

# Registration Packet 2020-2021



## Student 1 Information

Last Name	First Name	Middle Name	Name ( <i>Preference</i> )
Address	City, State	Zip	Gender
Home Phone	Date of Birth	Place of Birth	SSN
Student - Baptized Seventh-day Member (circle) Yes or No	If Yes, Church:	Age & Date:	Grade Entering <i>this coming</i> School Year:

## Student 2 Information

Last Name	First Name	Middle Name	Name ( <i>Preference</i> )
Address	City, State	Zip	Gender
Home Phone	Date of Birth	Place of Birth	SSN
Student - Baptized Seventh-day Member (circle) Yes or No	If Yes, Church:	Age & Date:	Grade Entering <i>this coming</i> School Year:

## Student 3 Information

Last Name	First Name	Middle Name	Name ( <i>Preference</i> )
Address	City, State	Zip	Gender
Home Phone	Date of Birth	Place of Birth	SSN
Student - Baptized Seventh-day Member (circle) Yes or No	If Yes, Church:	Age & Date:	Grade Entering <i>this coming</i> School Year:

## Student 4 Information

Last Name	First Name	Middle Name	Name ( <i>Preference</i> )
Address	City, State	Zip	Gender
Home Phone	Date of Birth	Place of Birth	SSN
Student - Baptized Seventh-day Member (circle) Yes or No	If Yes, Church:	Age & Date:	Grade Entering <i>this coming</i> School Year:

**Transfer Student Only**

School Name			Phone
Address	City	State	Zip

**Mother/Stepmother Information**

Last Name	First Name	Middle Name	Name Preference
E-Mail Address	Home Phone	Work Phone	Cell Phone
Address if different from above:			Marital Status
Relation to Student: <input type="radio"/> Natural Mother <input type="radio"/> Step- Parent <input type="radio"/> Legal Guardian <input type="radio"/> Grandparent <input type="radio"/> Foster			
Occupation	Employer & Address	Education	Baptized SDA Member If yes, at:

**Father/ Stepfather Information**

Last Name	First Name	Middle Name	Name Preference
E-Mail Address	Home Phone	Work Phone	Cell Phone
Address if different from above:			Marital Status
Relation to Student: <input type="radio"/> Natural Father <input type="radio"/> Step- Parent <input type="radio"/> Legal Guardian <input type="radio"/> Grandparent <input type="radio"/> Foster			
Occupation	Employer & Address	Education	Baptized SDA Member If yes, at:

Student's Legal Name	Grade (this coming year)	Date of Birth
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Student's Legal Name	Grade (this coming year)	Date of Birth
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Student's Legal Name	Grade (this coming year)	Date of Birth
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Student's Legal Name	Grade (this coming year)	Date of Birth
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Students entering Tennessee schools for the first time MUST have a physical, dated within the past year, from a TN physician, on file with the school. Immunization records (or exemption form) and a copy of the student's birth certificate MUST be on file PRIOR to beginning classes.

**Emergency Information**

Mother's Name	Father's Name
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone	Cell Phone

**Two Alternate Contacts**

Name	Name
Relationship to Student	Relationship to Student
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone	Cell Phone

**Medical Information**

It is *Imperative* that the staff at Adventist Christian School are aware of any potential life-threatening illnesses that your child may have. Please complete the following:

Asthma       No    Yes      (If yes, we must have an inhaler in the office for your child)

Diabetes       No    Yes      \_\_\_\_\_

Allergies       No    Yes      \_\_\_\_\_

Other       No    Yes      \_\_\_\_\_

Factors which may interfere with student's learning: hearing\_\_\_\_ sight\_\_\_\_ speech\_\_\_\_ malnutrition\_\_\_\_ heart\_\_\_\_ nervousness\_\_\_\_ easy fatigue\_\_\_\_ emotional problems or worries\_\_\_\_ language other than English used in home\_\_\_\_

Any other health problems that ACS should know about \_\_\_\_\_

Last physical exam \_\_\_\_\_

Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

# Adventist Christian School of Maryville

2921 Sevierville Rd. Maryville, TN 37804 \* OFFICE: 865-982-7584

## Student Recommendation Form (Three forms required)

\_\_\_\_\_ has applied to ACS as a student in the \_\_\_\_\_ grade.

As part of our admissions procedure, ACS asks for a character reference from a teacher, principal or pastor who has had recent contact with the applicant. It would be appreciated if you will complete this form and return it promptly.

