

Student Name_____

First Day of Attendance_____

**Northern Arizona Academy
Charter Schools 2010 - 2011**

**NAA Administration:
1300 Centennial Blvd./PO Box 125
Taylor, AZ 85939
Tel. (928) 536-3920
Fax (928) 536-4441**

**Taylor NAA:
1300 Centennial Blvd.
PO Box 125
Taylor, AZ 85939
Tel. (928) 536-4222**

**Winslow NAA:
502 Airport Rd
Winslow, AZ 86047
Tel. (928) 289-3329
Fax (928) 289-4485
Fax (928) 536-4441**

NEW STUDENT ENROLLMENT:

The following information is required at the time of registration:

- ___ Birth Certificate
- ___ Immunization Record(s)-It may be necessary to update records requiring your child to obtain additional immunizations.
- ___ Transcripts
- ___ Special Education Record(s)
- ___ AIMS Score(s)
- ___ Terra Nova Score(s)
- ___ Enrollment Form (pg 2)
- ___ Emergency Information Sheet (pg 3)
- ___ Parent Consent Form (pg 4)
- ___ Parental Involvement Info Sheet (pg 5)
- ___ Language Survey (pg 6)
- ___ Media Release (pg 7)
- ___ Student Liability & Permission Form (pg 8)
- ___ Student Information Form (pg 9)
- ___ Request for Records Form (pg 10)
- ___ Request for Special Education Records Form (pg 11)
- Page 12 is not included in the packet.
- ___ Student/Parent/School Compact (pg 13)
- ___ ADE Home Language Survey (pg 14)
- ___ Student Account Agreement Form (pg 15-20)

<p><u>New Student Referral Program</u></p> <p>Referred by: Name: _____</p> <p>Phone: _____</p> <p style="text-align: center;">New students who remain enrolled through the 100th day earn prizes for the person who referred them to NAA.</p>
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Parent or legal guardian must accompany any student under the age of 18. For further information or questions, please call the campus.

Northern Arizona Academy
2010-2011 Student Registration form
Student Information

Last Name	First Name	Middle Name
Date of Birth / /	Place of Birth (City/County/State)	Gender (Circle One) M F
Social Security Number	Entering Grade Level	First Year entered High School
Last School Attended	City and State of Last School Attended	Last School Year Attended
Student Cell Phone Number <input type="checkbox"/> Calls <input type="checkbox"/> Text Messages		
Ethnicity (Check One) <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other/Multiracial	Does your student need bus transportation? Yes No	
	Does your student need childcare services for their child? Yes No If yes, age of child: _____	

Parent/Guardian Information

Last Name	First Name	Middle Name
Physical Address where Student Lives	City	Relationship to Student
Mailing Address (if Different)	State / Zip	E-Mail (Please check if preferred) ____
Home Phone () -	Work Phone (Is it ok to call you at work?) ____ () -	Other Phone (Please specify) () -
Last Name	First Name	Middle Name
Street Address	City/State/ Zip	Relationship to Student
Home Phone () -	Work Phone (Is it ok to call you at work?) ____ () -	Other Phone (Please specify) () -

I authorize enrollment of my son/daughter into Northern Arizona Academy for Career Development, Inc.

Parent/Guardian Signature

Date

Northern Arizona Academy affirms that it does not discriminate on the basis of race, color, national origin, sex, age or disability in access or admission to students or employment opportunities.

Emergency Information

Student Name _____ Date of Birth: _____

My child has the following medical conditions:

Condition:	Taking Medication:	
Allergies: _____	___ Yes	___ No
Convulsions: _____	___ Yes	___ No
Diabetes: _____	___ Yes	___ No
Heart Problems: _____	___ Yes	___ No
Hearing Impairment: _____	___ Yes	___ No
Physical Impairment: _____	___ Yes	___ No
Other: _____	___ Yes	___ No

Notes on any condition: _____

NOTE: If your child is on medication and it must be taken at school, please fill out the Parental Consent form on the following page.

