID# _____

___ New ___ Withdrawal ___ Transfer within District

Bus No. _____ A.M. _____ P.M.

No. of School Age Siblings: _____

Attending Newbury. _____ Attending Other _____

Will alternate pick-up / drop off be needed for childcare? : YES (Complete Bus Change Request below) NO

I understand that transportation is provided by the Newbury School District, my child agrees to follow all rules and regulations established by the Newbury Board of Education and/or their official representatives. Failure to do so is good and sufficient reason to discontinue transportation services for my child.

Signature of Parent/Guardian _____ Telephone Numbers _____ or _____ Telephone Numbers _____

TRANSPORTATION BUS CHANGE REQUEST

STUDENT NAME _____ GRADE: _____ High School Elementary Megan Bartons
Other (please Specify): _____

PICK-UP INFORMATION – (A.M.)	DROP-OFF INFORMATION (P.M.)
Current Address _____ Current Bus# _____	Current Address _____ Current Bus# _____
New Pick up Address _____ New Bus# _____	New Drop off Address _____ New Bus# _____
Contact Person at Pick up Address _____ Phone at New Address _____	Contact Person at Drop off Address _____ Phone at New Address _____

EFFECTIVE DATES OF CHANGE: From: ___ / ___ / ___ To: ___ / ___ / ___ DAYS OF CHANGE: M T W TH F

REASON FOR CHANGE: _____

It is the position of the Newbury Board of Education to provide transportation to and from a student's place of residence. Requests for changes can only be considered with respect to REGULAR ESTABLISHED ROUTES AND PICK UP AND DROP OFF POINTS. The undersigned understands that this is only a request for consideration and not a guarantee for approval. A bus change, if granted, is for the current school year only. Students' residential address will be used the following school year unless another bus change is requested.

Signature of Parent/Guardian _____ Date ___ / ___ / ___
Daytime Telephone Number _____

FOR OFFICE USE ONLY

Building _____	_____ / ___ / ___	Approved
Initials _____	Date _____	
Transportation _____	_____ / ___ / ___	Denied
Initials _____	Date _____	

Newbury Local Schools
14775 Auburn Rd
Newbury, OH 44065
Phone: (440) 564-5501 Fax: (440) 554-9460

PROPERTY OWNER AFFIDAVIT

MUST BE COMPLETED BY THE OWNER OF THE PROPERTY AND NOTORIZED WITH PAGE 2

**This form should be used if the parent/legal guardian enrolling child(ren) is either renting or living with a family member or friend.*

(Property Owners Name)

I certify that I am the owner of the home/apartment located at:

Address _____ City _____, Ohio Zip _____

I further certify that the below listed tenants have established permanent residence in the aforementioned home/apartment and to the best of my knowledge are not maintaining a separate residence elsewhere.

(If additional space is needed please continue on back.)

_____ Adult and Relationship	_____ Date of Occupancy	_____ Child and Relationship	_____ Date of Occupancy
_____ Adult and Relationship	_____ Date of Occupancy	_____ Child and Relationship	_____ Date of Occupancy
_____ Adult and Relationship	_____ Date of Occupancy	_____ Child and Relationship	_____ Date of Occupancy

Please read each statement and then place your initials to the left of the statement to indicate agreement:

- _____ ***I understand that it will be my responsibility to notify the Newbury Local School District – (440 564-5501) when the above-named family no longer resides in my home/residence.***
- _____ ***I understand that should any of the above statements be false, I am liable for any penalties including, but not limited to, the collection of any money owed for tuition purposes for which the law provides under the pertinent criminal code, plus interest, administrative costs, court costs, and any attorney fees incurred in the collection of those sums.***
- _____ ***I am aware that any effort to circumvent the residency requirements of this school district mandated by Ohio law may result in prosecution for the theft of services, a violation of the O.R.C. 2913.02.***
- _____ ***I agree to, and stipulate, that the Newbury Local School District may use whatever legal means it has at its disposal to verify my residency, including having an attendance officer visit my home to ensure the family named above resides at this address.***

Signatures:

_____ Signature of Property Owner	_____ Date
_____ Printed Name of Owner	_____ Phone Number of Owner/Tenant

Note to Parent/Guardian: To facilitate your child's entry into the Newbury Local School District, please complete this form and we will send it to your child's previous school for his/her records. This authorization and the records provided will become part of your child's permanent records in accordance with the Family Educational Rights and Privacy ACT (FERPA), Individuals with Disabilities Education Act (IDEA), and the Board of Education's Student Records Policy.

