

La forma esta disponible en Espanol – Por favor preguntale al Principal de su Escuela.



Muscookee County School District – Student Enrollment Form

School Name: Kendrick High School School Year: **2019 - 2020** Grade: _____

STUDENT INFORMATION

Last Name _____ First Name _____ Middle Name _____ Preferred Name _____
Gender: _____ Male _____ Female Birth Date: ____/____/____ Social Security Number: _____

ENROLLING ADULT INFORMATION (Parent/Guardian 1) (The enrolling adult must sign at the bottom of this form in order to complete enrollment).
NOTE: The student must reside primarily with the enrolling adult.

Name of Enrolling Adult: _____ ¹ Relationship to Student: _____
Last First Middle

Parent Status: _____ Married _____ Separated _____ Divorced _____ Single

What is the primary language of the enrolling adult?: _____

Residential Address: _____ City _____ State _____ Zip _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Occupation/Employer: _____ Email: _____

Do you: _____ Own your home _____ Rent your home or _____ ²Share a residence with another family

Is a parent/guardian on active duty military? _____ Yes _____ No Is a parent/guardian a civilian employed at Ft. Benning? _____ Yes _____ No

ADDITIONAL STUDENT INFORMATION

Ethnicity: Hispanic/Latino _____ Yes _____ No *In the next line, check all options that apply.*

Race: _____ White _____ Black/African-American _____ Asian _____ American Indian/Alaska Native _____ Native Hawaiian/Other Pacific Islander _____ Multiracial

If Not Born in the USA: Country of Birth _____ Date First Enrolled in School in the USA (DD/MM/YYYY) _____

School Last Attended: _____ City _____ State _____

Has student ever attended a Columbus school? _____ Yes _____ No If yes, give year and name of school. _____

³Has student ever attended public school in another district? _____ Yes _____ No If yes, give year and name of school. _____

Has student ever been served by a Special Ed. program? _____ Yes _____ No Gifted Education? _____ Yes _____ No

Does the student have a current IEP? _____ Yes _____ No Is the student on a 504 Plan? _____ Yes _____ No

English for Speakers of Other Languages (ESOL)? _____ Yes _____ No Speech Therapy at School? _____ Yes _____ No

Has the child moved within the past 36 months across state or school district lines to enable the child, the child's guardian, or member of the child's family to obtain temporary or seasonal employment in an agricultural or fishing activity? _____ Yes _____ No

HOME LANGUAGE SURVEY (Required prior to enrollment – State Board of Education Rule 160-4-5-.02)

What language(s) did the student first learn to speak? _____

What language(s) does the student speak at home? _____ What language(s) does the student speak most often? _____

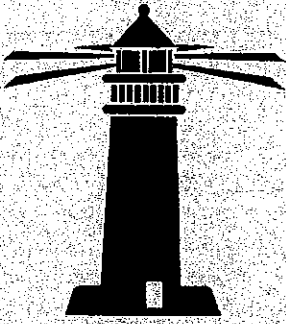
TRANSPORTATION

Morning: _____ Car Rider _____ Student Driver _____ Before School Program _____ Walker _____ Bus Rider (Bus # _____)

Afternoon: _____ Car Rider _____ Student Driver _____ After School Program _____ Walker _____ Bus Rider (Bus # _____)

Name of Day Care: _____ Phone #: _____

¹ If not the parent/legal guardian, Non-Parental Affidavit of Residency must be completed. (State Board of Education Rule 160-5-1-.28)
² Affidavit of Residency may be required for proof of residency (State Board of Education Rule 160-5-1-.28)
³ Release of Records form may be required.



Muscogee County Public Education Center

Homeless Education Program (HEP)

STUDENT RESIDENCY STATEMENT (SRS)

School: _____ Date: _____

Student Name (PLEASE PRINT): _____ Birth date: _____ Grade: _____

Please list all of YOUR preschool and school-aged children currently living with you (PLEASE PRINT):

Name: _____ Birth date: _____ School: _____

Name: _____ Birth date: _____ School: _____

Name: _____ Birth date: _____ School: _____

Information provided on this form is confidential.