If Parent or Guardian cannot be reached in an emergency, please contact:

Name: _____ Relationship: _____
Home phone: _____ Work phone: _____

Name: _____ Relationship: _____
Home phone: _____ Work phone: _____

If emergency medical care is necessary, please call:

Doctor: _____ Phone Number: _____

Hospital: _____ Phone Number: _____

The following person(s) MAY NOT remove my child from school for any reason:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Parent/Guardian Signature

Date

Parental consent for giving medication at school

The following form meets the rules and regulations set forth by the Arizona State Board of Nursing and the Arizona State Board of Pharmacy. If your child needs medication at school, please complete this form and return it the day the medication is to begin.

Please request that the pharmacist provide a second labeled bottle for school use only.

I hereby request and give my consent for the person designated by the administrator to see that my child, _____, receives the medication prescribed by _____, for the period beginning _____ and ending _____. The medication is to be furnished by me in the original container and is to be labeled with the following information:

- Name of medication
- Amount to be given
- Expected duration of treatment
- Health provider name on label (if prescription)
- Reason for medication
- Time of day to be given
- Other medication(s) currently being taken
- Allergies

The school administrator has my permission to contact the provider listed above regarding the medication.
_____Yes _____No

Parent/Guardian Signature

Date

The school must be notified immediately of any changes in medication.

Parental Involvement

Parents—Please let us know your interests, talents and availability so that you can become actively involved with Northern Arizona Academy. Remember, there are many ways to volunteer. You can also connect us with a community partner, a community need, your place of employment, or resources. We need you and value your commitment to your student’s education. Please use this space to let us know about areas you would like to be involved in.

I would be interested in volunteering in the following ways (please check all that apply):

- Classroom Aide
- Field Trip Chaperone
- Dance Chaperone
- Office Assistant/Reception
- Parking Lot Monitor
- Site Council (Parent Advisory Group)

I am available to volunteer (please check all that apply):

- Before school
- During school
- After school
- Evenings
- Weekends
- Anytime
- Call & Ask Me

I have the following skills and talents that I would be willing to share with students:

My place of employment, church or community organization may be interested in supporting NAA in the following ways (please list):

Language Survey

Parent/Guardian:

Northern Arizona Academy School is required to survey all students to determine who might be having difficulty in understanding, reading, writing or speaking the English language as a result of having English as a second language.

Please provide the information requested below. If you have more than one child in Northern Arizona Academy, please complete a separate sheet for each child. Your cooperation is appreciated.

Date: _____ School Year: _____

Student Name: _____

Social Security Number: _____ Date of Birth: _____

What is the primary language of the student? _____

In the event neither parent/guardian speaks English, an interpreter will be made available. Please advise the school administration before the appointment is scheduled so accommodations can be made.

Thank you.

Parent/Guardian Signature

Date

Media Release

At various times throughout the school year, we will have opportunities to be featured in newspaper articles promoting positive happenings at Northern Arizona Academy (i.e. athletic activities, special awards, graduation, etc.). Your child's name and/or picture may be published or made public. Please indicate your consent or refusal on the appropriate line below.

Please sign on only one line.

My child's name and/or photograph CAN be published.

Parent/Guardian Signature

Date

I would prefer that my child's name/photograph NOT BE published.

Parent/Guardian Signature

Date

Parental Permission for Counseling

Northern Arizona Academy staff may recommend, refer and/or provide intervention services such as support groups or counseling to assist the student in achieving academic success.

I hereby give my permission as parent/guardian of _____ to receive counseling and/or assessment, if needed, as part of his/her comprehensive educational environment at Northern Arizona Academy. I understand that I may be asked to participate.

We, as parent/guardian and student, understand that the law requires that the counselor report all cases in which there exists a danger to self or others.

