

**NORTHWEST LOCAL SCHOOL DISTRICT
NEW STUDENT REGISTRATION FORM**

STUDENT ID# _____
HOMEROOM: _____

The information supplied on this form is required under the provisions of the Laws of the State of Ohio and the Ohio Department of Education. It is in no way an effort to trespass upon the personal affairs of parents. Your cooperation in completion of this form is appreciated.

BUILDING: Northwest Elementary School Northwest Middle School Northwest High School
GRADE: PS K 1 2 3 4 5 6 7 8 9 10 11 12



ⓐ PARENT/GUARDIAN MUST COMPLETE ALL INFORMATION EXCEPT "SCHOOL USE ONLY" SECTION. PLEASE PRINT ALL INFORMATION IN BLACK OR BLUE INK. DO NOT USE PENCIL.

Student's Last Name:		Student's First Name:		Student's Middle Name:	
Student's Social Security Number:			Student's Preferred Name:		
Student's Date of Birth:		Student's City & State of Birth:		BIOLOGICAL MOTHER'S Maiden Name:	
Was student born outside the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, what country?					
Is student a citizen of the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, name of country where student is a citizen:					
If student was born outside the U.S., how many years has he/she attended school in the U.S.?					
GENDER <input type="radio"/> Male <input type="radio"/> Female		ETHNIC DATA <input type="radio"/> White (non-Hispanic) <input type="radio"/> Black <input type="radio"/> Asian <input type="radio"/> American-Indian <input type="radio"/> Hispanic <input type="radio"/> Multi-Racial			
If other than English, what is the native language spoken in home:					

ⓑ STUDENT RESIDENCY INFORMATION → Resident Student Open Enrollment Court-Placed

Student's Street "911" Address:			
P.O. Box Address: (if applicable)		Apt. # (if applicable)	Lot #: (if applicable)
City:	County:	State:	Zip:
Student's Home Telephone:		Cell Phone:	Parent(s) Work Telephone:
E-MAIL ADDRESS:			
Previous Address:			
Street	City	State	Zip

ⓒ STUDENT'S FAMILY

Status of Student's Biological Parents: <input type="checkbox"/> Parents Married <input type="checkbox"/> Parents Separated <input type="checkbox"/> Parents Divorced <input type="checkbox"/> Parents Never Married <input type="checkbox"/> Father Deceased <input type="checkbox"/> Mother Deceased <input type="checkbox"/> Other:	
Biological Father's Name:	Biological Father's Address: (if different than student's address listed above)
Biological Mother's Name:	Biological Mother's Address: (if different than student's address listed above)
Student lives with: (check all that apply)	
<input type="checkbox"/> Biological Mother & Father	
<input type="checkbox"/> Biological Mother Only	
<input type="checkbox"/> Biological Father Only	
<input type="checkbox"/> Biological Mother & Stepfather	Stepfather's Name:
<input type="checkbox"/> Biological Father & Stepmother	Stepmother's Name:
<input type="checkbox"/> Grandparent(s)	Grandparent(s) Name(s):
<input type="checkbox"/> Court Appointed Guardian (other than grandparent or foster parent)	Guardian(s) Name(s):
<input type="checkbox"/> Foster Parent(s) (SF-14 Foster Placement Enrollment Form required)	Foster Parent(s) Name(s):
<input type="checkbox"/> Host Family	Host Family Name(s):
<input type="checkbox"/> Joint Custody/Shared Parenting	

ⓓ OTHER SCHOOL-AGE CHILDREN IN HOME: ⓔ EDUCATIONAL DATA:

Name	Date of Birth	Grade	Name, City, State of last school attended:
			Has student ever repeated a grade? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, which grade? _____
			Does student have an IEP? <input type="checkbox"/> YES <input type="checkbox"/> NO
			Has student ever received/been evaluated for special education services? <input type="checkbox"/> YES <input type="checkbox"/> NO
			Is student currently under an expulsion or suspension from previous school? <input type="checkbox"/> YES <input type="checkbox"/> NO

➔ PLEASE CONTINUE TO NEXT PAGE ↓

⑥ LIST OTHER ADULTS TO WHOM YOUR CHILD MAY BE RELEASED:			⑦ MISCELLANEOUS INFORMATION
Name	Relationship	Phone	Will your child ride a yellow school bus? <input type="checkbox"/> YES <input type="checkbox"/> NO
			Please list any characteristics relating to the health and/or personality of your child that may be of assistance to teachers, nurses, bus drivers in understanding your child:

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

✕

⑧ STOP! SCHOOL USE ONLY: *Guidance Department must complete remainder of this form*

STUDENT I.D. #	BUILDING: <input type="checkbox"/> NES <input type="checkbox"/> NMS <input type="checkbox"/> NHS <input type="checkbox"/> NFRC	GRADE:
ADMISSION DATE:	ADMISSION REASON:	HOMEROOM:
Date of Birth Verified: <input type="checkbox"/> YES <input type="checkbox"/> NO	Immunization Records Received: <input type="checkbox"/> YES <input type="checkbox"/> NO	ORIGINAL TO: Student Permanent Record <small>[Guidance Dept.]</small> COPIES TO: <input type="checkbox"/> EMIS <input type="checkbox"/> Transportation <input type="checkbox"/> Food Service <input type="checkbox"/> Nurse <input type="checkbox"/> Homeroom Teacher <small>[NES only]</small> <input type="checkbox"/> Library <input type="checkbox"/> P.E. <input type="checkbox"/> Music <input type="checkbox"/> Reading Lab <input type="checkbox"/> Art <input type="checkbox"/> Computer Lab <input type="checkbox"/> Other:
Proof of Residency Provided: <input type="checkbox"/> YES <input type="checkbox"/> NO	If Non-Resident, Open Enrollment Form Received: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Legal Custody Documents Provided: <input type="checkbox"/> YES <input type="checkbox"/> NO	Court/Foster Placement Form Received: <input type="checkbox"/> YES <input type="checkbox"/> NO	

REGISTRATION FORMS:				
DOCUMENT	RECEIVED?	DATE DUE	DATE RECEIVED	
Birth Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	Initials:
Social Security Card	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	Initials:
Immunization Records	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	Initials:
Custody Documents	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	Initials:
Residency Verification	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	Initials:
Court-Ordered Placement	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	Initials:
Special Education Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	Initials:
* IEP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	Initials:
* MFE	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	Initials:
Physician's Report (Kindergarten Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	Initials:

FORMS FOR PARENT(S)/LEGAL GUARDIAN(S) TO COMPLETE:				
DOCUMENT	RECEIVED?	DATE TO PARENT	DATE RECEIVED	
New Student Registration Form	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	Initials:
Emergency Medical Form	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	Initials:
Consent for Release of Records	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	Initials:
Internet Account Application	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	Initials:
Free/Reduced Lunch Form	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	Initials:
Transportation Information Form	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	Initials:
Administration of Medication Form	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	Initials:
Emergency Release Form	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	Initials:

RECORDS FROM PREVIOUS SCHOOL:				
DOCUMENT	RECEIVED?	DATE OF REQUEST	DATE RECEIVED	
Transcript of Grades/Academic Records	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic / / Initials:
Health Records	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic / / Initials:
Most Recent Grade Card	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic / / Initials:
OGT/Achievement Test Scores	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic / / Initials:

➔ **PLEASE CONTINUE TO NEXT PAGE** ↓

EMERGENCY MEDICAL AUTHORIZATION

PURPOSE: To enable parents/guardians to authorize the provision of emergency treatment for their child who becomes ill or is injured while under authority of the Northwest Local School District when a parent/guardian cannot be reached.

BUILDING: <input type="checkbox"/> Elementary School (PS-5) <input type="checkbox"/> Middle School (6-8) <input type="checkbox"/> High School (9-12) <input type="checkbox"/> Other: _____	TEACHER/HOMEROOM:
GRADE: <input type="checkbox"/> PS <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	

STUDENT NAME:	Social Security No.:	Date Of Birth:
----------------------	----------------------	----------------

Address:	Telephone:
----------	------------

RESIDENTIAL (CUSTODIAL) PARENT(S)/GUARDIAN(S):

Mother:	Daytime Phone:	Cell Phone:
Father:	Daytime Phone:	Cell Phone:
Other:	Daytime Phone:	Cell Phone:
Name of Relative or Childcare Provider:		Relationship:
Address:	Daytime Phone:	Cell Phone:

I hereby give consent for the following medical care provider(s) and/or local hospital to be called:

Doctor:	Telephone:
Dentist:	Telephone:
Medical Specialist:	Telephone:
Local Hospital:	Telephone:

>>>>> PART I or PART II MUST BE COMPLETED <<<<<<

PART I: TO GRANT CONSENT

In the event reasonable attempts to contact me at telephone #'s above or other parent/guardian at telephone #'s above have been unsuccessful, I/we hereby give my/our consent for: (1) the administration of any treatment deemed necessary by preferred physician, Dr. _____, or preferred dentist, Dr. _____, OR, in the event the preferred physician/dentist is not available, I/We give my/our consent for my/our child to be treated by another licensed physician or dentist; AND (2) I/We give my/our consent for my/our child to be transferred to local hospital, _____, or any other hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two (2) other licensed physicians or dentists concur regarding the necessity for such surgery.

