

GRAYSLAKE COMMUNITY HIGH SCHOOL DISTRICT 127 STUDENT ENROLLMENT FORM

For Office Use Only	
DOE	Counselor
Bus Rte	Locker Number
Previous School Attended	
ID#	
Re-entry?	

Student Information

Student Last Name:		First Name:		Middle Name:
Mailing Address:		Apt:	City/Zip code	Home phone:
Student cell Phone:		Student Preferred Name:		Graduation Year:
Birthdate:		Birthplace City/State:		Grade:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female				

ETHNIC BACKGROUND: In order to comply with federal and state regulations, we must have information about each student's ethnic background:

- American Indian or Alaska Native
 Asian
 African American
 Hispanic
 Native Hawaiian /Pacific Islander
 White, non-Hispanic
 Multi-racial

Father (First Name, Last Name)		Legal Custody <input type="checkbox"/> Yes <input type="checkbox"/> No	OK to Pick Up <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If no, court document must be on file with GCHS</small>	Lives With <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: Apt.		City/State:		Zip:
Home Phone:		Cell Phone:	Work Phone:	
Employer:		Email Address:		
Mother (First Name, Last Name)		Legal Custody <input type="checkbox"/> Yes <input type="checkbox"/> No	OK to Pick Up <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If no, court document must be on file with GCHS</small>	Lives With <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: Apt.		City/State:		Zip:
Home Phone:		Cell Phone:	Work Phone:	
Employer:		Email Address:		
Step Parent (First Name, Last Name) (Enter additional step parent on back of this form)		Legal Custody <input type="checkbox"/> Yes <input type="checkbox"/> No	OK to Pick Up <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If no, court document must be on file with GCHS</small>	Lives With <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: Apt.		City/State:		Zip:
Home Phone:		Cell Phone:	Work Phone:	
Employer:		Email Address:		
Legal Guardian Name (If student resides with this guardian)		Legal Custody <input type="checkbox"/> Yes <input type="checkbox"/> No	OK to Pick Up <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If no, court document must be on file with GCHS</small>	Lives With <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: Apt.		City/State:		Zip:
Home Phone:		Cell Phone:	Work Phone:	
Employer:		Email Address:		

Family Information, Continued

Step Parent (First Name, Last Name)	OK to Pick Up <input type="checkbox"/> Yes <input type="checkbox"/> No If no, court document must be on file with GCHS	Legal Custody <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives With <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____ Apt. _____		City/State: _____	Zip: _____
Home Phone: _____	Cell Phone: _____	Work Phone: _____	
Employer: _____	Email Address: _____		

Confidential Information:
 Please complete only if it shows 1) your child's current living situation, or 2) your living situation if you are a youth not living with a parent or guardian. Check the appropriate explanation:

Shelter
 With relatives/other due to lack of housing
 Train/bus station, park or automobile
 Abandoned apt/building
 Motel/Hotel, camping ground or similar situation due to lack of adequate housing
 Temporary housing in a shelter, awaiting DCFS permanent foster care placement
 Disaster victim, Explain: _____
 Other, Explain: _____

- Yes No Is the parent, guardian or spouse of this student a migratory agricultural worker?
- Yes No **Military Status:** Is Parent or Guardian a member of a branch of the armed forces of the United States and either deployed to active duty or expects to be deployed to active duty during the school year?
 If yes, and you reside outside District 127 due to military obligation, please explain the nature and expected duration of the service obligation:
- Yes No **Consent to Photograph/Videotape:** The participating student and parent/guardian do hereby authorize District 127, Lake County to photograph or permit other persons to videotape, film, photograph, or use photographs or negatives provided of the student for the intent of promoting District 127, Lake County programs and student achievements.
- Yes No **Structural Pest Control Act and Lawn Care Products Application Act:** The act requires service companies and applicators of pest controls to notify prior to and following applications of control chemicals. Please indicate if you wish to be notified prior to applications of herbicides and pesticides.

This form must be signed and returned to the school for the student to be enrolled.

Parent/Legal Guardian Signature: _____ Date: _____



GRAYSLAKE COMMUNITY HIGH SCHOOL DISTRICT 127

Proof of Residency Checklist & Birth Certificate Requirement

Student Name: _____ Parent/Guardian Name: _____

Address: _____

City, State, Zip code _____

To prove residency, the parent/guardian with whom the student lives in District 127 and who claims custody of the student must provide three (3) forms of documentation from the categories shown below. Please provide this signed form with a photo ID, copies of one (1) document from Category I and two (2) documents from Category II (all documents must reflect the same address and be acceptable to District 127).