A. You are authorized to release the records listed below, orally

Student Name: _____ Date of Birth: _____ Date of Enrollment: _____

Address: _____

I. Description of Educational Records and Information to be Disclosed:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Official Transcripts | <input checked="" type="checkbox"/> Attendance Records | <input checked="" type="checkbox"/> Individualized Education Plan |
| <input checked="" type="checkbox"/> Most Recent Grade | <input checked="" type="checkbox"/> Discipline Records | <input checked="" type="checkbox"/> Multi-Factored Evaluation (MFE/ETR) |
| <input checked="" type="checkbox"/> Test Records | <input checked="" type="checkbox"/> Medical Reports | <input checked="" type="checkbox"/> Student Accommodation Plan (504) |
| <input checked="" type="checkbox"/> Cumulative Records | <input checked="" type="checkbox"/> Court Documents | <input checked="" type="checkbox"/> Psychological Reports |

II. Previous School Records – If student attended more than one district over the past school year, provide all information below. If more space is needed please use the back of this form.

#1

District Name: _____ Building Name: _____

Building Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Contact Phone: _____ Fax: _____

Email: _____ Dates Enrolled in this District: _____ To: _____

III. Please Direct Records to:

Newbury Elementary School
14775 Auburn Rd
Newbury, OH 44065
Email: Lisa.Levine@newburyschools.org
Fax: (440) 564-9690

Newbury High School
14775 Auburn Rd
Newbury, OH 44065
Email: Holly.Potti@newburyschools.org
Fax: (440) 564-9788

IV. Expiration and Revocation

This authorization may be revoked at any time except to the extent that the District has already released personal information prior to the revocation of this authorization. Request for revocation must be in writing to the District. If not revoked, this authorization will expire one year after the date this authorization is signed.

V. Signature and Acknowledgment

I acknowledge that this authorization is voluntary and may request a copy of this authorization. The purpose of this release of educational records or information is to aid in making present and future educational decisions.

Signature (Parent/Guardian) _____ Date _____

EMERGENCY MEDICAL AUTHORIZATION FORM

Student Name: _____	Grade: _____
School: _____	Address: _____
Phone: _____	_____

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Residential Parent or Guardian:

Mother's Name _____ Daytime Phone (____) _____

Father's Name _____ Daytime Phone (____) _____

Other's Name _____ Daytime Phone (____) _____

Name of Relative or Childcare Provider:

Address _____ Relationship _____
Daytime Phone (____) _____
Zip _____

PART I OR PART II MUST BE COMPLETED

PART I: TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Physician _____ Phone (____) _____

Dentist _____ Phone (____) _____

Medical Specialist _____ Phone (____) _____

Local Hospital _____ Emergency Room Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctors, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

Date _____ Signature of Parent/Guardian _____
Address _____
Zip _____

PART II: REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Date _____ Signature of Parent/Guardian _____
Address _____
Zip _____

Newbury Local School District

HEALTH HISTORY FORM

14775 Auburn Road

Newbury, OH 44065

Fax Numbers:

Board Office- 440-564-9460 High School - 440-564-9788 / Elementary – 440-564-9690

INJURY AND ILLNESSES – Please list any severe injuries or illnesses:

Injuries/Illnesses/Surgeries	Child's Age	Hospitalized	
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No

Comments: _____

ADDITIONAL INFORMATION

List any medication(s) taken daily and the reason:

Medication	Dosage	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE NOTE: *If you child requires over-the-counter or prescription medication while at school, Medication Management form(s) must be completed by the parent and Doctor.*

Date of Last Physical Exam _____ Date of Last Dental Exam _____

This child is usually: ___very active ___normally active ___inactive

Do you have any concern about how your child gets along with others and/or siblings? Yes No

If yes, please explain

Do you have other comments or concerns about this student's health, development, behavior, family or home life that you would like to share with the school? (continue on back if needed.)

Medical information important for the safety of your child or others, as determined by the school nurse, will be shared with pertinent staff in a confidential manner unless the school is notified in writing. Should there be changes in the student's health status the parent/guardian should notify the school in writing.