1. Do you live in any of these following situations?

- Sharing the housing of other persons due to: (check one)
Loss of housing, economic hardship, or a similar reason (example: evicted from home, etc.)
Explain: _____
Long-term, cooperative living arrangement to save money or a similar reason
Other (please specify): _____

- In a motel, hotel, campground or similar setting due to: (check one)
Lack of alternative adequate accommodations, explain: _____
A convenient living arrangement or waiting for apartment or house to be ready
Other (please specify): _____

- In emergency or transitional shelters such as domestic violence, homeless shelters, transitional housing or other shelter or agency
Have a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans
In cars, parks, public spaces, abandoned buildings, substandard housing, bus or similar settings.
None of the above

2. How long do you anticipate living at this location? _____

Current Address: _____ Phone Number: _____

Parent/Guardian/Unaccompanied Youth Signature _____ Date _____

SCHOOL USE: If a homeless situation is indicated, give the parent/guardian/unaccompanied youth a copy of Page 2 (Information for Parents McKinney-Vento Homeless Assistance Act) and have them sign below. Send the completed SRS form to the Homeless Department at MPEC. Contact the Homeless Liaisons at 706-748-3226 (office) with any questions.

I have received the Information for Parents McKinney-Vento Homeless Assistance Act - Form JFABD-5.

Parent/Guardian/Unaccompanied Youth Signature _____ Date _____

School District: Muscogee County

Date: _____

Parent Occupational Survey

Please complete this form to determine if your child(ren) qualify to receive supplemental services under Title I, Part C

Name of Student(s)	Name of School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. Has anyone in your household moved in order to work in another city, county, or state, in the last three (3) years? Yes No
2. Has anyone in your household been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years? Yes No

If you answer "yes", check all that applies:

- 1) Planting/Picking vegetables (tomatoes, squash, onions, etc.) or fruits (grapes, strawberries, blueberries, etc.)
- 2) Planting, growing, cutting, processing trees (pulpwood), or raking pine straw
- 3) Processing/Packing agricultural products
- 4) Dairy/Poultry/Livestock
- 5) Packing/Processing meats (beef, poultry, or seafood)
- 6) Commercial fishing or fish farms
- 7) Other (Please specify occupation): _____

Names of Parent(s) or Legal Guardian(s) _____

Current Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Thank You! Please return this form to the school

Please maintain original copy in your files.

MEP funded school/district: Please give this form to the migrant liaison or migrant contact for your school/district.

Non-MEP funded (consortium) school/districts: When at least one "yes" and one or more of the boxes from 1 to 7 is/are checked, districts should fax occupational surveys to the Regional Migrant Education Program Office serving your district. For additional questions regarding this form, please call the MEP office serving your district:

GaDOE Region 1 MEP, 201 West Lee Street, Brooklet, GA 30415
Toll Free (800) 621-5217 Fax (912) 842-5440

GaDOE Region 2 MEP, 221 N. Robinson Street, Lenox, GA 31637
Toll Free (866) 505-3182 Fax (229) 546-3251

Family Contacted/Attempt Date: _____

Sent to Regional Office on: _____

1854 Twin Towers East • 205 Jesse Hill Jr. Drive • Atlanta, GA 30334 • www.gadoe.org

Richard Woods, Georgia's School Superintendent

An Equal Opportunity Employer



Distrito Escolar: Muscogee County

Fecha: _____

Encuesta Ocupacional para Padres

Favor de completar este formulario para ayudarnos a determinar si su(s) hijo(s) califica(n) para recibir servicios suplementarios de parte del Programa de Título I, Parte C

Nombre del/los Estudiante(s)	Nombre de la Escuela	Grado
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. ¿Alguien en su casa se ha mudado para trabajar en otra ciudad, condado, o estado, en los últimos tres (3) años? Sí No
2. ¿Alguien en su casa trabaja o ha trabajado en una de las siguientes ocupaciones de forma permanente o temporaria en los últimos tres años? Sí No

