

Newbury Local Schools

14775 Auburn Rd.

Newbury, OH 44065

Phone: (440) 564-2282 Fax: (440) 564-9788

REGISTRATION PROCESS

Welcome Parents and Students! We are pleased that you have chosen to be a part of our district. Student registration takes place at Newbury Local Schools located at 14775 Auburn Rd. Registrations are done with our Office Staff. Registration Packet Forms **MUST** be completed in full and **ALL** required documentation **MUST** be turned in with the enrollment packet. *(included on "Registration Checklist" included in the packet.* Your student(s) registration is not complete until all documentation has been turned in.

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 August 1st are eligible to attend kindergarten.
4. **Is there early entrance for Kindergarten?** Under rare instances, if a child's birthdate falls between August 2 and January 1 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. Please check the Newbury Website at www.newburyschools.org for the exact date each year.

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 perspective 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. **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.*

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

REGISTRATION CHECKLIST

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

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

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)

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

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)

Demographics

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

Academics

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 _____

Residency

Student Lives With Check all that apply

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

Custody

Custody/Guardianship Check all that apply

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

School Info

Previous School Information

District Name _____ Previous school records included? Yes No

School Name _____

Address _____
Street Address City State Zip

STUDENT REGISTRATION FORM (Continued)

Student Name: _____

LIST ALL OTHER CHILDREN IN THE HOME

NAME			AGE	GENDER	GRADE	SCHOOL	Natural	Step
Last	First	Middle	_____	M / F	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Last	First	Middle	_____	M / F	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Last	First	Middle	_____	M / F	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Last	First	Middle	_____	M / F	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Last	First	Middle	_____	M / F	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Last	First	Middle	_____	M / F	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Siblings

MOTHER Married Single Divorced Separated Remarried Deceased

Residential Non-Residential
 Mother's Name Last _____ First _____ Dual Mailing: Yes No
 Address Number _____ Street _____ City _____ Zip _____ *If different than student*
 Home Phone () _____ Work Phone () _____
 Cell Phone () _____ Email _____

FATHER Married Single Divorced Separated Remarried Deceased

Residential Non-Residential
 Father's Name Last _____ First _____ Dual Mailing: Yes No
 Address Number _____ Street _____ City _____ Zip _____ *If different than student*
 Home Phone () _____ Work Phone () _____
 Cell Phone () _____ Email _____

GUARDIANSHIP

GUARDIAN

Legal Guardian Step Parent Foster Parent Other: _____
 Name _____ Dual Mailing: Yes No
 Address Number _____ Street _____ City _____ Zip _____ *If different than student*
 Home Phone () _____ Work Phone () _____
 Cell Phone () _____ Email _____
 Social Worker (if applicable): _____

GUARDIAN

Legal Guardian Step Parent Foster Parent Other: _____
 Name _____ Dual Mailing: Yes No
 Address Number _____ Street _____ City _____ Zip _____ *If different than student*
 Home Phone () _____ Work Phone () _____
 Cell Phone () _____ Email _____
 Social Worker (if applicable): _____

Is the child in the legal custody of someone other than the birth or adoptive parent? YES NO
If you answered yes to this question you must complete "Custody / Custody Pending Form"

As the parent or legal guardian of the child(ren) being registered, you have a continuing duty to immediately inform the Newbury Local School District of any change of residence and/or standing as to legal custody of the child(ren). Only the parent who is the residential parent or legal custodian of the child may register the child. Legal documentation **MUST** be presented. The Superintendent or his designee shall take all steps necessary to confirm the accuracy of the information provided in the registration process including the Residency and Custody Declaration. If it is discovered that a parent or legal guardian has made false statements in the registration process, the school system may notify the prosecuting attorney.

I have read the enrollment procedures and instructions.
 I understand and agree to notify The Newbury Local School District of any changes as outlined.

Parent/Guardian Signature _____

Relationship to Student _____

Date _____

Acknowledgment

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
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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 _____

Newbury Local Schools

14775 Auburn Rd

Newbury, OH 44065

Phone: (440) 564-5501 Fax: (440) 564-9460

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?	_____	_____	_____	_____	_____

Newbury Local School District
14775 Auburn Road
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HEALTH HISTORY FORM

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 your 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 _____

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) _____

<u>PICK-UP INFORMATION - (A.M.)</u>		<u>DROP-OFF INFORMATION (P.M.)</u>	
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	Initials _____	Date ___ / ___ / ___	Approved
Transportation	Initials _____	Date ___ / ___ / ___	Denied

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.**



Mr. Michael Chaffee, Jr./Sr. High School Principal
Mrs. Cyndi Tomassetti, Elementary Principal

Newbury Local Schools
14775 Auburn Road, Newbury, Ohio 44065

Permission and Release Form

This form is the umbrella permission slip that must be filled out prior to school beginning. Before each individual field trip, teachers will have a separate individual form that will have specific information that will be distributed. Please complete ONE per child.