If the person enrolling the student claims the student is homeless or attending school in the student's former district, upon the determination of the Department of Children and Family Services, only the appropriate line in Category III must be checked.

Category I – one (1) of the following documents showing proper name and address is required:

- [] Current real estate tax bill [] Current mortgage statement
[] Closing statement for purchase of residence (only accepted if ownership is less than six months since date of purchase)
[] Signed lease (Lease must include landlord's name, address and phone number; it must also list all school age children living in premises, or a notarized letter from the landlord must accompany the lease.

Category II -- two (2) of the following documents showing proper name and address are required:

- [] Valid Illinois driver's license [] Home or apartment insurance certificate
[] Utility bill (Gas, Electric, Water OR Cable) within the last 60 days [] Car Insurance or Car Registration (not expired)
[] Telephone (landline or cell) bill in the last 60 days

Category III – None of the documents in Categories I or II above are applicable because:

- [] The student is homeless and eligible for enrollment under the Illinois Education for Homeless Act.
[] The student is enrolling based on the determination of the Department of Children and Family Services (DCFS)
Note: If you checked the DCFS statement, please present the evidence of DCFS determination with this form.

Category IV – Birth Certificates are required for all incoming Freshmen and transfer students

- [] Birth certificate (hospital issued certificates will not be accepted)

A person who knowingly or willfully presents to any school district any false information regarding the residency of a pupil for the purpose of enabling that pupil to attend any school in that district shall be guilty of a Class C misdemeanor. Registration of a student who is not in the "legal custody" (as that term is defined in the Illinois School Code) of the person registering the student is a fraudulent registration that will be subject to disenrollment of the student and the collection of retroactive tuition charged for non-resident students, not to exceed 110% of the per pupil cost. (105 ILCS 5/10-20.12b)

I certify that I understand the residency requirements and that I know the penalty for fraudulent registration is a Class C misdemeanor.

Signature of Parent/Guardian

Relationship to Student

Telephone

Date / /

Office Use Only: BC Received

Received by:

Illinois State Board of Education
New U.S. Department of Education Race and Ethnicity Data Standards

SAMPLE DATA COLLECTION FORM

Note: The student's parents or guardians should respond to both questions (Part A and Part B). If the parents or guardians decline to respond to either question (Part A or Part B), school district staff are required to provide the missing information by observer identification.

Student's Name: _____
(pre-printed by school district)

SIS ID: _____
(pre-printed by school district)

INSTRUCTIONS: This form is to be filled out by the student's parents or guardians, and both questions must be answered. Part A asks about the student's ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

Part A. Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) Choose only one.

- No, not Hispanic/Latino
- Yes, Hispanic/Latino

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider this student's race to be.

Part B. What is the student's race? Choose one or more.

- American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Note: Data collected on this form must be maintained by the school district for three years. However, when there is litigation, a claim, an audit, or another action involving this record, the original responses must be retained until the completion of the action.



Grayslake Community High School District 127

400 N. Lake Street
Grayslake, IL 60030
P: 847.986.3400
F: 847.231.6838
www.d127.org

No Child Left Behind

Recent federal legislation entitled "No Child Left Behind" has had an impact on how schools handle student records regarding certain federal programs. The legislation requires each local education agency (LEA) to make directory information available to military recruiters, unless the parent or guardian of the child asks the school not to make such information available for his or her child. If you do not want this information released to the military recruiters, fill out below. Directory information will be withheld from recruiters only after this form is received by the school.

Date: _____

Student Name: _____

Year in School: _____

I am requesting that my student's directory information not be released to any military recruiters.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Rapid Communication Service

Grayslake District 127 subscribes to the Blackboard Connect communication service. This service is used to alert parents and staff of the following:

- School closings due to inclement weather
- Early Dismissal (unplanned)
- Emergent Situations (school closures, evacuations, etc.)
- Evening event cancellations due to inclement weather
- Any other important information deemed relevant for immediate communication

Within minutes of activation, a single message will be sent to our student's parents or guardians by telephone, cell phone and/or e-mail.

Only authorized administrators on the school and district level may activate the system. Blackboard Connect keeps all of its client's information confidential and secure. All data is password protected and accessible only by school administration.