Please list any facts concerning your child's medical history (including, but not limited to: allergies, medications being taken, and any physical impairments) to which a physician should be alerted before treatment is determined:

◆ I understand that for my/our child's protection, any potential life threatening condition will be shared with appropriate school personnel with a need to know.

✗ SIGNATURE OF PARENT/GUARDIAN:	Date:
✗ SIGNATURE OF PARENT/GUARDIAN:	Date:

Address:

PART II: REFUSAL TO CONSENT [DO NOT COMPLETE if you completed PART I]

I/We **DO NOT** give my/our permission for emergency medical treatment for my/our child. In the event of illness or injury requiring emergency treatment, I/We wish the school authorities to: *[Please check one]*

TAKE NO ACTION. DO THE FOLLOWING: *(Please be specific with your instructions.)*

✗ SIGNATURE OF PARENT/GUARDIAN:	Date:
✗ SIGNATURE OF PARENT/GUARDIAN:	Date:

Address:

Please list any additional persons to whom the school may release your child. **PLEASE NOTE: It is your responsibility to notify the school, in writing, if any information provided on this form changes.**

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Ohio Department of Health • School and Adolescent Health

Health History

Student's name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth / /
----------------	--	-------------------------

Family Health History Please list allergies, heart problems, diabetes, cancer or other serious health conditions.

Father
Mother
Brothers and Sisters

Birth and Developmental History No unusual birth or developmental history

Did the mother have any unusual physical or emotional illness during this pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was infant born full term? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the infant have any sickness or problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly explain illness or problems. _____	
How does the child's development compare to other children, such as his or her brothers/sisters or playmates? <input type="checkbox"/> About the same <input type="checkbox"/> Delayed <input type="checkbox"/> Advanced	

Student Health Conditions

<input type="checkbox"/> YES , my child receives regular medical/health care for the following conditions:			<input type="checkbox"/> NO medical conditions		
<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure disorder	<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression	<input type="checkbox"/> Sickle cell anemia
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Ear problem/hearing difficulty	<input type="checkbox"/> Skin conditions	<input type="checkbox"/> Autism	<input type="checkbox"/> Emotional concerns	<input type="checkbox"/> Speech problems
<input type="checkbox"/> Behavior concerns	<input type="checkbox"/> Headaches	<input type="checkbox"/> Traumatic brain injury	<input type="checkbox"/> Birth/congenital malformations	<input type="checkbox"/> Heart problems	<input type="checkbox"/> Vision problems (glasses, contacts)
<input type="checkbox"/> Bone/muscle/joint problems	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Other _____	<input type="checkbox"/> Blood problems	<input type="checkbox"/> Juvenile arthritis	<input type="checkbox"/> Other _____
<input type="checkbox"/> Bowel/bladder problems	<input type="checkbox"/> Lead poisoning	<input type="checkbox"/> Other _____	<input type="checkbox"/> Cancer	<input type="checkbox"/> Migraines	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Neuromuscular disorder	<input type="checkbox"/> Other _____			

Please explain any conditions above or any reasons for hospitalizations.

Please indicate any allergies your child may have.

Allergy type	Reaction	School restrictions or recommended actions
<input type="checkbox"/> Bee/Insect		
<input type="checkbox"/> Food		
<input type="checkbox"/> Medication		
<input type="checkbox"/> Other		

Health History continued

Please list any prescription and over the counter medication that your child takes on a regular basis.

Medication and dose	Time	Reason

Do any health and/or medical conditions require school restrictions, modifications, and/or intervention?

Yes No If YES, please explain.

Does the student require any special procedures and/or treatments for their health condition(s)?

Yes No If YES, please explain.

Please indicate any other information about your child's health or development that you think would be helpful for the school to know.