Name of Student: _____

FIELD TRIP PERMISSION:

I understand that this trip is part of the District's educational program and provides a learning experience of educational value to my child.

I further understand that the staff member(s) who will accompany the students on this field trip, will exercise the necessary and appropriate duty of care for them pursuant to Board Policy 3213, including, but not limited to, administering medication, if required, or seeking emergency medical attention, if need be.

By my signature below I give my permission for the child listed above to go on school or classroom trips that are a worthwhile addition to the academic program or extra-curricular program of the school. Information will be distributed prior to each field trip.

Signature: _____ Date: _____

PHOTOGRAPH AND VIDEOTAPE RELEASE:

Pursuant to Board Policy 7540 F4, we recognize the value of audio-visual and other types of electronic communication in providing our child with an effective education and hereby grant permission for our child and/or his/her schoolwork products to be photographed or videotaped as part of an educational program produced by the District or coalition of districts.

We further grant permission for the photographs or videotapes to be used in media presentations that are made available to other educational institutions or through a cable television station or network. We understand that our child's image, name, work product, school, and grade may be revealed in the presentation(s) but that no other information about our child or his/her schoolwork will be revealed without our prior consent.

Signature: _____ Date: _____

*Form 5341 must be filled out prior to field trips. It is attached to this form.

EMERGENCY MEDICAL AUTHORIZATION

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.

Student's Name: _____ Birthdate: _____ Grade: _____

Home Address: _____

City/State/Zip: _____ Date of Last Tetanus: _____

List only the names (first and last) of those who have authority to make decisions in an emergency situation involving this student. Then, indicate on the line to the left the order in which you desire contact attempts to be made based on availability (i.e., 1st, 2nd):

____ Mother _____ Cell# _____ Work/Other# _____

____ Father _____ Cell# _____ Work/Other# _____

____ Step-Parent _____ Cell# _____ Work/Other# _____

____ Guardian _____ Cell# _____ Work/Other# _____

____ Relative/Alternate (i.e child care provider) Relationship to Child: _____

Name _____ Cell# _____ Work/Other# _____

COMPLETE ONLY ONE OF THE FOLLOWING: I. Consent for Treatment OR II. Refusal to Consent

I. CONSENT FOR TREATMENT:

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

Preferred Physician: _____
Office #: _____
Preferred Dentist: _____
Office #: _____
Medical Specialist: _____
Office #: _____
Preferred Hospital: _____
ER #: _____

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:

Parent/Guardian
Signature: _____
Address: _____
Date: _____

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 the preferred doctor indicated, 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.

MEDICAL HISTORY: Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment of which a physician and/or school personnel should be alerted: _____

Parent/Guardian Signature: _____ Date: _____

**Newbury Local School District and Parent E-mail
Communication
Form 8334 F4a**

The Board of Education encourages parents to participate in any and all forms of communication that will enhance their child's potential for success in school. E-mail can be an appropriate vehicle for quick, uncomplicated messages to teachers or administrators when time or confidentiality are not critical factors. E-mail is not an appropriate communication tool when a parent requires an immediate response or when the requested response would be highly sensitive and/or complex in nature.

While the Board encourages the use of e-mail, and respects the privacy of all users, the Board cautions that due to the nature of the technology involved, and the public character of the Board's business, e-mail may be less private than users may anticipate or desire. Consequently, the Board cannot guarantee the confidentiality of e-mail communication.

Should a parent wish to engage in e-mail communication with his/her child's teacher, the Board requires that the parent review the waiver set forth below and return it to his/her child's teacher. Upon return of a signed waiver, the child's teacher will send a non-substantive e-mail message seeking verification of the specified e-mail address and confirming the parent as the recipient. Upon receipt of a response from the parent, the teacher will be authorized to respond to e-mail requests from the identified address.

Parent Consent to the release of personally identifiable student information via e-mail

The Family Educational Rights and Privacy Act, 20 U.S.C. 1232g, and Ohio Student Records Law, R.C. 3319.321, prohibit the release of personally identifiable student records/information without the consent of a student's parent. Recognizing that transmissions via e-mail may not be absolutely secure, I hereby consent to the School District's release of student records/information via e-mail in response to any request received from the e-mail address set forth below. While the School District will take precautions to avoid accidental release of personally identifiable student data, I recognize that the Newbury Local School District cannot assure confidentiality in all transmissions via e-mail. It is my intent that this Consent Form shall remain in effect, unless specifically withdrawn or modified in writing, for the entire current school year. I further understand that it is my responsibility to notify the School District if my e-mail address changes.

