

# FALLS CITY ELEMENTARY SCHOOL

## 22/23 Registration Form

DBN: \_\_\_\_\_

Legal Name (L,F M): \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Gender:  Male  Female  Non-Binary

Grade Level: \_\_\_\_\_

Birth Date (DOB): \_\_\_\_\_

Last 4 numbers of the Social Security Number (SSN) is optional. This information may be used for record keeping but will not be given to the general public. Please see your student handbook for a description on how this information may be used.

Hispanic:  Yes  No Last 4-SSN: \_\_\_\_\_

Race:  White  Native Hawaiian/Pacific Islander  
 Asian  Black  American Indian/Alaskan Native \*

Ethnic and race information is optional. However, if you do not answer, the federal government requires school district "observers" to complete the ethnic/race data.

\*Tribe: \_\_\_\_\_ Enrollment#: \_\_\_\_\_

Language of Origin: \_\_\_\_\_

Preferred Language: \_\_\_\_\_

Migrant:  Yes  No Migrant ID: \_\_\_\_\_

Resident District: \_\_\_\_\_

Birth City/State: \_\_\_\_\_

Resident School: \_\_\_\_\_

Birth Country: \_\_\_\_\_

Resident County: \_\_\_\_\_

Entrance Date - Oregon: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Entrance Date - United States: \_\_\_\_\_

School City/State: \_\_\_\_\_

### Phone/Address Information:

Primary Contact Phone: \_\_\_\_\_ Type: \_\_\_\_\_ Unlisted:  Yes  No

Student Cell Phone: \_\_\_\_\_ Student Personal Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Lives With Contact: \_\_\_\_\_ Mailings: \_\_\_\_\_ Lives With Contact: \_\_\_\_\_ Mailings: \_\_\_\_\_

Name: \_\_\_\_\_ Rel: \_\_\_\_\_ Name: \_\_\_\_\_ Rel: \_\_\_\_\_

Language: \_\_\_\_\_ Language: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Type: \_\_\_\_\_ Phone #1: \_\_\_\_\_ Type: \_\_\_\_\_

Phone #2: \_\_\_\_\_ Type: \_\_\_\_\_ Phone #2: \_\_\_\_\_ Type: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mail Address: \_\_\_\_\_ Mail Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Gradebook Access: \_\_\_\_\_ Gradebook Guardian: \_\_\_\_\_ Gradebook Access: \_\_\_\_\_ Gradebook Guardian: \_\_\_\_\_

Legal Name: _____	DBN: _____
Preferred Name: _____	Grade Level: _____

<b>Non-Lives With Contact:</b>	Mailings: _____	<b>Non-Lives With Contact:</b>	Mailings: _____
Name: _____	Rel: _____	Name: _____	Rel: _____
Language: _____		Language: _____	
Phone #1: _____	Type: _____	Phone #1: _____	Type: _____
Phone #2: _____	Type: _____	Phone #2: _____	Type: _____
Email: _____		Email: _____	
Mail Address: _____		Mail Address: _____	
City: _____	State: ____ Zip: _____	City: _____	State: ____ Zip: _____
Employer: _____		Employer: _____	
Gradebook Access: _____	Gradebook Guardian: _____	Gradebook Access: _____	Gradebook Guardian: _____

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**Other School Age Children Associated with Student:**

Legal Name: _____	DOB: _____	School: _____
Legal Name: _____	DOB: _____	School: _____

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

**Falls City School District #57**

OREGON REVIESED STATUTE 107.154 provides that unless otherwise ordered by the court, an order of sole custody to one parent shall not deprive the other parent of the right to inspect and receive school records, and to consult with staff concerning the child's welfare and education, to the same extent as the custodial parent may inspect and receive such records and consult with staff. The above statute requires that educational records which relate to the above student will be shared with non-custodial parents upon their request unless the school is presented with a court order to the contrary. IF YOU WANT TO RESTRICT THE VISITING RIGHTS OF THE NON-CUSTODIAL PARENT, YOU MUST PROVIDE THE SCHOOL WITH A VALID COURT ORDER DENYING SUCH RIGHT.