Form completed by	Relationship to student	Date / /
-------------------	-------------------------	----------

Acceptable Use and Internet Safety Policy

STUDENT'S AGREEMENT

Every student, regardless of age, must read and sign below:

I have read, understand and agree to abide by the Acceptable Use and Internet Safety Policy of the Northwest Local School District. Should I commit any violation or in any way misuse my access to the School District's computer network and the Internet, I understand and agree that my access privilege may be revoked and School disciplinary action may be taken against me.

Student Name (PRINT CLEARLY)

Grade

Homeroom Teacher

Student Signature

Date

User (place an "X" in the correct blank):

I am 18 or older _____

I am under 18 _____

If I am signing this Agreement when I am under 18, I understand that when I turn 18 this Agreement will continue to be in full force and effect, and I will continue to abide by the Acceptable Use and Internet Safety Policy.

PARENT OR GUARDIAN'S RECEIPT

I have received a copy of the northwest Local School District's Acceptable Use and Internet Safety Policy relating to the student's access to the School District's computer network and the Internet.

Parent or Guardian Signature(s)

Date

ADOPTED: REVISED: Legal References: Children's Internet Protection Act of 2000 (H.R. 4577, P.L. 106-554), Communications Act of 1934, as amended (47 U.S.C. 254(h),(i)), Elementary and Secondary Education Act of 1965, as amended (20 U.S.C. 6801 et seq., Part F)

Parental Permission Form Concerning Disclosure of Student Images, Recording and Schoolwork

Northwest Local School District is committed to protecting the privacy and safety of all students. There are times when teachers and administrations feel it is appropriate to recognize students and their work in a public forum. Examples of such recognition include publishing a team poster on a school's webpage, exhibiting student work on the web and inviting local media to report on special school events. In order for your student to be included in these types of recognition, we need your permission to disclose your student's photograph, name, voice, and schoolwork. Northwest Local school District endeavors to take every precaution to ensure that such disclosure is limited to appropriate school related events.

YES, I give permission to
Northwest Local School District to:

NO, I do not give permission to
Northwest Local School District to:

• Disclose my child's name

• Disclose my child's photograph or videotape of his/her image

• Disclose a recording of my child's voice

• Disclose copies of my child's school or extracurricular work
(for example art, poetry, or other writings)

Printed Name of Parent/Guardian

Parent/Guardian Signature

Date

PLEASE SIGN AND RETURN THIS FORM TO YOUR CHILD'S SCHOOL

ACCEPTABLE USE AND INTERNET SAFETY POLICY
FOR THE COMPUTER NETWORK OF THE
NORTHWEST LOCAL SCHOOL DISTRICT

The Northwest Local School District is pleased to make available to students access to interconnected computer systems within the District and to the Internet, the world-wide network that provides various means of accessing significant educational materials and opportunities.

In order for the School District to be able to continue to make its computer network and Internet access available, all students must take responsibility for appropriate and lawful use of this access. Students must understand that one student's misuse of the network and Internet access may jeopardize the ability of all students to enjoy such access. While the School's teachers and other Staff will make reasonable effort to supervise student use of network and Internet access, they must have student cooperation in exercising and promoting responsible use of the computer network.

Below is the Acceptable Use and Internet Safety Policy ("Policy") of the Northwest School District and the Data Acquisition Site (SCOCA) that provides Internet access to the School District. Upon reviewing, signing and returning this Policy as the students have been directed, each student will be given the opportunity to use the District's computer network and have Internet access at School and is agreeing to follow the Policy. A copy of this Policy, or access to this Policy, shall be provided to parents. Any parent or guardian of a student under the age of 18 may direct that the student not be given access to the Internet. An "opt-out" form for this purpose may be obtained from the School.

Listed below are the provisions of your agreement regarding computer network and Internet use. If you have any questions about these provisions, you should contact the person that your School has designated as the one to whom you can direct your questions. If any user violates this Policy, the student's access will be denied, if not already provided, or withdrawn and he or she may be subject to additional disciplinary action.

I. PERSONAL RESPONSIBILITY

By signing this Policy, you are agreeing not only to follow the rules in this Policy, but are agreeing to report any misuse of the network to the person designated by the School for such reporting. Misuse means any violations of this Policy or any other use that is not included in the Policy, but has the effect of harming another or his or her property.

II. TERM OF THE PERMITTED USE

A student who submits to the School, as directed, a properly signed Policy and follows the Policy to which she or he has agreed will have computer network and Internet access during the course of the school year only. Students will be asked to sign a new Policy each year during which they are students in the School District before they are given an access account.