I, as parent/guardian, understand that I may rescind this consent at any time by contacting the Campus by telephone or in writing.

This consent is in effect August 2010 through June 2011.

Student Signature

Date

Parent/Guardian Signature

Date

Student Liability and Permission Form

It is hereby agreed and understood by the undersigned that Northern Arizona Academy and the parent/guardian of _____ desire to provide a meaningful learning experience with various activities. In order to accomplish these activities, it may involve travel, field trips, exercise and sporting events. The student and the parent/guardian understand that there are certain hazards that exist when participating in these activities. The parent/guardian also certifies that they have medical insurance in place to provide coverage against illness or injury losses. In the absence of medical insurance, the parent/guardian accepts full responsibility for all costs related to said illness or injury.

By signing below, I am giving permission for _____ to be involved in field trips, travel, exercise and sporting events at Northern Arizona Academy. I understand that these events may be held at various locations throughout the state and will be announced. I further understand that by signing below, I am giving consent for the school year August 2010 through June 2011.

Student Signature

Date

Parent/Guardian Signature

Date

Emergency telephone number: Parent/Guardian _____

Alternate Number _____

Family Physician: _____ Phone: _____

Student/Family Insurance: _____

Phone number to call to confirm insurance: _____

Student Information Form: NAME _____ DATE _____

ENTRANCE STATUS: (please check only one)

____ Transfer (from another high school) ____ Returning student
____ New student from Jr. High School ____ Dropped out
____ Pushed out (dropped for attendance or suspension) ____ Other (please specify): _____

STUDENT HISTORY

Year student first entered 9th grade: _____

Has the student ever failed any high school classes? ____ Yes ____ No

Has the student ever dropped out? ____ Yes ____ No; If Yes, how many times? One Two or more

Has the student ever lost credit or been dropped for lack of attendance? ____ Yes ____ No

If Yes, how many times? (check one) One Two or more

Has the student ever been retained (held back) in school? ____ Yes ____ No If yes, what year(s)? _____

Has the student ever been in a Special Education program or had an IEP? ____ Yes ____ No

If yes, what category and service type? _____

Does the student have a current IEP? ____ Yes ____ No

Has the student ever been suspended? ____ Yes ____ No

If Yes, how many days? (check one) 1-3 4-9 10 or more

Is the student currently under suspension from another school? ____ Yes ____ No

Does the student work? ____ Yes ____ No If Yes, (check one) 1-20 hrs per week 21-40 hours per week

Employer: _____ Phone# _____

Is the student a teenage parent? ____ Yes ____ No If yes, how many children? _____

Is the student pregnant now? ____ Yes ____ No

Has the student ever been on probation? ____ Yes ____ No;

If Yes, how many times? One Two or more

Is the student on probation now? ____ Yes ____ No

If yes, name of probation officer and phone number: _____

Has the student ever been in jail? ____ Yes ____ No; If Yes, how many times? One Two or more

Has the student earned any credits that will accelerate graduation? ____ Yes ____ No

If yes, please specify: _____

RESIDENCE(please check the one that best describes who the student lives with)

____ Mother and Father ____ Mother Only ____ Foster Parent

____ Mother and Stepfather ____ Father Only ____ Grandparents

____ Father and Stepmother ____ Legal Guardian ____ On Own

Is the student living in temporary housing? ____ Yes ____ No If yes, is it due to hardship? ____ Yes ____ No

What is the primary language of the student? _____

Does the student need glasses or contacts? ____ Yes ____ No

Does the student have glasses or contacts with a current prescription? ____ Yes ____ No

What out of school activities does the student participate in? _____

Request for Records

Previous School Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____ - _____ Fax Number: (_____) _____ - _____

Student Name: _____ Date of Birth: _____ Grade: _____

PLEASE FORWARD THE FOLLOWING RECORDS:

- | | |
|----------------------------------|--------------------------|
| ____ AIMS Score(s) | ____ Birth Certificate |
| ____ Health/Immunization Records | ____ Psychological |
| ____ Transcript | ____ Gifted Program |
| ____ Withdrawal Grades | ____ Stanford 9 Score(s) |

In accordance with the Educational Amendments for 1974, "Protection of the Rights and Privacy of Parents and Students", section 438, subsection (B)(1), parts A & B, page 97: "School officials, including teachers with the educational institution and officials of other school systems in which the students may intend to enroll, may receive a student's records without written consent for such release." However, in the event certain records being requested require parental consent, such authorization by parent or legal guardian is below.