Please circle the number that best represents the area named: (1 being excellent and 5 being poor)

AREA	DESCRIPTION	CIRCLE	
Social Interaction	Mixes well in a group	1 2 3 4 5	Reclusive
Peer Leadership	Peers will follow	1 2 3 4 5	A follower
Responsible	Completes work timely	1 2 3 4 5	Late, quitter
Study Skills	Successful alone	1 2 3 4 5	Must have help
Spiritual	Active participant	1 2 3 4 5	Avoids religion
Attitude	Positive outlook	1 2 3 4 5	Hatred for all
Respect	Courteous, listener	1 2 3 4 5	Rude
Cooperation	Flexible, team player	1 2 3 4 5	Neglects Rules

How long have you known this individual? \_\_\_\_\_ years.

Your relationship was as \_\_\_\_\_

To your knowledge, has this individual used tobacco, alcohol or any illegal drugs in the past 12 months?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Other comments:

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Your name: \_\_\_\_\_

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

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

On behalf of the Adventist Christian School, we thank you for your observations and comments.

# Adventist Christian School of Maryville

2921 Sevierville Rd. Maryville, TN 37804 \* OFFICE: 865-982-7584

## REQUEST FOR STUDENT RECORDS

*Parents please fill out this top portion with your child's previous school information and child's information.*

School \_\_\_\_\_

Address \_\_\_\_\_

Phone (with area code) \_\_\_\_\_

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Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 14673). Therefore, please furnish us with the following information in order to provide the proper placement of this student.

- A. All subjects and grades for the current school year plus withdrawal grades. Final grades for previous school years, along with an explanation of your grading system.
- B. Standardized test records and scores.
- C. Immunization and Health records.
- D. Psychological/Physiological reports.
- E. Any other data pertinent to understanding the student's individual needs.

Your cooperation is greatly appreciated.

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

# Adventist Christian School Medical Consent

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School Year \_\_\_\_\_ - \_\_\_\_\_

In an emergency, I hereby authorize an adult representative from Adventist Christian School to consent to emergency medical and/or hospital care as deemed necessary for \_\_\_\_\_ (Student's Full Legal Name).

**Student Social Security Number:** \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

## Medication Parental Consent

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I hereby give permission for the staff at Adventist Christian School to give my child these over the counter drugs, as directed on the container, for complaints of minor aches and pains. I understand, should a fever or severe pain be present, I will be notified prior to any treatment.

- Tylenol
- Ibuprofen (Advil or Motrin)
- Naproxen Sodium (Aleve)
- Diphenhydramine (Benadryl)

Circle one:      Yes              No

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

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

# Continuing Consent to Treatment and Health Insurance Information

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School Year \_\_\_\_\_ - \_\_\_\_\_

We, the undersigned parents or guardian of \_\_\_\_\_ (Name of Student or Member) a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of \_\_\_\_\_ (Physician's name) M.D., or any physician the school or organization may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed above before any other physician is called by the school or other organization.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize **Christian Adventist School** or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above or to the school or organization entrusted with the custody of said minor.



## Health Insurance Information

The above named student

( ) is

( ) is NOT

Covered by Health Insurance

Present Health Insurance Company: \_\_\_\_\_

(Father) \_\_\_\_\_

(Mother) \_\_\_\_\_

(Witness) \_\_\_\_\_

(Legal Guardian) \_\_\_\_\_

(Date) \_\_\_\_\_

# Medication Administration

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School Year \_\_\_\_\_ - \_\_\_\_\_

If this form is properly completed and signed by a doctor and returned to the school principal, a teacher or designated staff member may assist parents in giving doses of prescribed medication to a child. The medication will only be given if it is delivered to the school in the original bottle, labeled with the child's name, the name of the prescribed drug, dosage, physician and pharmacy.

Student's Name: \_\_\_\_\_

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

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

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

## ***Information to Be Completed by Physician***

Medication: \_\_\_\_\_

Date of Prescription: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Dosage and Times of Administration: \_\_\_\_\_

Illness Requiring Medication: \_\_\_\_\_

Possible Medication Side Effects: \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_

Physician's Address: \_\_\_\_\_

## ***Statement of Parent or Guardian***

The undersigned hereby releases and agrees to hold harmless and to indemnify the employees and staff at Adventist Christian School from any liability whatsoever occasioned by the administration or non-administration of the above instructions. The undersigned also authorizes the prescribing physician, named above, to discuss with the principal, teacher, or staff member any matter regarding the medication to be administered.