III. USING THE NETWORK

- A. **Educational Purposes Only.** The School District is providing access to its computer networks and the Internet for *only* educational purposes. If you have any doubt about whether a contemplated activity is educational, you may consult with the person(s) designated by the School to help you decide if a use is appropriate.
- B. **Unacceptable Uses of Network.** Among the uses that are considered unacceptable and which constitute a violation of this Policy are the following:
1. Uses that violate the law or encourage others to violate the law. For example, don't transmit offensive or harassing messages; offer for sale or use any substance the possession or use of which is prohibited by the School District's Student Discipline Policy. Do not view, transmit, print or download pornographic materials or materials that encourage others to violate the law; intrude into the networks or computers of others; and download or transmit confidential, trade secret information or copyrighted materials. Even if materials on the networks are not marked with the copyright symbol, ©, you should assume that all materials are protected unless there is explicit permission on the materials to use them.
 2. Uses that cause harm to others or damage to their property. For example, don't engage in defamation (harming another's reputation by lies); employ another's password or some other user identifier that misleads message recipients into believing that someone other than you is communicating or otherwise using his/her access to the network or the Internet; upload a worm, virus, "trojan horse," "time bomb," or other harmful form of unauthorized access to other computers, networks, or information systems.
 3. Uses that jeopardize the security of student access and of the computer network or other networks on the Internet. For example, don't disclose or share your password with others; don't impersonate another user.
 4. Uses that are commercial transactions. For example, students may not sell or buy anything over the Internet. You should not give others private information about you or others, including credit card numbers and social security numbers.
 5. Uses that monopolize network resources. For example, students may not send out mass email to any local or nonlocal users.
 6. Uses that attempt to circumvent district Internet filtering. For example, students may not by-pass Internet filtering, attempt to by-pass District Internet filtering, or use alternative programming to go to a site that would otherwise be blocked.

C. **Netiquette.** All users must abide by rules of network etiquette, which include the following:

1. Be polite. Use appropriate language. No swearing, vulgarities, suggestive, obscene, belligerent or threatening language.
2. Avoid language and uses which may be offensive to others. Don't use the network to make, distribute or redistribute jokes, stories or other material which is based upon slurs or stereotypes relating to race, gender, ethnicity, nationality, religion or sexual orientation.
3. Don't assume that a sender of email is giving his or her permission for you to forward or redistribute the message to third parties or to give his/her email address to third parties. This should be done only with permission or when you know that the individual would have no objection.
4. Be considerate when sending attachments with email. Be sure that the file is not too large to be accommodated by the recipient's system and is in a format which the recipient can open.

IV. INTERNET SAFETY

- A. **General Warning: Individual Responsibility of Parents and Users.** All users and their parents/guardians are advised that access to the electronic network may include the potential for access to materials inappropriate for school-aged pupils. Every user must take responsibility for his or her use of the computer network and Internet and stay away from these site. Parents of minors are the best guide to materials to shun. If a student finds that other users are visiting offensive or harmful sites, he or she should report such use to the person designated by the School.
- B. **Personal Safety.** Be safe. In using the computer network and Internet, do not reveal personal information such as your home address or telephone number. Do not use your real last name or any other information which might allow a person to locate you without first obtaining permission of a supervising teacher. Do not arrange a face-to-face meeting with someone you "meet" on the computer network or Internet without your parent's permission (if you are under 18). Regardless of your age, you should never agree to meet a person you have only communicated with on the Internet in a secluded place or in a private setting.
- C. **"Hacking" and Other Illegal Activities.** It is a violation off this Policy to use the School's computer network or the Internet to gain unauthorized access to other computers or computer systems, or to attempt to gain such unauthorized access. Any use which violates state or federal law relating to copyright, trade secrets, the distribution of obscene or

pornographic materials, or which violates any other applicable law or municipal ordinance, is strictly prohibited.