**PARENT PERMISSION FOR SCHOOL TRIP:** I hereby give my permission for my student to make any and all of the trips included in the planned program of the school, within the school day. Transportation may be provided at the discretion of the School District in such form as approved by the Superintendent.     YES     NO

**PARENT PERMISSION FOR STUDENT TO VIEW MOVIES:** I hereby give my permission for my student to view commercially produced and rated feature films and videos shown in academic classes as they arise throughout the school year. I understand that Falls City School Board Policy states that no movies rated above PG -13 (parental guidance, 13 or younger) will be shown and that all movies will be in compliance with course objectives.     YES     NO

I authorize Falls City School District and its employees to secure the services of a physician or hospital, and to incur expenses for necessary services in the event of accident or illness, and I will provide payment for these. Every reasonable effort will be made to reach the parent(s) as soon as possible.

Do you agree with the above statement?     YES     NO

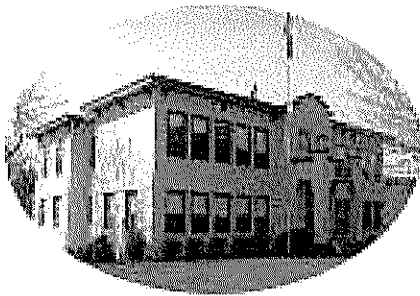
**Please check the following, if applicable:** My student has been receiving:

Special Education services     504 services     TAG services     English Learning services

**NOTICE REGARDING DIRECTORY INFORMATION:** Falls City School District, in compliance with Oregon revised Statute 326.565, has a policy which allows the district to release student name, address, telephone number, photo, or audio visual as directory information, if the district so chooses. This includes releasing directory information to United States military groups, if the district so chooses. Falls City School District has provided this requisite notice to parents. **IF YOU WANT TO RESTRICT THE RELEASE OF DIRCTORY INFORMATION FOR ANY PURPOSE (THIS INCLUDES UNITED STATES MILITARY GROUPS) YOU MUST SUBMIT YOUR REQUEST IN WRITING.**

**My Signature indicates that I have read and understand the above information and that the information provided is correct to the best of my knowledge.**

Signature	Relationship to Student	Date
Signature	Relationship to Student	Date



# Falls City School District #57

111 North Main Street  
Phone 503-787-3521

Falls City, Oregon 97344  
Fax 503-787-1507

Cory Ellis  
Superintendent / K/8 Principal

Micke Kidd  
High School Principal

Donna Creekmore  
District Office Manager

## SPECIAL SERVICES Confidential

Please complete this form when your son/daughter enrolls so we may begin planning to meet the student's special needs. In most cases, we will receive documentation of special needs when official records are transferred to Falls City School District from your child's previous school, but in some cases it may be several weeks before those records are received. Please help us to identify possible needs by completing one of the Options listed below:

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Option A: No Special scheduling, counseling, health, or progress monitoring is needed at this time.**

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

**Option B: Please make an appointment with a counselor or administrator, so I can discuss the need for special services in person.**

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

### Option C:

1. Has your child received services as a disabled learner; mental, physical, emotional, speech, vision, hearing, or etc.?

Please identify: \_\_\_\_\_

2. Has your child received education in an alternative setting? Placement in a program outside the school, an alternative program in the school, home tutoring, or etc.?

Please identify: \_\_\_\_\_

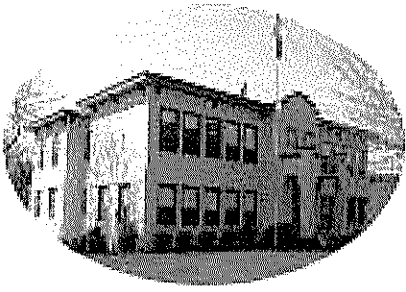
3. Do you feel there is a need for crisis interventions, services to children and families, Polk County Mental Health, or chemical dependency?

Please identify: \_\_\_\_\_

4. Are there health threatening circumstances of which we should be aware; allergies, special medications, or etc?

Please identify: \_\_\_\_\_

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



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### RESIDENCY & GUARDIANSHIP STATEMENT

**STUDENT:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_

**RESIDENCY:**

Oregon law defines residency as the place an individual spends the night (sleeps) the majority of the time. Owning property in a community or school district does not make the individual a resident of the community or district unless they physically spend the majority of their nights (sleep) on a property within that community or school district.