(Signature of Parent or Guardian) \_\_\_\_\_ Date: \_\_\_\_\_

(Home Phone) \_\_\_\_\_

(Work Phone) \_\_\_\_\_

(Cell Phone) \_\_\_\_\_



# Conflict Resolution Procedure

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For Dealing with Parent\* Complaints/Concerns  
Georgia Cumberland Conference  
Office of Education

The Conference K-12 Board of Education has voted the following Conflict Resolution procedure for adoption and use in all schools. The procedure is mindful of due process and founded on the Biblical principles of Matthew 18. Any questions regarding the fundamental philosophy and/or procedures prescribed should be directed to the Office of Education.

## Parent\*/Teacher Complaint Procedure:

1. \*\* Complainant is to meet with the teacher alone or as a family to deal with the issue/complaint. **Under no circumstance is the issue/complaint to be discussed with any other party.**
2. If the complaint remains unresolved after Step 1, the unresolved complaint is to be taken to the school principal/head teacher for the purpose of securing assistance in finding resolution. \*\* A meeting among the three parties (principal, complainant and teacher) is to be held with the principal chairing the meeting. The principal is to keep minutes of the meeting including all relevant issues and/or agreements discussed. The minutes are to be reviewed by all parties prior to the completion of the meeting. Should the grievance involve the school principal be involved, the Office of Education is to be notified.
3. At each instance in which a complaint is registered, the teacher should have the right to address the complaint directly. If the complaint remains unresolved then the complaint will be referred to the Executive Committee of the School Board. At this point, the Office of Education is to be directly involved.
4. If, after the aforementioned steps prove unsuccessful, and the complaint remains unresolved, a final appeal of the issue can be made to the School Board. In order to insure fairness, the teacher is to be present at this meeting. A representative from the Office of Education will be invited by the school board chairman to participate in the discussion of the issues. Should the complainant be a member of the school board, he/she will remove himself/herself from the decision-making process relative to the issue at hand. A final resolution to the complaint will be acted upon at this level. All parties are to be officially notified, in writing, of the school board's decision.

\* or other individual

\*\* all meetings with the teacher(s) and /or principal must be by appointment

Parent's Signature: \_\_\_\_\_

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

# Parent and Student Acknowledgment of Adventist Christian School Handbook

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School Year \_\_\_\_\_ - \_\_\_\_\_

Policies in the ACS Handbook have been developed to help your child gain the greatest possible benefit from their school experience. Parents/guardians have responsibility for the actions of their children and should be involved in their education. The school is in need of your help and cooperation. After reading and discussing this document with your child, please sign the acknowledgment for our records.

A copy of the handbook is provided as part of the registration packet. Your signature indicates that you have received the handbook and agree to uphold its policies.

Failure to sign this acknowledgment will not relieve a student or the parent(s)/guardian(s) from compliance with this code.

(Parent/Guardian Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

(Student Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

## Student Image Release Information

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I authorize *Adventist Christian School* to publish the following information on the website and any school promotional videos or written material. I release Adventist Christian School and the Georgia Cumberland Conference from all its liability in connection with such uses.

Publish student's **Name** as shown: \_\_\_\_\_

**DON'T** publish student's name

Publish student's **Photo**

**DON'T** publish student's photo

(Student's Full Name) \_\_\_\_\_

(Signature of Legal Guardian) \_\_\_\_\_

# Student Contract

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School Year \_\_\_\_\_ - \_\_\_\_\_

When choosing to attend Adventist Christian School, you must agree to follow a code of conduct. The following behaviors are NOT permitted in Seventh-day Adventist schools and are subject to disciplinary action. Please write your initials next to each behavior, indicating that you have read and understand each one.

Inappropriate behaviors include but are not limited to:

- \_\_\_\_ Using the Lord's name in vain.
- \_\_\_\_ Using vulgar language, participating in obscene or suggestive conduct, or possessing or displaying obscene literature and/or pictures.
- \_\_\_\_ Bringing to school or having in my possession immoral books, magazines, or other materials or objects that are not in keeping with the Christian standards of the Seventh-day Adventist Church.
- \_\_\_\_ Being dishonest, including theft, willful deception regarding school regulations, plagiarism, or cheating in examinations, class work or any phase of school business.
- \_\_\_\_ Bringing to school or having in my possession any device that might prove harmful to me or another student, such as guns, knives, other weapons, matches, lighters and firecrackers.
- \_\_\_\_ Participating in any vandalism, including willful destruction or defacement of school, church, or other property.
- \_\_\_\_ Being consistently critical, willfully disobeying staff instruction, or displaying a bad attitude in general.
- \_\_\_\_ Being a nuisance to the community and bringing disrespect to the school.
- \_\_\_\_ Showing improper sexual conduct displayed in words or actions.
- \_\_\_\_ Showing disrespect toward teachers, staff or other students.
- \_\_\_\_ Bullying, hazing, harassing, persistent teasing or name calling.
- \_\_\_\_ Using tobacco, alcoholic beverages or abusive drugs, either at school or while off campus.
- \_\_\_\_ Talking about inappropriate media (movies, TV, books, magazines, internet sites, games or other).
- \_\_\_\_ Bringing to school distracting items such as skateboards, scooters, in-line skates, roller skates, TVs, radios, CD and DVD players, electronic games, personal handheld devices or cell phones (unless instructed by teacher).
- \_\_\_\_ Talking loudly, running or acting boisterous in hallways and classrooms.
- \_\_\_\_ Chewing gum without permission from a teacher.

I have read EACH of the required codes of conduct and agree to follow them to the best of my ability. I understand that disciplinary action can be taken against me for breaking these codes. I am committed to help make this a great school year for ALL staff and students.

(Student Signature) \_\_\_\_\_ (Printed Student Name) \_\_\_\_\_

I have discussed these codes of conduct with my child and will help enforce them using additional disciplinary measures at home, if necessary.

(Parent or Guardian Signature) \_\_\_\_\_ Date: \_\_\_\_\_

# ACS Student Pick-Up Authorization

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School Year \_\_\_\_\_ - \_\_\_\_\_

Please list the names and phone numbers of all individuals authorized to pick up your student or students (listed below) and take them off school property:

Students:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Any exceptions to this list MUST be made in writing PRIOR to pick-up. School policy will not allow changes to be phoned in to the school.**

(Signature of Father/Guardian) \_\_\_\_\_ Date: \_\_\_\_\_

(Printed Name) \_\_\_\_\_

(Signature of Mother/Guardian) \_\_\_\_\_ Date: \_\_\_\_\_

(Printed Name) \_\_\_\_\_

# Parent Directory Information

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School Year \_\_\_\_\_ - \_\_\_\_\_

During the school year, parents of Adventist Christian School students often need to contact each other or be contacted by the principal, teachers, or a staff member. Each year a directory is created and distributed to school families.

Please fill out ALL contact information that applies to you. This form also will be used to contact you in the event of an emergency. Only one form per family is required.

Please check the circle in front of EVERY ITEM that can be included in the directory. You have the option of only having checked items of information published in the directory.

Student(s) Name(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Father/Guardian

## Mother/Guardian

Name:	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Home #:	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Cell Number:	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Work #:	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Email:	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Address:	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
		_____		_____
		_____		_____

# ACS Home and School Volunteers

School Year \_\_\_\_\_ - \_\_\_\_\_

NAME: \_\_\_\_\_ Phone: \_\_\_\_\_

Following are some of the activities that ACS Home and School Committee could be involved with this year. Where do YOU think we should focus our efforts? Where can YOU be involved?

## HOME & SCHOOL ACTIVITIES

## TOP PRIORITIES

## WHERE I CAN HELP



Parents in the Classroom		
Recess and After-School Supervision		
Library Maintenance		
Drivers and Chaperones for Field Trips		
Photographs		
Week of Prayer and Worship Talks		
Teacher Appreciation Week		
Career Day Presentations		
Gym Nights		
Art Fair		
Science Fair		
Decorations and Program Costumes		
Fundraising		
Box Tops for Education		
Adopt-A-Grandparent Program		

List ideas for other activities and programs: \_\_\_\_\_

\_\_\_\_\_

List other ways you would be willing to help ACS's students and teachers:

\_\_\_\_\_

\_\_\_\_\_

List the names of people with special talents or skills that could benefit ACS (include phone numbers):

\_\_\_\_\_

\_\_\_\_\_

# ACS Volunteer Driver Questionnaire

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School Year \_\_\_\_\_ - \_\_\_\_\_

## Georgia Cumberland Conference

Name: \_\_\_\_\_ Are you over 21 years of age? \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State in which license is held: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

Do you have a current auto insurance policy? \_\_\_\_\_ Yes \_\_\_\_\_ No

Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Limit of Liability: \$ \_\_\_\_\_

Medical/PIP Limit: \$ \_\_\_\_\_

Have you been involved in any fault accidents within the last three (3) years?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes," please describe below:

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Have you been cited for any moving violations within the last three (3) years?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes," please describe below:

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I understand that should I be involved in an accident while driving for the school, my insurance will be primary. Further, I agree not to carry more passengers than the official rated load capacity for my vehicle. All vehicle occupants will be required to wear seat belts (no double belting allowed).