- D. **Confidentiality of Student Information.** Personally identifiable information concerning students may not be disclosed or used in any way on the Internet without the permission of a parent or guardian or, if the student is over 18, the permission of the student himself/herself. Users should never give out private or confidential information about themselves or others on the Internet, particularly credit card numbers and Social Security numbers. A supervising teacher or administrator may authorize the release of directory information, as defined by District Board Policies, for internal administrative purposes or approved educational projects and activities.
- E. **Active Restriction Measures.** The School, either by itself or in combination with the Data Acquisition Site providing Internet access, will utilize filtering software or other technologies to prevent students from accessing visual depictions that are (1) obscene, (2) child pornography, or (3) harmful to minors. The school will also monitor the online activities of students, through direct observation and/or technological means, to ensure that students are not accessing such depictions or any other material which is inappropriate for minors. The term "harmful to minors" is defined by the Communication Act of 1934 (47 USC Section 245[h][7]), as meaning any picture, image, graphic image file or other visual depiction that
- taken as a whole and with respect to minors, appeals to a prurient interest in nudity, sex, or excretion;
 - depicts, describes, or represents, in a patently offensive way with respect to what is suitable for minors, an actual or simulated sexual act or sexual contact, actual or simulated normal or perverted sexual acts, or a lewd exhibition of the genitals;
 - taken as a whole, lacks serious literary, artistic, political or scientific value as to minors.

V. PRIVACY

Network and Internet access is provided as a tool for your education. The School District reserves the right to monitor, inspect, copy, review and store at any time and without prior notice and all usage of the computer network and Internet access and any and all information transmitted or received in connection with such usage. All Such information files shall be and remain the property of the School District and no user shall have any expectation of privacy regarding such materials.

VI. FAILURE TO FOLLOW POLICY

The user's use of the computer network and Internet is a privilege, not a right. A user who violates this Policy shall, at a minimum, have his or her access to the computer network and Internet terminated, which the School District may refuse to reinstate for the remainder of the student's enrollment in the School District. A user who violates this Policy by his or her own action or by failing to

report any violations by other users that come to the attention of the user. Further, a user violates this Policy if he or she permits another to use his or her account or password to access the computer network and Internet, including any user whose access has been denied or terminated. The School District may also take other disciplinary action in such circumstances.

VII. WARRANTIES/INDEMNIFICATION

The School District makes no warranties of any kind, either express or implied, in connection with its provisions of access to and use of its computer networks and the Internet provided under this Policy. It shall not be responsible for any claims, losses, damages or costs (including attorney's fees) of any kind, suffered directly or indirectly, by any user or his or her parents(s) or guardian(s) arising out of the user's use of its computer networks or the Internet under this Policy. By signing this Policy, users are taking full responsibility for his or her use, and the user who is 18 or older, in the case of a user under 18, the parent(s) or guardian(s) are agreeing to indemnify and hold the School, the School District, the Data Acquisition Site that provides the computer and Internet access opportunity to the School District and all of their administrators, teacher, and staff harmless from any and all loss, costs, claims or damages resulting from the user's access to its computer network and the Internet, including but not limited to any fees or charges incurred through the purchase of goods or services by the user. The user of, or if the user is a minor, the user's parent(s) or guardian(s) agree to cooperate with the School in the event of the School's initiating an investigation of a user's use of his or her access to its computer network and the Internet, whether that use is on a School computer or on another computer outside the School District's network.

VIII. UPDATES

Users, and if appropriate, the user's parent/guardians, may be asked from time to time to provide new or additional registration and account information or to sign a new Policy, for example, to reflect developments in the law or technology. Such information must be provided by the user (or his/her parents or guardian) or such new Policy must be signed if the user wishes to continue to receive service. If after you have provided your account information, some or all of the information changes, you must notify the person designated by the School to receive such information.

IX. ADDITIOANL ITEMS

- A. Students need approval from the District Technology Coordinator or designee before subscribing to listservs, bulletin boards or emailing lists.
- B. Students are to take care of all computer equipment and should immediately report any damage during routine use to school personnel.
- C. Students are not to participate in electronic chat room or bulletin board postings unless under the direct supervision of a teacher and then, only for educational purposes.

- D. Students are not to share their passwords or account information with others, nor are they allowed to use another person's account to gain access to the network. In the event, another student is using your account, you should notify school personnel immediately to get your account password changed.
- E. Students may not install any software on District computers. Students are not permitted to download, copy or distribute District owned software.
- F. Students may not use personally owned software, gaming software or participate in online interactive games.
- G. Email:
 - 1. Electronic mail is provided for the purpose of exchanging information consistent with the mission and education objectives of the District.
 - 2. Students may not send broadcast emails (send to more than 10 recipients simultaneously) or spam email (annoying, junk email for the sole purpose of being bothersome).
 - 3. Network users must use the District provided email system exclusively, for all email transactions occurring on the District network.
 - 4. Students may not send chain email or other messages of mass distribution.
 - 5. Email is subject to District review at any time.