In accordance with ARS 15-828(f)...Notwithstanding any financial debt owed by the pupil, any school requested to forward a copy of a transferring pupil's record to the new school shall comply and forward the record within ten school days after receipt of request.

I authorize this request for records as parent/legal guardian.

Parent/Legal Guardian Signature

Date

Authorized School Signature

Date

Please send records to:

Northern Arizona Academy for Career Development, Inc.
Attn: Registrar
PO Box 125
Taylor, AZ 85939
Fax: (928) 536-4441

Request for Special Education Records

Please fill out this form only if your student has been in a Special Education Program or had an IEP.

Previous School Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ - _____ Fax Number: (____) _____ - _____

Student Name: _____ Date of Birth: _____ Grade: _____

PLEASE FORWARD A CURRENT COPY OF THE FOLLOWING RECORDS:

- | | |
|--|---------------------------------|
| _____ Psychological Evaluation | _____ Complete IEP report |
| _____ Eligibility Statement | _____ All Prior Written Notices |
| _____ Consent to Evaluate | _____ Placement Statement |
| _____ 45 Day Screening | _____ Expulsion/Suspension(s) |
| _____ Documentation of Behavioral Problems | |

In accordance with the Educational Amendments for 1974, "Protection of the Rights and Privacy of Parents and Students", section 438, subsection (B)(1), parts A & B, page 97: "School officials, including teachers with the educational institution and officials of other school systems in which the students may intend to enroll, may receive a student's records without written consent for such release." However, in the event certain records being requested require parental consent, such authorization by parent or legal guardian is below.

In accordance with ARS 15-828(f)...Notwithstanding any financial debt owed by the pupil, any school requested to forward a copy of a transferring pupil's record to the new school shall comply and forward the record within ten school days after receipt of request.

I authorize this request for records as parent/legal guardian.

Parent/Legal Guardian Signature

Date

Authorized School Signature

Date

Please send records to:
Northern Arizona Academy for Career Development, Inc.
Attn: SPED
PO Box 125
Taylor, AZ 85939
Fax: (928) 536-4441



Student/Parent/School Compact

Northern Arizona Academy is committed to a partnership with parents, working together to ensure the success of their students. This partnership requires full participation of parents, students and staff of the Academy, each sharing responsibilities for providing and maintaining a productive learning environment.

Student Responsibilities to Ensure Academic Achievement

- Attending all classes each day and on time.
- Bringing necessary materials.
- Completing all class and homework assignments on time.
- Demonstrating a positive attitude towards self and others.
- Demonstrating a positive attitude towards the school and learning.
- Knowing and obeying all school and class rules.
- Respecting people and property.
- Refraining from using profanity.
- Refraining from aggressive behavior, threatening remarks or gestures.
- Arriving at school free of the effects of illegal drugs; inappropriate use of drugs or alcohol.
- Actively participate in the development, implementation and evaluation of their Individual Learning Plan.

Parents Responsibilities to Ensure Academic Achievement

- Making sure the student attends school regularly and promptly each day.
- Ensuring that they bring necessary materials to school.
- Ensuring that they have a quiet place at home to study.
- Having a positive attitude about education.
- Participating in parent/teacher conferences and other school sponsored activities.
- Encouraging student participation in prevention/intervention services recommended by staff.
- Communicating regularly with the school regarding attendance, absence and academic achievement.
- Actively participating in the development, implementation and evaluation of their student's ILP.