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

# ACS's Information Technologies Acceptable Use Policy for Grades 7-8

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**Recommended by the Georgia Cumberland Conference**

Internet access is offered for student use with internet to further educational goals and objectives. This service has not been established as a public access or public forum. Each school has the right to place reasonable restrictions on the material you as a student access or post and to specify the training you need to have before you are allowed to use the system.

Access to the internet through ACS's system requires permission from both the principal or a teacher and your parents. Ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information services. Recognizing the potential for accessing sites other than the educational ones indicated by the classroom activities, families may choose not to permit their children access to the internet through the school's network.

## **Access**

- Access is a privilege, not a right, and carries many responsibilities.
- Teachers have the right and duty to schedule, monitor and restrict internet use.
- Students may use only the email services provided by the school.
- You should expect no privacy of the contents of your personal files on the school system or the internet. Routine maintenance and monitoring of the system may lead to discovery that you have violated this policy. Your parents have the right at any time to see the contents of your email or school files.
- The school will cooperate with local, state, and federal officials in any investigation related to illegal activities.
- Never bring DVDs, CDs, external hard drives, or other accessories from home and put them in the school computers without teacher's permission.

## **Personal Use**

- You may not use the system for commercial purposes to offer, provide or purchase products or services.
- You may not use the system for political activities or lobbying.

## **Personal Safety**

- You will not post personal contact information (address, phone number, etc.) about yourself or any other person.
- You will not agree to meet with someone you met online.



**Illegal Activities**

- You will not attempt to gain unauthorized access to this or any other computer system, or go beyond your authorized access, by entering another person's username, password, or account number or by accessing another person's files.
- You will not deliberately attempt to disrupt the computer system or destroy data by spreading computer viruses or by any other means.
- You will not use the system to engage in any other illegal act, such as arranging for a drug purchase or sale, engaging in gang activity, or threatening the safety of others.

**Disclaimer- Adventist Christian School makes no guarantee that the functions of the services provided by or through the system will be error-free or without defect. The school will not be responsible for any damage you may suffer, including, but not limited to, loss of data or interruption of service. The school is not responsible for the accuracy of quality of the information obtained through or stored on the system. The school will not be responsible for financial obligations arising from unauthorized use of the system.**

**Student's Agreement**

I have read this entire document and understand it fully. I agree to follow the principles and guidelines.

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

Print Name: \_\_\_\_\_

**Parent's or Guardian's Agreement**

I have read the principles and guidelines in this document. I understand that Internet access at ACS is provided for educational purposes only. I understand that employees of the school will make every reasonable effort to restrict access to inappropriate material on the internet, but I will not hold them responsible for materials my child acquires or sees as a result of using of the internet provided by the school. I give permission for my child to use the internet at school.

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

# ACS's Information Technologies Acceptable Use Policy for Grades K-2

**Recommended by the Georgia Cumberland Conference**

In order to use the Computer Network and Internet, I need to understand and agree to obey the following rules. If I do not use the Internet and Network in the right way, my teacher may take away my privilege of using them.

## Use Rules

1. My teachers want me to use the Internet to learn more about the subjects I'm studying at school. I will not use the Internet for any other reason. For example, I will not search for a comic book site when I'm supposed to be looking for something in science.
2. Chat rooms and email are available to me only when my teacher gives permission or directions. I will be polite to other people when writing or talking to them while on the Network. I will not use words or language that my teacher or parent would not want me to use.
3. I am not to bring disks or CDs from home and put them in the computer. The files I create are to be saved into my personal folder. If I need to take a file home to continue my work I will ask for a virus-free disk to use.
4. I may be given a password – a special word that only my teacher and I are to know. I may have to use this password to log onto a computer or to send email over the Internet. I know that I must never tell anyone what that password is. Even if my friend cannot remember his or her own password, I will not tell my password. And I know that I am never to use another person's password. If I cannot remember my password, I will ask the teacher.
5. I will not get into folders or files that do not belong to me.
6. I will always use the computer materials carefully. I will not take food or drinks to the computer area. I will be careful with the keyboard, mouse, headphones, and other computer parts. I will not poke things into the holes on the computer, or push buttons on the computer or monitor. If it seems that the computer is not working right, I will tell the teacher and not try to fix it myself.
7. I will print only after I have followed the Rules for Printer Use.