**I swear or affirm that the above named student is a legal resident of the Falls City School District #57 as defined above.**

**GUARDIANSHIP:**

The Falls City School District #57 requires a student to reside with a parent or legal guardian who is a legal resident of the Falls City School District #57. Guardianship is defined as being a custodial parent, or as having legal custody granted by court order, or by a person in parental relationship, issued by a custodial parent or a court-appointed guardian.

**I swear or affirm that:**

\_\_\_\_\_ **I am a custodial parent of the above-named student**

\_\_\_\_\_ **I have legal authority to serve as the guardian of the above-named student through:**

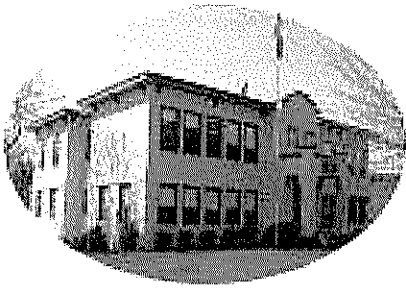
\_\_\_\_\_ Court Order

\_\_\_\_\_ Court-appointed guardian

**I swear or affirm under penalty of law that the information provided above is true and correct.**

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date



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## MEDICAL DATA RELEASE AUTHORIZATION FOR MEDICAL TREATMENT OF MINOR CHILD

In the event a serious accident or illness befalls your child at school authorities will first make every attempt to contact you at home or your place of business and comply with your instructions. If you cannot be located school officials are authorized to:

1. Contact the family physician or alternate named below and follow their instructions.
2. Transport (by ambulance or car) the above named student to a local hospital for treatment by the emergency room physician on duty.
3. The undersigned hereby authorizes the physician named below to give consent for any procedure or hospital care deemed advisable by said doctor. In the event the doctor is not available, the principal or acting principal of the school is authorized to give the necessary consent for any treatment, care diagnosis or examination of the above named child.
4. The undersigned authorizes Falls City School District #57 to secure the services of a physician or hospital, and to incur expenses for necessary services in the event of accident or illness, and I will provide payment for these.

### THIS AUTHORIZATION IS EFFECTIVE UNLESS REVOKED BY THE PARENT

Student: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Physician to contact: \_\_\_\_\_

\_\_\_\_\_

Hospital to contact: \_\_\_\_\_

\_\_\_\_\_

Dentist to contact: \_\_\_\_\_

\_\_\_\_\_

Please list below relative, neighbor, etc who may be contacted in the event of illness or emergency, when parents cannot be contacted.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

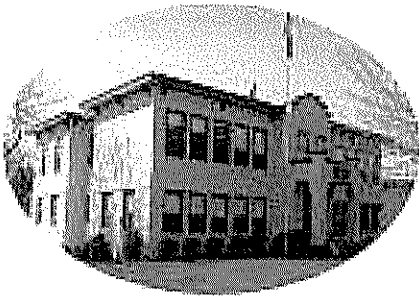
\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

Please list any special health problems, allergic reactions, and etc. your son/daughter may have:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Code: JHCD-1 AR  
Adopted: 9/16/1993

### MEDICATIONS AT SCHOOL POLICY

Ideally, all student medication should be given at home. However, there are students with chronic illnesses or long-term health conditions as well as students recovering from temporary illnesses who need to have medication in the school setting.

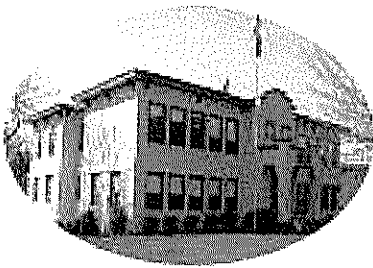
When medication must be administered to students at school the goal is to provide safely for student's health needs while minimizing the liability to school personnel who are providing the essential health services.

School Personnel only have protection against claims of liability to the extent they comply with the law. The law makes no distinction between over-the-counter and prescription medication. In all cases written parental permission and physician instructions must be on file for the protection of both the students and the staff. A prescription does constitute written instructions of a physician. Medication mean any prescription or over-the-counter medication including but not limited to vitamins and food supplements, eye, ear, and nose drops, inhalants, medicated ointments or lotions, aspirins, cough drops, and antacids.