Si la respuesta es "sí", marque todo trabajo que aplique:

- 1. Sembrando/Cosechando vegetales (tomates, calabazas, cebollas, etc.) o frutas (uvas, fresas, arándanos, etc.)
- 2. Sembrando, cortando, procesando árboles, o juntando paja de pino (*pine straw*)
- 3. Procesando/Empacando productos agrícolas
- 4. Trabajo en lechería, polleras o ganadería
- 5. Empacando/Procesando carnes (res, pollo, o mariscos)
- 6. Trabajos relacionados con la pesca (pesca comercial, o criadero de pescados)
- 7. Otra actividad. Por favor especifique en cuál: _____

Nombre de los padres o guardianes legales: _____

Dirección donde vive: _____

Ciudad: _____ Estado: _____ Código Postal: _____ Teléfono: _____

¡Muchas Gracias! Por favor regrese éste formulario a la escuela

Please maintain original copy in your files.

MEP funded school/district: Please give this form to the migrant liaison or migrant contact for your school/district.

Non-MEP funded (consortium) school/districts: When at least one "yes" and one or more of the boxes from 1 to 7 is/are checked, districts should fax occupational surveys to the Regional Migrant Education Program Office serving your district. For additional questions regarding this form, please call the MEP office serving your district:

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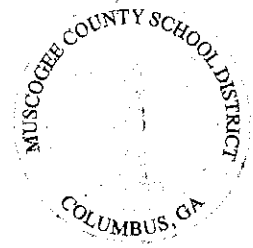
Sent to Regional Office on: _____

1854 Twin Towers East • 205 Jesse Hill Jr. Drive • Atlanta, GA 30334 • www.gadoe.org

Richard Woods, Georgia's School Superintendent

An Equal Opportunity Employer





Student Health Record

School: Kendrick High School Year: 2020-21

Student's Name: _____ D.O.B. ____ / ____ / ____
Last First Middle

Grade: _____ Teacher: _____ Sex (Check One): Male Female

Race / Ethnicity (Check One):

Black / African American White Hispanic American Indian Multi-Racial Other

Student Address: _____ Zip Code: _____

Mother / Legal Guardian: _____ Home Phone: _____ Work Phone: _____

Father / Legal Guardian: _____ Home Phone: _____ Work Phone: _____

Emergency Contacts:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Special Health Issues (Please check all that apply and explain below):

- ADD / ADHD Drug Allergy (Name of Drug): _____ Prosthesis
 Asthma Food Allergy (Name of Food): _____ Glasses
 Diabetes Insect Sting Allergy (Type of Insect): _____ Braces
 Epilepsy (Seizures) Heart Condition (Type): _____ Hearing Aid

Please explain any/all medical conditions, surgeries or problems that your child has had that may or may not present a problem while at school:

List any medication that your student is currently taking:

Reason for medication:

Is there a medical reason that prohibits your student's participation in physical education?

Yes No

If yes, please supply a doctor's statement for school files.

Additional Medical Emergency Contacts:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Physician's Name: _____ Phone Number: _____

Dentist's Name: _____ Phone Number: _____

The Registered nurse or clinic worker will contact your child's physician regarding child's health care needs if necessary.

In the event of an emergency, a representative of the school will contact the family doctor if the parent or legal guardian cannot be reached.

In the event of an emergency, the school will contact an ambulance to transport your student to the hospital.

The following information is optional. It is being asked in order to provide you with health insurance information:

Does your child have health insurance coverage (Ex.: Medicaid, Peachcare, Tri-Care, Blue Cross, etc.)?