Immunization Summary for School Attendance Ohio

VACCINES	FALL 2017 IMMUNIZATIONS FOR SCHOOL ATTENDANCE
DTaP/DT Tdap/Td Diphtheria, Tetanus, Pertussis	<p><u>K</u> Four (4) or more of DTaP or DT, or any combination. If all four doses were given before the 4th birthday, a fifth (5) dose is required. If the fourth dose was administered at least six months after the third dose, and on or after the 4th birthday, a fifth (5) dose is not required. *</p> <p><u>1-12</u> Four (4) or more of DTaP or DT, or any combination. Three doses of Td or a combination of Td and Tdap is the minimum acceptable for children age seven (7) and up.</p> <p><u>Grades 7-12</u> One (1) dose of Tdap vaccine must be administered prior to entry. **</p>
POLIO	<p><u>K-7</u> Three (3) or more doses of IPV. The FINAL dose must be administered on or after the 4th birthday regardless of the number of previous doses. If a combination of OPV and IPV was received, four (4) doses of either vaccine are required. ***</p> <p><u>Grades 8-12</u> Three (3) or more doses of IPV or OPV. If the third dose of either series was received prior to the fourth birthday, a fourth (4) dose is required; If a combination of OPV and IPV was received, four (4) doses of either vaccine are required.</p>
MMR Measles, Mumps, Rubella	<p><u>K-12</u> Two (2) doses of MMR. Dose 1 must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose 1.</p>
HEP B Hepatitis B	<p><u>K-12</u> Three (3) doses of Hepatitis B. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the series (third or fourth dose), must not be administered before age 24 weeks.</p>
Varicella (Chickenpox)	<p><u>K-7</u> Two (2) doses of varicella vaccine must be administered prior to entry. Dose 1 must be administered on or after the first birthday. The second dose should be administered at least three (3) months after dose one (1); however, if the second dose is administered at least 28 days after first dose, it is considered valid.</p> <p><u>Grades 8-11</u> One (1) dose of varicella vaccine must be administered on or after the first birthday.</p>
MCV4 Meningococcal	<p><u>Grade 7-8</u> One (1) dose of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry.</p> <p><u>Grade 12</u> Two (2) doses of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry. ****</p>

NOTES:

- Vaccine should be administered according to the most recent version of the *Recommended Immunization Schedules for Persons Aged 0 Through 18 Years* or the *Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind*, as published by the Advisory Committee on Immunization Practices. Schedules are available for print or download at <http://www.cdc.gov/vaccines/recs/schedules/default.htm>.
- Vaccine doses administered ≤ 4 days before the minimum interval or age are valid (grace period). Doses administered ≥ 5 days earlier than the minimum interval or age are not valid doses and should be repeated as age-appropriate. If MMR and Varicella are not given on the same day, the doses must be separated by at least 28 days with no grace period.
- For additional information please refer to the Ohio Revised Code 3313.67 and 3313.671 for School Attendance and the ODH Director's Journal Entry (available at www.odh.ohio.gov, Immunization: Required Vaccines for Childcare and School). These documents list required and recommended immunizations and indicate exemptions to immunizations.
- Please contact the Ohio Department of Health Immunization Program at (800) 282-0546 or (614) 466-4643 with questions or concerns.

*Recommended DTaP or DT minimum intervals for kindergarten students four (4) weeks between doses 1-2 and 2-3; six (6) month minimum intervals between doses 3-4 and 4-5. If a fifth dose is administered prior to the 4th birthday, a sixth dose is recommended but not required.

** Pupils who received one dose of Tdap as part of the initial series are not required to receive another dose. Tdap can be given regardless of the interval since the last Tetanus or diphtheria-toxoid containing vaccine. DTaP given to patients age 7 or older can be counted as valid for the one-time Tdap dose.

*** The final polio dose in the IPV series must be administered at age 4 or older with at least six months between the final and previous dose.

**** Recommended MCV4 minimum interval of at least eight (8) weeks between dose one (1) and dose two (2). If the first (1st) dose of MCV4 was administered on or after the 16th birthday, a second (2nd) dose is not required. If a pupil is in 12th grade and is 15 years of age or younger, only 1 dose is required. Currently there are no school entry requirements for meningococcal B vaccine.