School personnel who have successfully completed a training course developed by the Oregon Medical Association may administer epinephrine for life-threatening insect sting emergencies.

#### District Procedures:

1. For the school to administer any medication, the parent must provide a written request and the child's physician must give written instruction for any medication. It is recommended that possible adverse reactions be included with the instructions.
2. All prescription medication must be in the original container with the student's and the doctor's names and directions clearly marked on a pharmacy label.
3. All over-the-counter medication must be in the original container with parent's special instructions for their individual child accompanied by the physician's instructions.
4. For short-term medication a sufficient amount of medication should be provided for the period during which the medication is to be given.
5. The school secretary or a designated staff member who has received instruction from the school nurse should assist a student in taking medication.
6. A locked cabinet should be provided for the storage of medications, it is preferable in most cases for medication to be kept in the locked storage cabinet to reduce the potential for accidental loss or misuse.
7. In cases where a student must carry medication on his/her person during the school day. Compliance with District policy regarding medication must be observed and a statement must be provided that instructs the school to allow this student to carry medication. The physician and the parent must sign this.
8. Each time a medication is administered, a record should be maintained, noting the time, amount, and name of person administering the medication. The medication record should be attached to the student's permanent records or an indication of where the record(s) can be located should be noted in the permanent record.
9. Unused medications must be returned home or destroyed when treatment is complete or at the end of the school year.
10. Staff members involved with the administration of medication should be sensitive to and aware of issues of confidentiality in carrying out this responsibility.



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### WHEN SHOULD I KEEP MY CHILD HOME?

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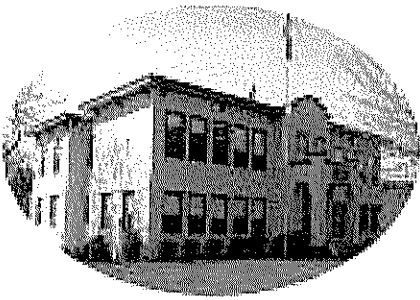
**PLEASE DO NOT SEND AN ILL CHILD TO SCHOOL.** There could be some serious problems for your child and other students. If your child is ill or his/her fever is higher than 103 degrees, you should contact your health care provider for advice. If you need help in finding a health care provider, you may call your local health department or State of Oregon Health Plan at 503-378-2422.

Some students have medical conditions which can become life threatening when exposed to: measles, chicken pox/shingles, fifth's disease, Rubella and hepatitis. If your child is diagnosed during the school year with any of these diseases, please immediately call our office.

STUDENT'S SYMPTONS /DIAGNOSED ILLNESS:	STUDENT MAY RETURN TO SCHOOL WHEN:
Fever greater than 100 degrees (orally).	Temperature below 100 degrees (orally) for a minimum of 24 hours without use of Tylenol or other fever reducing medication.
Rash or rash with fever – new or sudden onset.	Rash disappears. Written or phone consent from doctor to school nurse.
Brown, gray, tan or elbow drainage from nose, eyes, or any other part of the body.	Discharge must be gone or student must have been on antibiotics for 48 hours and have written or phone consent from doctor to school nurse.
Vomiting.	Symptom-free for 24 hours.
Diarrhea, three loose or watery stools per day, continuing for three or more days.	Symptom-free for 24 hours.
Cough: deep-barking, congested or productive of colored mucous.	Symptom-free or student must have been on antibiotics for 48 hours and have written or phone consent from doctor to school nurse.
White clay colored, or bloody stool.	Symptom-free or written or phone consent from doctor to school nurse.
Yellow color of skin and/or eyes.	Symptom-free or written or phone consent from doctor to school nurse.
Brown or bloody urine.	Symptom-free or written or phone consent from doctor to school nurse.
Stiff neck.	Symptom-free or written or phone consent from doctor to school nurse.
Unusually sleepy, lethargic or grumpy.	Symptom-free.
Strep throat diagnosed by Medical doctor.	Must have been on antibiotics for 24 hours and have written or phone consent from doctor to school nurse, if no antibiotic given, call school nurse before sending child to school.
After an illness of two or more weeks, surgery, or other change in health status.	Written instructions from the doctor and parent regarding medication or special health needs must be provided to the school nurse.