Yes No

Parent / Guardian Signature

Date

Notes:

EMERGENCY MEDICAL INFORMATION

Student's Name _____ Date _____

Hospital Preference _____

Any Existing Medical Conditions _____

Allergies _____

Current Medication(s) Dosage(s) _____

Special Instructions for Attending Physician _____

CHECK ALL THAT ARE APPLICABLE

Verbal Non Verbal Walk-On Wheelchair Epileptic

Diabetic Hemophiliac Visually Impaired Medically Fragile

Other _____

SPECIAL BUS EQUIPMENT

Safety Vest Car Seat Lap Belt Other _____

SPECIAL INSTRUCTIONS FOR MANAGING STUDENT _____

EMERGENCY EVACUATION DRILLS (Conducted twice a year in school bus loop)

I give my child my permission to participate in bus evacuation drills Yes ____ No ____

Signature Parent/Guardian _____ Date _____

**GUIDANCE AND COUNSELING
SAFE AND DRUG-FREE SCHOOLS ACTIVITIES/SURVEYS
PARENTAL PERMISSION FORM**

In order to provide the most effective prevention resources and/or activities for your child, Safe and Drug-Free Schools collect survey information from students at various grade levels during the school year. The surveys are anonymous, voluntary and ask for responses that pertain to student involvement in substance abuse/use, bully prevention, nutrition, mental health, suicide prevention, college and career readiness, and school climate. Students and/or parents have the right to opt out.

The data collected is to identify critical areas of need for our Safe and Drug-Free Schools efforts. Survey analysis of these data provides information/data that:

- ~ Assists in the maintenance of a school environment that is free of drugs and violence.
- ~ Promotes a classroom atmosphere that allows teachers to teach and students to learn.
- ~ Develops and offers experiences that involve students in applying the concepts of making healthy decisions, accepting responsibility for behaviors, and understanding consequences.

Safe and Drug-Free and Guidance/Counseling curriculum and activities are based on following domains:

- ~ Academic Development
- ~ Career Development
- ~ Social/Emotional Development
- ~ Mindsets and Behavior for Student Success

Please check one:

I give permission for my child to participate in these important Safe and Drug-Free Schools' activities and surveys.

I DO NOT give permission for my child to participate in the Safe and Drug-Free Schools' activities and surveys.

Please sign and return this form to your child's school.

SCHOOL: Kendrick High School

STUDENT NAME: _____ **GRADE:** _____

Parent/Guardian Signature

Date

Thank you for your participation.

NEW CELLPHONE PROCEDURES

SCHOOL YEAR 2020-2021

Student Name _____ Date _____

The following procedures are designed to provide a learning environment that is conducive for teaching and learning, without the interference of cellphone use throughout the school day in the hallways, cafeteria, restrooms, locker rooms or classrooms. **CELL PHONES/ELECTRONIC DEVICES ARE NOT ALLOWED TO BE USED OR SEEN ON CAMPUS AT ANY TIME UNTIL THE LAST BELL AT 3:25 P.M.**

“CELLPHONE PROCEDURES WILL BE STRICTLY ENFORCED.”

Students are asked to refrain from bringing cellphone/electronic devices to school. However, if a student chooses to bring a cellphone/electronic device to school, Kendrick High School will not be held responsible if the cellphone/electronic device is lost, stolen, or damaged. To prevent possible violations of cellphone procedures, all students are required to purchase wall-lockers to secure all valuables such as, cell phones, headphones, tablets, as well as textbooks etc. *Wall-lockers cannot be shared amongst students.* Students must safeguard their wall-locker combination to prevent other students from gaining access. If a student needs to make a phone call, they can do so by asking their teacher for a pass to the discipline office. These procedures will be in effect beginning August 8, 2019 until the end of the 2020-2021 school year.

First Offense

Cell Phone will be turned into the Principal or designee and Student assigned Friday Detention.

- Parents may pick up a cell phone after (3) three days at the end of the school day between the hours of 3:25 p.m.-3:50 p.m.
- Parents can give an adult (21 yrs. old) written permission to pick up a cell phone. *Note: The school will verify by asking for identification of the adult picking up the phone.*
- Any student that knowingly violate KHS Cell Phone Procedures and refuse to turn in his or her phone to the Principal, Assistant Principal, teacher or staff will receive the following consequences:
 - 2 days OSS and a mandatory parent meeting.
 - A Cell Phone Contract signed by both parent and student that outline the next time a cell phone is collected will result in student being banned from having a phone on campus (i.e. 30 days, 60 days or remainder of the year).