School Responsibilities to Ensure Academic Achievement

- Maintaining a positive and safe place to learn.
- Maintaining and promoting high standards of academic achievement.
- Communicating regularly with parents and students through meetings, conferences, phone calls and written reports.
- Providing opportunities to challenge students and reinforce learning.
- Actively working toward the goal of achieving excellence in our school.
- Providing prevention/intervention referrals to social service agencies.
- Providing high quality curriculum and instruction that is aligned with the Arizona Academic Standards.
- Encouraging parents to volunteer and participate in their students campus and classroom activities.
- Facilitating timely communication through e-mails, phone calls and scheduled appointments.
- Actively participating in the development, implementation and evaluation of each student's ILP.

We have read, understand and agree to the responsibilities and policies.

Student Signature

Date

Parent/Guardian Signature

Date

State of Arizona
Department of Education
Office of English Language Acquisition Services

Primary Home Language Other Than English (PHLOTE)
Home Language Survey
(Effective July, 2009)

This question is in compliance with A.R.S. §15-756. *Identification of English Language Learners*
Your response to the following question will be used to determine whether your student will be assessed for English language proficiency:

“What is the primary language of the student?”

Language: _____

Student Name: _____

Date of Birth: _____

**Parent/
Guardian Signature:** _____ **Date:** _____

(For Office Use Only)

Student ID: _____ **SAIS ID:** _____

Northern Arizona Academy District Acceptable Use Policy

A. Purpose

1. Northern Arizona Academy is providing employees, students and invited guests with access to the District's electronic communication system (District System), which may include Internet access. This District System includes (but not limited to) computers, related hardware, software, education networks, Internet and any future additions. This access is a privilege and shall not be considered a right to any individual or group. Guests require the invitation from a member of the management team (Director, Asst. Director, Education Director or Technology Coordinator) or Site Manager.
2. The District System has a limited educational purpose. The District System is to assist in preparing students for success in life and work in the 21st Century by providing them with electronic access to a wide range of curriculum related information.
3. Users may not use the District System for commercial purposes, defined as offering or providing goods or services or purchasing goods or services for personal use. District acquisition policies will be forwarded for district purchase of goods or services through the District System. Any expenses incurred by violation of this section will be the responsibility of the user and parents of minor users.
4. Users may not use the District System for political lobbying.
5. The term "educational purposes" includes use of the system for classroom activities, professional or career development and limited to high-quality self-discovery activities. Users will limit their use of the system for self-discovery purposes to those available times free from academic and administrative needs of self and others.

B. Acceptable Use Policy

1. Personal Safety
 - A. Users will not post personal contact information about themselves or other people. Personal contact information includes address, telephone, school address, work address, etc. Administrative exceptions may be made such as required forms and workshop registration.
 - B. Users will not agree to meet with someone they have met online without their parent's approval and participation. Administrative exceptions may be made in the interest of job performance.
 - C. Users will promptly disclose to their teacher or other school employee any message they receive or site that is inappropriate or makes them feel uncomfortable. This information shall be put in writing with details and site URL and forwarded through the Site Manager to the Technology Coordinator for appropriate action.
2. Illegal Activities
 - A. Users will not attempt to gain unauthorized access to the District System or to any other computer system through the District System or go beyond their authorized access. This includes attempting to log in through another person's account or access another person's files. These actions are illegal, even if only for the purpose of browsing.

- B. Users will not make deliberate attempts to disrupt the computer system performance or destroy data by spreading computer viruses or by any other means. These actions are illegal.
- C. Users will not use the District System to engage in any illegal act, such as arranging for a drug sale or the purchase of alcohol, engaging in criminal gang activity, threatening the safety of a person, etc.