Primary Phone number: _____ Second Phone number: _____

Third Phone number: _____ Forth Phone number: _____

Primary Email Address: _____

Secondary Email Address: _____



Grayslake Community High School
District 127

Language Survey

The Illinois School Code states that each school district shall administer a home language survey to each student entering the District for the first time. The purpose of the survey is to identify students of non-English background. Please complete the following information:

Date: _____ Student's Name: _____

Birth Date: _____ Phone: _____

Address: _____

School Attending (please check) North Central Grade: _____

1. Was your child born in the U.S.? Yes No
If no, in what country? _____ Country Code: _____

If no, what was the date you child first enrolled and attended a U.S. school? _____

2. Has your child attended school or lived in the U.S. for less than three complete academic years? Yes No

3. Does anyone in your home speak a language other than English? Yes No
If yes, what language? _____

If the answer to question #3 is NO, you may stop here

4. Does your child speak a language other than English? Yes No
If yes, what language? _____

Note: Foreign languages the student has learned in school do not count.

5. Was English the first language your child learned? Yes No
If no, what was the first language learned? _____

6. Is a language other than English used by your child in daily interaction in the home with family? Yes No
If yes, what language? _____

7. Is English the primary language of the student's parent(s)? Yes No
If no, what is their primary language? _____

Parent/Guardian Signature

Parent/Guardian Printed Name

Grayslake Community High School District #127

Guarantor of Payment

I understand that, as the parent/guardian of _____,
(Print Student Name)

I will be responsible for payment of all school fees incurred while he/she
attends Grayslake CHSD #127.

Fees can include, but may not be limited to, registration fees, workbooks, required
classroom paperback books, lost/damaged textbooks, lost library books, replacement of
student identification cards and handbooks, course fees, athletic fees and equipment,
behind the wheel fee, etc.

Parent/Guardian Signature

Print Parent/Guardian Name

Date

Grayslake Community High School District #127 provides assistance for
qualifying families unable to pay for school fees. Please contact the following
individual for a Fee Waiver Application:

Central High School: Joanna Galayda 847-986-3300 ext. 5019

North High School: Elena Persinger 847-986-3100 ext. 5067

Grayslake High School District 127 Student Classroom, Lab and Shop Safety Contract

Student Name: _____

Student ID Number: _____

AGREEMENT

I, _____ (print student name) have read and agree to follow all of the safety rules set forth in this contract. I realize that I must obey these rules to ensure my own safety, and that of my fellow students and instructors. I will cooperate to the fullest extent with my instructor and fellow students to maintain a safe classroom/lab/shop environment. I will also closely follow the oral and written instructions provided by the instructor. I am aware that any violation of this safety contract that results in unsafe conduct in the classroom/laboratory/shop or misbehavior on my part, may result in being removed from the classroom/laboratory/shop, detention, receiving a failing grade, and/or dismissal from the course.

Do you wear contact lenses? YES NO

Are you color blind? YES NO

Do you have allergies? YES NO

If so, list specific allergies: _____

Student Signature: _____

Date: _____

Dear Parent or Guardian:

We feel that you should be informed regarding the school's effort to create and maintain a safe classroom, laboratory and shop environment. With the cooperation of the instructors, parents, and students, a safety instruction program can eliminate, prevent, and correct possible hazards. You should be aware of the safety instructions your son/daughter will receive before engaging in any classroom/laboratory/shop work. Please read the list of safety rules below. No student will be permitted to perform classroom/laboratory/shop activities unless this contract is signed by both the student and parent/guardian and is on file with the school.

Your signature on this contract indicates that you have read this Student Safety Contract, are aware of the measures taken to ensure the safety of your son/daughter in the classroom/laboratory/shop, and will instruct your son/ daughter to uphold his/her agreement to follow these rules and procedures in the classroom/laboratory/shop.

Parent/Guardian Signature: _____

Date: _____

PURPOSE

Science/CTE/Art are hands on courses. You will be doing many activities which require the use of hazardous chemicals or equipment. Safety is the #1 priority for students, teachers, and parents. To ensure a safe lab/shop, a list of rules has been developed and provided to you in this student safety contract. These rules must be followed at all times.