- Students that comply with the Cell Phone Procedures will be assigned to Saturday Detention from 8:00 A.M.-12:00 P.M.
- Any student that fails to comply with the 30-day ban will result in a two day suspension for being defiant. *Note: A mandatory parent conference must be held to restore phone privileges to the student.*

Second Offense

- **Banned from having a cell phone on school grounds for 30 days and assigned to Saturday school.**
Note: A mandatory parent conference must be held to restore phone privileges to the student.

Third Offense

- **Banned from having a cell phone on school ground for 60 days and suspended for 2 days.**
Note: A mandatory parent conference must be held to restore phone privileges to the student.

Fourth Offense

- **Banned from having a cell phone on school ground for the remainder of the school year and suspended for 3 days for each time caught violating the cell phone policy.**

STUDENT SIGNATURE

PARENT SIGNATURE

OFFENSES

Student Name: _____

1st Offense: _____ Date: _____

2nd Offense: _____ Date: _____

3rd Offense: _____ Date: _____

4th Offense: _____ Date: _____

*****Disclaimer – If the parent/guardian is adamant that he or she cannot allow the phone/electronic device to be held for the number of days listed in the procedures, then the parent/guardian therefore chooses for the student to receive a 2 day out of school suspension in lieu of the phone being held and a 60-day ban must be served.***

I have read, understand, and will abide by the new cell phone procedures. I further understand that each incident will be reported to the parent/guardian.



Behavior Contract

Student – Parent – School

2019 – 2020

Administrators, please have each student review the Muscogee County School District Behavior Code and Discipline Policy Handbook, sign, and return this form to be maintained by the school. Students, please place your initials by each statement and sign at the bottom. Parents please review the statements with your child and sign. Your signature indicates that you and your child/ren have read, reviewed, and understand the School District Behavior Code and Discipline Policy and all School Board policies contained therein.

Board policies are available at www.muscogee.k12.ga.us

____ I have received, read, and understand the Muscogee County School District Behavior Code and Discipline Policy Handbook.

____ I will not disrupt or interfere with the day-to-day operations of the school.

____ I will not damage or attempt to cause damage to school property.

____ I will not bully others or verbally or physically harm any student, or employee.

____ I will not have a weapon or anything that could be considered a weapon on school property, on the school bus, on the way to school, or at a school function or event.

____ I will not sell, possess, or be under the influence of alcohol, tobacco products, or illegal substances while on school property, on the way to school, or at a school function or event.

____ I will comply with all directions and commands given by any authorized school personnel.

____ I will take pride in my appearance by maintaining the MCSD dress code.

____ I will attend all classes and not leave the school without permission.

____ I will not demonstrate gang signs, nor will I draw or wear gang insignia.

____ While at school or any school function, I will not participate in any inappropriate sexual behavior verbally, written, or physically.

Student Signature

Date

Parent Signature

Date

Parent & Student Notification Agreement

The Compulsory Attendance Law

O.C.G.A §20-2-690.1

The Compulsory Attendance Law O.C.G.A. §20-2-690.1 continues to be in effect for the current academic year, which pertains to every school district in Georgia. The Compulsory Attendance Law states “children between their sixth and sixteenth birthday shall enroll and attend a public school, a private school, or a home study program”. If a child is under 6 years of age and has attended more than 20 days in a public school, he/she is then subject to this law. The law also provides “penalties for parents(s), guardian(s), or other person residing in Georgia who are in violation of O.C.G A §20-2-690.1; which are imposed at the discretion of the court having jurisdiction”. Each day’s violation of this law, after the School District has notified the parent, guardian, or other person in charge of a child having five unexcused absences from school, shall constitute a separate offense subjecting the person notified to the following measures:

1. Fine of not less than \$25 and not greater than \$100
2. Imprisonment not to exceed 30 days
3. Community service
4. Any combination of the above penalties

Elementary and middle school students may only miss 15 days per year before possible retention. High school students may miss only seven (7) days per semester to prevent loss of credits. Parents are required to provide proof of excused absences within three days after the absence occurred. Handwritten notes from parent(s), a doctor’s excuse, or a copy of a court order are a few examples of acceptable proof of absences. Schools may require additional verification for those students who have established a pattern of excessive absences.