Completed by _____ Relationship to the Child _____ Date _____

FALSIFICATION ORDINANCE

In conformance with Ohio Revised Code (ORC) 3313.64:

- Newbury Local Schools are tuition free only for those students whose parents/guardians are *legal residents of this district*.
- Residence for school purposes means that the parent/guardian of the student live within the school district for a majority of the time.
- To knowingly make a false statement, give false information or knowingly swear or affirm the truth of a false statement in order for your child to gain entrance or remain at the schools of this district is illegal.

Your signature on the Residence and Custody Affidavit certifies that all of the residency information is true and correct and that you have received the Falsification Ordinance.

NOTICE OF LEGAL OBLIGATION

Parents/Guardians of all students are required by the Ohio Revised Code (ORC) to inform school officials of any of the changes listed below:

1. **Change of address:** You **MUST**, within 10 calendar days of your move, bring two proofs of your new residence to your building's Secretary. If you move out of the district, a district Clearance form must be completed by each student's teacher and a District Withdrawal Form must be presented.
2. **Change of phone number(s):** Current home, work, and emergency numbers must be provided to the building of attendance for any changes.
3. **Change of legal custody or guardianship:** Any and all current court order for Domestic Relations, Juvenile, Probate or any other court which has exercised jurisdiction of the custody, guardianship or residence of the child per Ohio Revised Code 3313.672. The complete legal document must be presented to the building's Secretary.
4. **All Temporary Restraining Orders or Protection Orders involving school premises must be submitted to the district.**

Please Print

Date of Enrollment: _____

Student Name: _____

3. If you answered "No" to questions #2 above

Does the student reside with a legal guardian or other custodian under court order? Yes No NA

4. Is there a pending court action which may affect custody or guardianship? Yes No

Documentation provided: _____ (Journal Entry or Probate Case Number)

5. Does the student claim to be emancipated? Yes No

6. Is there a county social worker or guardian *ad litem* involved? Yes No

7. Was the student expelled from the previous school? Yes No

Please check the lines below that correspond with your individual situation:

	Mother	Father	Both	Foster/Guardian	N/A
8. With which parent does the child reside?	_____	_____	_____	_____	_____
9. Which parent resides within the Newbury Local School District?	_____	_____	_____	_____	_____
10. Which parent is the biological parent?	_____	_____	_____	_____	_____
11. Which parent has been granted custody or residential parent status by a Domestic Relations or Juvenile court order?	_____	_____	_____	_____	_____
12. Which parent has adopted the student by Probate or Juvenile Court order?	_____	_____	_____	_____	_____
13. Who has been granted guardianship of the child by Probate Court order?	_____	_____	_____	_____	_____

Newbury Local Schools

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STUDENT INFORMATION

- 1. Does the student reside within the Newbury Local School District? Yes No
- 2. Does the student reside with parent(s)? Yes No
- 3. If you answered "No" to questions #2 above
Does the student reside with a legal guardian or other custodian under court order? Yes No NA
- 4. Is there a pending court action which may affect custody or guardianship? Yes No
Documentation provided: _____ (Journal Entry or Probate Case Number)
- 5. Does the student claim to be emancipated? Yes No
- 6. Is there a county social worker or guardian *ad litem* involved? Yes No
- 7. Was the student expelled from the previous school? Yes No

Please check the lines below that correspond with your individual situation:

	Mother	Father	Both	Foster/Guardian	N/A
8. With which parent does the child reside?	_____	_____	_____	_____	_____
9. Which parent resides within the Newbury Local School District?	_____	_____	_____	_____	_____
10. Which parent is the biological parent?	_____	_____	_____	_____	_____
11. Which parent has been granted custody or residential parent status by a Domestic Relations or Juvenile court order?	_____	_____	_____	_____	_____
12. Which parent has adopted the student by Probate or Juvenile Court order?	_____	_____	_____	_____	_____
13. Who has been granted guardianship of the child by Probate Court order?	_____	_____	_____	_____	_____

Dear Parents,

Keeping you informed is important at Newbury Local Schools. That's why we have adopted the CONNECT 5 Notification Services which will allow us to send a telephone or e-mail message to you providing important information about school events or emergencies. We anticipate using CONNECT 5 to notify you of school delays or cancellations due to inclement weather and important school related events. In the event of an emergency at school, you can have peace of mind knowing that you will be informed quickly by phone or email.