The School Nurse may consult with your physician about his recommendation to return your child to class.





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### HOME LANGUAGE SURVEY - ENGLISH

The Education Code requires that schools determine the language(s) spoken at home by each student. This information assists schools in providing meaningful instruction for all students.

Your cooperation in helping us meet this important requirement is requested. Please answer the following questions and have your son or daughter return this form to the school office.

Date: \_\_\_\_\_ School: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. What language did your son or daughter learn when he or she first began to talk?

\_\_\_\_\_

2. What language does your son or daughter most frequently use at home?

\_\_\_\_\_

3. What language do you most frequently use to speak to your son or daughter?

\_\_\_\_\_

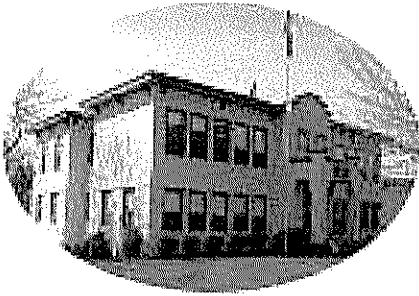
4. What language do the adults at home most often speak?

\_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to student: \_\_\_\_\_



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### PARENT-STUDENT-TEACHER COMPACT

As a Teacher, I will:

- Demonstrate concern, patience, and respect by listening to and understanding students;
- Be a positive role model, demonstrating enthusiasm for learning;
- Enforce school and classroom rules fairly and consistently;
- Make efficient use of learning time, teaching meaningful lessons with high expectation of all students;
- Maintain open lines of communication with parents, providing information about their child's progress.

As a Parent, I will:

- Make sure my child attends school regularly and on time;
- Help my child meet his/her school responsibilities, such as doing homework, bring school supplies, etc;
- Understand, support, and make school functions, meetings and parent/teacher conferences a priority;
- Communicate regularly with my child's teacher.

As a Student I will:

- Come to school regularly, on time, and prepared with my homework and supplies (pencils, paper, etc);
- Believe that I can and will learn, and complete assignments to the best of my ability;
- Demonstrate a positive attitude and behavior by showing respect for myself, other people, and property;
- Know and obey the school and classroom rules;
- Respect the right of other students to learn without distractions and disruptions.

### THIS COMPACT IS AFFIRMED BY:

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

## **iPad Rules of the Road**

As a student of Falls City School District, I understand and agree to the following iPad Rules of the Road.

Both parent and student should initial each line:

### **Student Daily Responsibilities**

Please make these behaviors a part of your routine. If you forget to do these things, you will first receive a warning. Upon your third warning you will lose the privilege your iPad for 3 days.

\_\_\_\_\_ iPad should be used for educational purposes only during school hours.

\_\_\_\_\_ iPad should never be left unattended.

\_\_\_\_\_ iPad should always remain in the case provided.

\_\_\_\_\_ Always place the iPad on a stable surface to use it.

\_\_\_\_\_ Make sure your iPad isn't distracting you or others in the classroom (for example; games, sounds or screen effects).

\_\_\_\_\_ Keep all food, drink and pets away from your iPad.

\_\_\_\_\_ iPad should be protected from extreme heat and cold at all times.

\_\_\_\_\_ Students are responsible for the iPads as they would be any textbook. They are responsible for replacement cost due to loss and/or damage.

### **Good Citizenship**

Please use your iPad as a responsible student. If you fail to do so, you may lose the right to this educational tool.

\_\_\_\_\_ Students should read and follow Falls City School District's Technology Acceptable Use Policy.

\_\_\_\_\_ Students should remember to stay on task in class. Use the iPad only for activities that the teacher approves.

\_\_\_\_\_ During school hours, visit only those websites approved by the teacher or related to the topic the teacher assigns.

\_\_\_\_\_ If you accidentally visit a website with inappropriate content, hit the back button and let a teacher know as soon as possible.

\_\_\_\_\_ The iPad is your responsibility; do not allow anyone to use your device at any time.