Muscogee County School District is required to obtain s i g n a t u r e s f r o m parents and students (who are ten years-old by September 1) as acknowledgment of receipt of the Parent & Student Notification Agreement and of the possible consequences due to non-compliance.

Thank you for your cooperation in acknowledging receipt of this agreement and the consequences in the event of any violation of the Attendance Law. Please return this form to your school's administration.

School: Kendrick High School Date: _____

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

Student Name (Please Print): _____

Student Signature: _____

Student’s Age as of September 1, 2019: _____



Parent Right To Know

2019-2020

Parents may request, in writing, the following information about his/her student's teacher:

- Whether the teacher met the state requirements for the Georgia Professional Standards Commission for certification for the grade level and subject area which they teach
- Whether the teacher is teaching under an emergency or other temporary status through which Georgia qualifications or certification criteria have been waived
- What undergraduate or graduate degree(s) the teacher holds, including graduate certificates and additional degrees, and major(s) or area(s) on concentration
- Whether your child is provided services by paraprofessionals, and if so, their qualifications.

Point of contact: Title I or Title II-A (706) 748-2138.

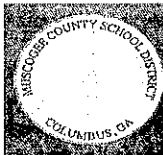
School: Kendrick High School

Parent/Guardian Signature: _____

Date: _____

Attention Principals:

**Federal regulations require the collection of this document from each of your parents.
Please send a sampling (10-15) to Professional Learning, MCPEC**



Muscookee County School District

Chromebook and e-Suite Agreement - Permission Form



MCSD believes that all students should be engaged in, be excited by, and take ownership of their learning.

Purpose: This year, MCSD students will use Google's G-Suite for Education tools, Chromebooks, and web based applications selected and authorized by classroom teachers as learning tools to promote and maximize personalized learning and achievement. Although this Agreement authorizes the student's use of the Chromebook for the year, the device is the property of the District and must be returned upon the District's request, and no later than the last day of the student's attendance for the school year.

Permission : PLEASE READ CAREFULLY

My signature below indicates that I have read the information provided and referenced in this document and in the MCSD Student Handbook and Code of Conduct regarding the use of devices, technology and web-based applications in the MCSD. I give permission for the MCSD to create and maintain a G-Suite for education account for the named student, and I consent for Google to collect, use and disclose limited information only for the purposes described below.