3. System Security

- A. Users are responsible for the use of their individual account and should take all reasonable precautions to prevent others from being able to use their account. Under no conditions should a user provide his/her password to another person.
- B. Users will immediately notify their teacher or other school employee if they have identified a possible security problem. Users will not demonstrate possible security problems to other students. Users will not go looking for security problems because this may be construed as an illegal attempt to gain access. This information shall be put in writing with details and forwarded through the Site Manager to the Technology Coordinator for appropriate action.
- C. Users will avoid the inadvertent spread of computer viruses by not moving files or disks between computers without specific help from an authorized technician.

4. Inappropriate Language

- A. Restrictions against inappropriate language apply to public messages, private messages and material posted on Web pages.
- B. Users will not use obscene, profane, lewd, vulgar, rude, inflammatory, threatening or disrespectful language.
- C. Users will not post information that, if acted upon, could cause damage or a danger of disruption.
- D. Users will not engage in personal attacks, including prejudicial or discriminatory attacks.
- E. Users will not harass another person. Harassment is persistently acting in a manner that distresses or annoys another person. If a user is told by a person to stop sending messages, he/she must stop.
- F. Users will not knowingly or recklessly post false or defamatory information about a person or organization.

5. Respect for Privacy

- A. Users will not repost a message that was sent to them privately without the permission of the person who sent them the message.
- B. Users will not post private information about any person.

6. Respecting Resource Limits

- A. Users will use the system only for educational and professional development activities and limited high-quality self discovery activities. Users will limit their use of the system for self discovery purposes to those available times free from academic and administrative needs of self and others.
- B. Users will not download any files unless absolutely necessary and have received Site Manager permission. Users may not add any files or software or make any changes to the District System.
- C. Users will not post chain letters or engage in “spamming”. Spamming is sending an annoying or unnecessary message to a large number of people.
- D. Users with e-mail privileges will check their e-mail frequently, delete unwanted messages promptly and stay within their e-mail quota.
- E. No user shall participate in Telenet, FTP, newsgroups, mail lists, chat rooms or similar type activities unless specifically required within their e-mail quota.

7. Plagiarism and Copyright Infringement

- A. Users will not plagiarize works that they find on the Internet. Plagiarism is taking the ideas or writings of others and presenting them as if they were original to the user.
- B. Users will respect the rights of copyright owners. Copyright infringement occurs when an individual inappropriately reproduces a work that is protected by a copyright. If a work contains language that specifies acceptable use of that work, the user should follow the expressed requirements. If the user is unsure whether or not he/she can use a work, he/she should request permission from the copyright owner.

8. Inappropriate access to material

- A. Users will not use the District System to access material that is profane or obscene (pornography), that advocates illegal acts, that advocates violence or discrimination towards other people (hate literature). For students, a special exception may be made for hate literature if the purpose of such access is to conduct research and access is approved by both the teacher and the parent. District employees may access the above material only in the context of legitimate research.
- B. If a user inadvertently/mistakenly accesses such information, he/she should immediately tell a teacher or other District employee. This may protect users against an allegation that they have intentionally violated the District Acceptable Use Policy. This information shall be put in writing with details and site URL and forwarded through the Site Manager to the Technology Coordinator for appropriate action.
- C. Your parent(s)/guardian(s) should instruct you if there is additional material that they think it would be inappropriate for you to access. The District fully expects that you will follow your parent(s)/guardian(s) instructions in this matter.

C. Access to the System

1. The District's Acceptable Use Policy, set forth in Section "B", will govern all use of the District System. The Student Handbook will also govern student use of the system. District policy, local, county, state and federal regulations will also govern employee, student and invited guest use.
2. District employees, students and invited guests may have access to the Internet through the District's networked computers after appropriate completion of Account Agreements. Parents may specifically request that their child(ren) not be provided such access by notifying the District in writing and/or on the Account Agreement.
3. Individual e-mail accounts for students and invited guests will not be allowed at this time due to limited resources. This includes excluding access to personal sign-ons and accounts from the District System.
4. Individual e-mail accounts for District employees will be allowed as needed for the performance of their jobs and at other times not interfering with their job duties.
5. No users shall participate in Telnet, FTP, newsgroups, mail lists, chat rooms or similar type activities unless specifically required by their job responsibilities.
6. The District will acquire software and/or hardware designed to block access or filter certain sites. Such blocking and filtering will be guided by current academic needs as determined by the Management Team and current laws.