## Safety Rules

1. I will never give my name, my home address, any personal information about me, my telephone number, or information about my school phone or address to anyone I write to or talk with on the Internet. I know that almost anyone I contact is a stranger to me, and that I don't share personal information with strangers no matter how nice they seem to be. I will never send them personal information, such as a picture or my name, using an envelope and a stamp.
2. I will never put a picture of myself or a friend on the Internet without my parent's permission.

3. I understand that sometimes I may see a site on the Internet that has pictures or words that my teachers or parents would not want me to see. I will not try to find those sites and, if I come across one of them by accident, I will leave it as soon as I can. I will use my back key to take me to another site. I will not continue to look at the site with the bad picture or words, and I will not show it to others around me. I will not print it out or save it. Then I will quietly tell the teacher what happened.

#### Legal Stuff

1. People I write to or talk with on the Internet cannot see me, so they will not know what I look like or how old I am. I promise to never tell people that I am someone else. I will always check with my teacher before sending an email to someone new.
2. I understand that the teachers and staff may look at documents and log files to ensure that I am using the system responsibly.
3. I agree that I cannot use the words or pictures I see on an Internet site without giving credit to the person who owns the site. I will not copy information from the Internet and give it to my teacher as my own work.

#### Student's Agreement

I understand the rules that have been read to me. I agree to obey these rules when I'm using the computers at school. If I do not obey, I may not be able to use the Internet again at school.

Signed: \_\_\_\_\_

#### Parents' Agreement

I have read these rules to my child, and believe he/she understands them. I understand that employees of the school will make every reasonable effort to restrict access to inappropriate material on the Internet, but I will not hold them responsible for materials my child acquires or sees as a result of the use of the Internet from the school facilities. I give my permission for my child to use the Internet at school.

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

# ACS's Information Technologies Acceptable Use Policy for Grades 3-6

In order to use the Computer Network and Internet, I need to understand and agree to obey the following rules. If I do not use the Internet in the right way, my teacher may take away my privilege of Internet use.

## Use Rules

1. Time on-line is only for assignment work.
2. Go only to the Websites assigned by your teacher.
3. Treat people with respect – the way you would like to be treated.
4. Never download programs or files without your teacher's permission.
5. Never install any programs on the computer unless you are asked to by the principal.
6. I will only use e-mail services provided by the school.
7. Never bring disks from home and put them in the school computers.
8. Never open any email from someone you don't know.
9. Never print anything until you have followed the Printer Use Rules.
10. Never share your password with anyone.

## Safety Rules

1. Never give out personal information about Your name  
Your address  
Your telephone number  
Your personal email address  
The name or address of your school
2. Never give out personal information about someone else.
3. Always tell your teacher when someone asks you for personal information.
4. Do not put a picture of yourself on the Internet without your parents' permission.
5. Never meet people in person that you have contacted on the Internet, without your parents' permission.
6. Always tell your teacher if you come across information or messages that are dangerous, mean, embarrassing or that make you feel uncomfortable. Use the Back key to leave the site, then tell the teacher.
7. Never email someone for the first time without your teacher's permission.

## Legal Stuff

1. Teachers and staff may review documents and log files to ensure that you are using the system responsibly.
2. You will not copy information from the Internet or local network and give it to your teacher as your own work. You cannot use the words or pictures from an Internet site without giving credit to the person who owns the site.
3. You are not to open other students' folders or files.
4. Chat rooms are off limits unless the teacher has entered with you or provided a monitored site.
5. Never look at, send, or try to find any pictures or words that you would not want your parents or the teachers to see.

## Student's Agreement

I have read the information above and understand it. I agree to follow these rules at all times when I am using the Network at school.

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

## Parent or Guardian

My child understands the rules that he/she is to follow in using the Internet at school. I have talked with him/her to make sure those rules are understood. I understand that employees of the school will make every reasonable effort to restrict access to inappropriate material on the Internet, but I will not hold them responsible for materials my child acquires or sees as a result of the use of the Internet from the school facilities. I give my permission for my child to use the Internet while at school.

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