Student's Name: _____ Grade: _____

Parent's Name: _____

Parent's E-mail Address: _____

Parent's Signature

Date:

STUDENT EDUCATION TECHNOLOGY ACCEPTABLE USE
AND SAFETY AGREEMENT

To access and use the District's Education Technology, including a school-assigned e-mail account and/or the Internet at school, students under the age of eighteen (18) must obtain parent permission and sign and return this form. Students eighteen (18) and over may sign their own forms.

Use of the Education Technology is a privilege, not a right. The District's Education Technology, including its Internet connection and online educational services, is provided for educational purposes only. Unauthorized and inappropriate use will result in a cancellation of this privilege and possibly further disciplinary action.

The Board has implemented technology protection measures, which protect against (e.g. block/filter) Internet access to visual displays/depictions/materials that are obscene, constitute child pornography, or are harmful to minors. The Board also monitors online activity of students in an effort to restrict access to child pornography and other material that is obscene, objectionable, inappropriate and/or harmful to minors. Nevertheless, parents/guardians are advised that determined users may be able to gain access to information, communication, and/or services on the Internet that the Board has not authorized for educational purposes and/or that they and/or their parents/guardians may find inappropriate, offensive, objectionable or controversial. Students accessing the Internet through the school's computers assume personal responsibility and liability, both civil and criminal, for unauthorized or inappropriate use of the Internet.

The Board has the right, at any time, to access, monitor, review and inspect any directories, files and/or messages residing on or sent using the Board's Education Technology. Messages relating to or in support of illegal activities will be reported to the appropriate authorities. Individual users have no expectation of privacy related to their use of the District's Education Technology.

Please complete the following information:

Student User's Full Name (please print): _____

School: _____ Grade: _____

Parent/Guardian's Name: _____

Parent/Guardian

As the parent/guardian of this student, I have read the Student Education Technology Acceptable Use and Safety Policy and Guidelines, and have discussed them with my child. I understand that student access to the Internet is designed for educational purposes and that the Board has taken available precautions to restrict and/or control student access to material on the Internet that is obscene, objectionable, inappropriate and/or harmful to minors. However, I recognize that it is impossible for the Board to restrict access to all objectionable and/or controversial materials that may be found on the Internet. I will not hold the Board (or any of its employees, administrators or officers) responsible for materials my child may acquire or come in contact with while on the Internet. Additionally, I accept responsibility for communicating to my child guidance concerning his/her acceptable use of the Internet - i.e., setting and conveying standards for my daughter/son to follow when selecting, sharing and exploring information and resources on the Internet. I further understand that individuals and families may be liable for violations.

To the extent that proprietary rights in the design of a website hosted on Board-owned or leased servers would vest in my child upon creation, I agree to assign those rights to the Board.

Please check each that applies:

- I give permission for the Board to issue an Internet/e-mail account to my child.
- I give permission for my child's image (photograph) to be published online, provided only his/her first name is used.
- I give permission for the Board to transmit "live" images of my child (as part of a group) over the Internet via a web cam.
- I authorize and license the Board to post my child's class work on the Internet without infringing upon any copyright my child may own with respect to such class work. I understand only my child's first name will accompany such class work.

Parent/Guardian's Signature: _____ Date: _____

Student

I have read and agree to abide by the Student Education Technology Acceptable Use and Safety Policy and Guidelines. I understand that any violation of the terms and conditions set forth in the Policy and Guidelines is inappropriate and may constitute a criminal offense and/or may result in disciplinary action. As a user of the Board's Education Technology, I agree to communicate over the Internet and through the Education Technology in an appropriate manner, honoring all relevant laws, restrictions and guidelines.

Student's Signature: _____ Date: _____

Teachers and building principals are responsible for determining what is unauthorized or inappropriate use. The principal may deny, revoke or suspend access to and use of the Education Technology to individuals who violate the Board's Student Education Technology Acceptable Use and Safety Policy and related Guidelines, and take such other disciplinary action as is appropriate pursuant to the Student Code of Conduct.

11/17/14

NEWBURY JR/SR HIGH SCHOOL
STUDENT/PARENT HANDBOOK RECEIPT

We have received a copy of the 2018-2019 Student-Parent Handbook. We understand it is our obligation to read, and for the student to abide by, the rules and regulations contained therein.

Student Signature

Parent Signature

Date