## Unacceptable Behavior

The following behavior is unacceptable. You will lose the right to use your iPad for an extended period of time as determined by administration of the school.

\_\_\_\_\_ Using the iPad camera to take, forward or view inappropriate pictures or movies. Using the iPad for capturing, forwarding or viewing an image of someone without their knowledge.

\_\_\_\_\_ Intentionally visiting websites with inappropriate content.

\_\_\_\_\_ Accessing or sending email from another student's email account or impersonating someone.

\_\_\_\_\_ Deleting history or intentionally trying to cover up inappropriate use.

\_\_\_\_\_ Intentionally damaging, placing stickers, writing, drawing on or otherwise defacing the iPad or case.

\_\_\_\_\_ Tampering with any restricted codes that have been set on the iPad.

\_\_\_\_\_ Setting a passcode.

---

Student

Date

---

Parent

Date

## **Falls City Internet Use, Student Email & Google Apps for Education Permission Form**

Inappropriate system use will result in discipline up to and including suspension or revocation of your student's access to the district's system, expulsion from school, and/or referral to law enforcement officials. The following form must be signed as indicated. This form is available at your child's school. You must sign a paper form and return it to school.

Google Apps for Education (GAfE) is available via the Internet. Known inappropriate sites are blocked at school, but there is always a chance students will be exposed to inappropriate content. School staff monitor the student use of GAfE when students are at school. Parents are responsible for monitoring their child's use of GAfE at home. **Students are responsible for their own behavior at all times.**

**Child Internet Protection Act (CIPA)-** <http://www.fcc.gov/guides/childrens-internet-protection-act> Schools are required to have measures protecting students from harmful images.

**Children's Online Privacy Protection Act (COPPA)-** <http://business.ftc.gov/documents/0493-Complying-with-COPPA-Frequently-Asked-Questions>

COPPA limits the ability of companies to collect personal information from children under 13. No personal information is collected for commercial purposes in our GAfE domain. **This permission form allows the school to act as an agent for parents in the collection of information within the school context.**

**Family Educational Rights and Privacy Act (FERPA)-** <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html> -FERPA protects the privacy of student records and gives parents rights to review records. Under FERPA, schools may disclose directory information but parents may request the school not disclose this information. Make this request to your school in writing.

- The School will not publish confidential records publicly
- The School may publish student work and photos for public viewing but will not publish other personally identifiable information.
- Parents have the right at any time to investigate the contents of their student's email account and GAfE files.

Privacy - School staff, administrators and parents all have access to student email for monitoring purposes. **Students have no expectation of privacy with GAfE or on district systems.**

**Please turn this page to sign the form**

**Students may use GAFE for personal projects but may not use them for:**

- Unlawful activities
- Commercial purposes or Personal financial gain
- Inappropriate sexual or other offensive content
- Threatening another person
- Misrepresentation of Oregon Public Schools, staff or students.

**Safety**

- Students may not post personal contact information about themselves or other people.
- Students will never agree to meet with someone they have met online without their parent's approval and participation.
- Students will tell their teacher or other school employee about messages that makes them feel uncomfortable.
- Under no conditions should a user provide his or her password to another person.

**Consumer Safety**

- Don't trust emailed links or web pages. Open a new browser window and search for the website yourself.
- Don't get spammed. Spam is unwanted advertising sent by email. Never reply to spam and never do business with a company that sends spam. Don't forward spam.

**Digital Citizenship**

- Be careful with what you say about others and yourself.
- Respect the rights of copyright owners. Works often contain language specifying acceptable use.
- Your First Amendment rights to Free Speech can be limited in school.

Access to and use of GAFE is a privilege. The district maintains the right to withdraw access when there is reason to believe violations of law or district policies have occurred. The alleged violation will be referred to the principal for further investigation. Pending review, a user account may be terminated as part of such action.

Find the full District AUP here:

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(detach and return to school)

Student Name: \_\_\_\_\_

Student

Grade    K   1   2   3   4   5   6   7   8   9

Parent/guardian: I give permission for my child to use Google Apps for Education. By doing so, I agree to enforce appropriate use when my child is off district property.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For students through twelfth grade:** I have read the agreement above. I understand my Google Apps account will be monitored by school officials and I will be held accountable for my actions.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_