School Name: Kendrick High School **School Year:** 2020-21

Student Name: _____ **Signature:** _____

Parent Name: _____ **Signature:** _____

<p>Use of and Care for the Tools</p>	<p>The device is to be treated as a valuable learning tool and should be cared for accordingly. The student's use of the device must comply with all applicable School Board policies and regulations as outlined in the MCSD RUP (Responsible Use Policy). The RUP is located within the MCSD Handbook & Code of Conduct. The student is responsible for the reasonable care of the device and all applicable equipment associated with the device. The student should take care not to drop it or get it wet, and must not leave it outdoors or in a car in extreme weather conditions, or use it near food or drink. The student may clean the device with a soft, dry cloth, only. The student will carefully transport the device in the assigned protective case, and if applicable, will bring it to school each day, fully charged. The student and parent/guardian understand that if the student comes to school without his/her device, the student may not be able to participate in classroom learning activities and his/her grade may be affected. The device is for the student's exclusive use. The student shall not: lend the device/equipment to anyone; alter, disfigure or deface the device/equipment; cover up any numbering, lettering, or insignia displayed on the device; alter or remove any MCSD software, programs or applications from the device, and will not load any software, programs or applications on the device. The student is responsible for all personal data contained on the device, and MCSD is not responsible for any data loss. The student should regularly back up all files and data to external media such as Microsoft's OneDrive or the Google Drive.</p>
<p>Accidental Damage Protection Warranty</p>	<p>Each student-issued Chromebook comes with an Accidental Damage Protection (ADP) Warranty entitled VirtuCare Plus. This warranty is provided "free of charge" by the Muscookee County School District. The ADP warranty covers a variety of unintentional and/or accidental damage to the Chromebook. Students should follow all school procedures and policies when reporting damage to a Chromebook. Damage caused by intentional acts, fire, theft or loss, are not covered.</p>
<p>Fees or Fines for Intentional Damage to or Loss of the Device</p>	<p>Students and parents or guardians must comply with all District policies, procedures, and regulations as outlined online and in the MCSD Student Handbook and Code of Conduct and MCSD's RUP (Responsible Use Policy). A violation of any of these policies could result in a loss of privilege to use the Chromebook, appropriate discipline action and/or restitution.</p> <p><u>Board Policy JS: Student Fees, Fines, and Charges</u></p> <p>The Muscookee County School District Board of Education retains the right to charge students a reasonable fee for restitution of lost, damaged, or abused school system property, including textbooks, library books or media materials.</p> <p>The current replacement cost to MCSD from our Chromebook vendor, Virtucom, is listed below. All repairs must be completed by Virtucom. Prices can change at any time, and parents and students may be charged the current rate for intentional damage or loss of the device:</p> <ul style="list-style-type: none"> • Chromebook Replacement Cost - \$388.00 • Lenovo USB-C Charger Cost - \$41.00
<p>Inspection & Security Measures by MCSD</p>	<p>The student has no expectation of privacy in his/her use of the device. MCSD reserves the right to monitor the student's use of the device and to inspect the device and anything stored on it without prior notice. MCSD has installed security measures on the device that are intended to filter or block access to sites MCSD deems to be inappropriate, in keeping with CIPA [http://fcc.gov/cgb/consumerfacts/cipa.html]. MCSD does not collect personal student info for commercial purposes per COPPA [http://ftc.gov/privacy/coppafaqs.shtml].</p> <p>While MCSD uses these technology protection measures to limit access to material considered inappropriate to students, it may not be possible for the system to absolutely prevent such access, and the parent/guardian should supervise the student's use of the device while at home. If the device is lost or stolen, MCSD will remotely render the device inoperable. G-Suite accounts are school-managed, therefore administrators have access to information stored in them.</p>



Consent Form: Media relations and use of student images/audio/video

The District is approached by various media outlets and other outside organizations seeking to interview, record, or photograph students for non-advertising purposes. These requests must be made to and approved by the Director of Communications and/or designee. Once a student's photograph, video image, audio clip, quote, or other potentially identifying information is published by a media outlet or external organization, it can be accessed by individuals or groups that are not related to the District and that cannot be controlled by the District. The District will not authorize a media outlet to ask a student for personally identifying information such as their full name, parents' names, addresses, telephone numbers, or the like.

The District Communications Office maintains several social media platforms and manages the creation of online content; in doing so, the Communications Office often uses photographs and videos (with and without audio) that contain student images and student audio in the creation of content that is then published to these sites.

Please print: by signing below, I hereby grant permission to the District to allow the student named below to be interviewed, photographed, or recorded by the District or by media as outlined above.

Student's First Name: _____ Student's Last Name: _____

Parent's Signature: _____ Date: _____

Parent's First Name: _____ Parent's Last Name: _____

Student's Signature (*if 18 years of age or older*): _____

Permission to Display Student Work

My signature below indicates that I am providing non-exclusive rights to the District to publicly display and/or use work, art, or other materials created at school by the student named above in its print or electronic media. I understand that I can revoke this consent in writing by providing said written revocation to the Principal or building leader and that my revocation will be effective upon receipt.

Parent's Signature: _____ Date: _____

Parent's First Name: _____ Parent's Last Name: _____

Student's Signature (*if 18 years of age or older*): _____

Required

Documents Needed for Enrollment

- 1. Guardian Picture ID**
- 2. Birth Certificate**
- 3. SSN Card**
- 4. Utility Bill (Water, Gas, Electric)**
- 5. Mortgage or Lease Agreement**
- 6. Updated Immunization Records (shot records)**