D. District Limitation of Liability

1. The District makes no warranties of any kind, either express or implied, that the functions or the services provided by or through the District system will be error-free or without defect. The District will not be responsible for any damage users may suffer, including but not limited to, loss of data or interruptions of service. The District is not responsible for the accuracy or quality of the information obtained through or stored on the system. The District will not be responsible for financial obligations arising through the unauthorized use of the system.
2. The District reserves the right to update the Internet, Computer and Equipment Usage Policy, the District Acceptable Use Policy, and the Account Agreements at any time without notice to all users.

E. Due Process

1. The District will cooperate fully with local, county, state and federal officials in any investigation concerning to or relating to any illegal activities conducted through the District System.
2. In the event there is an allegation that a student has violated the District Acceptable Use Policy, the staff will follow normal due process as outlined in Guidelines for Student Behavior as provided in the Student Handbook.
3. Disciplinary actions will be tailored to meet specific concerns related to the violation and to assist the student in gaining the self-discipline necessary to behave appropriately on an electronic network.
4. Employee and invited guest violations of the District Acceptable Use Policy will be handled in accord with District policy, local, county, state and federal regulations.

5. Any District administrator (Site Manager or Member of the Management Team) may terminate the account privileges of a guest user by providing notice to the user. Any user account not active for more than thirty (30) days may be removed along with the user's files without notice to the user.
6. Unauthorized users of the District System may be prosecuted to the fullest extent of the law.

F. Search and Seizure

1. System users have a limited privacy expectation in the contents of their personal files on the District System. However, these files should be removed as soon as possible.
2. Routine maintenance and monitoring of the system may lead to discovery that the user has or is violating the District Acceptable Use Policy, Guidelines for Student Behavior or the law.
3. An individual search will be conducted if there is reasonable suspicion that a user has violated the law or the Guidelines for Student Behavior. The nature of the investigation will be reasonable and in context of the nature of the alleged violation.
4. District employees should be aware that their personal files are discoverable under these same conditions.

Student Account Agreement For Internet, Computer and Equipment Usage

Student Section

Printed Student Name: _____ Age: _____

School Site: _____

I have read and understand the District Acceptable Use Policy. I agree to follow the rules contained in this Policy. I understand that if I violate the rules my account can be terminated and I may face other disciplinary measures. This includes all computer use and access.

Student Signature

Date

Parent(s)/Guardian(s) Section (or student if over 18 years old)

I have read the District Acceptable Use Policy. I agree to support the rules contained in this Policy.

I hereby release the District, its personnel and any institutions with which it is affiliated from any and all claims and damages of any nature arising from my child's/my use of or inability to use the District System, including, but not limited to, claims that may rise from the unauthorized use of the system to purchase products or services. I will be financially responsible for any misuse of, or damage to, the District System by my child or myself.

I will instruct my child regarding any restrictions against accessing material that are in addition to the restrictions set forth in the District Acceptable Use Policy. I will emphasize to my child the importance of following the rules for personal safety.

I give permission to issue an account for my child/myself and certify that the information contained in this form is correct.

Please check and initial only one box below:

- I give permission to issue an account for my student/myself and certify that the information contained in this form is correct. (Parent initials: _____)
- I do not want my student to have access to the internet. (Parent initials: _____)
- I would like my student to have limited access to the internet. Please contact me so that we can discuss my concerns. (Parent initials: _____)

Printed Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Home Address: _____ Phone: _____

Work Address: _____ Phone: _____