The successful delivery of information is dependent upon accurate contact information for each student, so please make certain that we have your most current phone numbers. If you have more than one student, please indicate names and grade levels on the form below and we will do the rest. If this information changes during the year, please let us know immediately.

What you need to know about receiving calls sent through CONNECT 5

Caller ID will display the school's main number for the school delays or cancellations. Caller ID will display 411 if the message is an emergency notification. Be sure to say "Hello" when you answer the phone. The technology must hear a voice to deliver. CONNECT 5 will leave a message on any answering machine or voicemail.

Please complete the information below and return this form to either building office as soon as possible. Thank you for your cooperation. If you have any questions, please don't hesitate to contact us. We are very pleased to incorporate CONNECT 5 as a tool to improve parent communication and look forward to having the ability to delivery real time important information to you.

Student Name _____ Grade _____ Student ID Number _____
Student Name _____ Grade _____ Student ID Number _____
Student Name _____ Grade _____ Student ID Number _____

Primary Phone Number _____
Emergency Phone 1 _____
Emergency Phone 2 _____
Emergency Phone 3 _____
Email Address _____

Regards,

Michelle R. Mrakovich
Superintendent

Newbury Local Schools
Student User Agreement of Understanding

Access to and use of the Internet, World Wide Web (WWW), electronic mail, software programs, computers, and related equipment is a PRIVILEGE for the user.

Students may not abuse hardware; enter directories without permission of staff; alter, add or remove software or files; change computer desktop software or software parameters; or bypass any safeguards or passwords. Students may load their own CD with prior teacher permission.

Responsibilities

Students exercising their privilege to use the Internet or WWW as an educational resource shall also accept responsibility for all materials received under their user accounts and shall not communicate the password for said accounts to anyone unless requested to do so by the network or building administrator.

This is a restricted use computer system. Unauthorized access and/or use are prohibited by law. Individuals using this computer system without authority, or in excess of their authority, are monitored and recorded by system personnel. In the course of monitoring individuals improperly using this system, or in the course of system maintenance, the activities of authorized users may be monitored. Anyone using the system expressly consents to such monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, system personnel may provide the evidence of such monitoring to law enforcement officials.

Students have the responsibility to monitor all material via the Internet, WWW, or e-mail under their user account. Students will accept the responsibility of keeping all inappropriate material/text files, or files dangerous to network integrity from entering the school or the LGCA system via the Internet, WWW, or e-mail. Parents should be aware that the Internet and WWW allow access to some inappropriate and even pornographic content. Although Newbury School will supervise student use to the extent possible and employ a proxy server system that prevents most illegal and inappropriate sites from being accessed, parents should note that students will hold primary responsibility for proper use of the Internet, WWW and e-mail. Improper/inappropriate system use may result in school disciplinary action to include the possibility or removal of system use privileges in addition to detention, suspension, or expulsion.

We have read the above responsibilities and hereby agree to be responsible for, and abide by, all rules and regulations of this agreement. The student also acknowledges that failure to abide by the above responsibilities may result in the revocation of user privileges and removal of username from the system.

Student Name (please print)

Student Signature/Date

Grade

Parent/Guardian Signature/Date

PERMISSION TO BE PHOTOGRAPHED PERMISSION FOR DIRECTORY TO BE ON OUR WEB

It is the intention of the Newbury Local Schools to maintain a current collection of photographs to document School District events and activities, including photographs and names of our students engaged in active participation in school programs. These photos and names may appear in School District slide shows or in displays. They may also be in news releases or in School District publications such as the Knightlines, brochures or be contributed to other agencies whose publications feature the Newbury Local School District. Photos may be used as an identity safeguard on the electronic school lunch system.

Newbury Local Schools is also on the WEB. We put school information and class news on our web pages, which can be reached through www.newburyschools.org. We may want to add some student photos and names throughout the year to show some of our projects. Pictures and names will not be posted without parent permission.

The Newbury Local School District recognizes your right to privacy and understands that you may object to having your child's picture taken and the photographs and names used in the means stated above.

_____ The Newbury Local School District has my permission to photograph my child.

_____ I **DO NOT** want photographs taken of my child.

Parent/Guardian Signature _____

Student Name _____

Student Grade _____