GENERAL RULES

1. Conduct yourself in a responsible manner at all times in the classroom/laboratory/shop.
2. Follow all written and verbal instructions carefully. If you do not understand a direction or part of a procedure, ask the instructor before proceeding.
3. Never work alone. No student may work in the classroom/laboratory/shop without an instructor present.
4. When first entering a classroom/laboratory/shop, do not touch any equipment, chemicals, tools or other materials until you are instructed to do so.
5. Do not eat food, drink beverages, or chew gum in the classroom/laboratory/shop. Do not use laboratory glassware as containers for food or beverages.
6. Perform only activities authorized by the instructor. Never do anything in the classroom/laboratory/shop that is not called for in the classroom/laboratory/shop procedures or by your instructor. Carefully follow all instructions, both written and oral. Unauthorized experiments/projects are prohibited.
7. Be prepared for your work in the classroom/laboratory/shop. Read all procedures thoroughly before entering the classroom/laboratory/shop.
8. Never fool around in the classroom/laboratory/shop. Horseplay, practical jokes, and pranks are dangerous and prohibited.
9. Observe good housekeeping practices. Work areas should be kept clean and tidy at all times. Bring only your classroom/laboratory/shop instructions, worksheets, and/or reports to the work area. Other materials (books, purses, backpacks, etc.) should be stored in the classroom area or locker.
10. Keep aisles clear. Push your chair under the desk when not in use.
11. Know the locations and operating procedures of all safety equipment including the first aid kit, eyewash station, safety shower, fire extinguisher, and fire blanket. Know where the fire alarm and the exits are located.
12. Always work in a well-ventilated area. Use the fume hood when working with volatile substances or poisonous vapors. Never place your head into the fume hood.
13. Be alert and proceed with caution at all times in the classroom/laboratory/shop. Notify the instructor immediately of any unsafe conditions you observe.
14. Dispose of all chemical waste properly. Never mix chemicals in sink drains. Sinks are to be used only for water and those solutions designated by the instructor. Solid chemicals, metals, matches, filter paper, and all other insoluble materials are to be disposed of in the proper waste containers, not in the sink. Check the label of all waste containers twice before adding your chemical waste to the container.
15. Labels and equipment instructions must be read carefully before use. Set up and use the prescribed apparatus/tool as directed in the classroom/laboratory/shop instructions or by your instructor.
16. Keep hands away from face, eyes, mouth and body while using chemicals or preserved specimens. Wash your hands with soap and water after performing all experiments/activities. Clean all work surfaces and apparatus at the end of the experiment/activity. Return all equipment clean and in working order to the proper storage area.
17. In a classroom/laboratory/shop your work must be personally monitored at all times. You will be assigned a laboratory/work station at which to work. Do not wander around the room, distract other students, or interfere with the work of others.
18. Students are never permitted in the storage rooms or preparation areas unless given specific permission by their instructor.
19. Know what to do if there is a fire drill during a classroom/laboratory/shop period; containers must be closed, gas valves turned off, fume hoods turned off, and any electrical equipment turned off.
20. Handle all living organisms used in a laboratory activity in a humane manner. Preserved biological materials are to be treated with respect and disposed of properly.

21. When using knives and other sharp instruments, always carry with tips and points pointing down and away. Always cut away from your body. Never try to catch falling sharp instruments. Grasp sharp instruments only by the handles.
22. If you have a medical condition (e.g., allergies, pregnancy, etc.), check with your physician prior to working in lab/shop.

CLOTHING

23. All students will wear safety goggles. There will be no exceptions to this rule!
24. Contact lenses should not be worn in the classroom/laboratory/shop unless you have permission from your instructor.
25. Dress properly during a classroom/laboratory/shop activity. Long hair, dangling jewelry, and loose or baggy clothing are a hazard in the classroom/laboratory/shop. Long hair must be tied back and dangling jewelry and loose or baggy clothing must be secured. Shoes must completely cover the foot. No sandals allowed.
26. Lab/shop aprons have been provided for your use and should be worn during classroom/laboratory/shop activities.

ACCIDENTS AND INJURIES

27. Report any accident (spill, breakage, etc.) or injury (cut, burn, etc.) to the instructor immediately, no matter how trivial it may appear.
28. If you or a class mate is hurt, immediately get the instructor's attention.
29. If a chemical splashes in your eye(s) or on your skin, immediately flush with running water from the eyewash station or safety shower for at least 20 minutes. Notify the instructor immediately.
30. When mercury thermometers are broken, mercury must not be touched. Notify the instructor immediately.

HANDLING CHEMICALS

31. All chemicals in the classroom/laboratory/shop are to be considered dangerous. Do not touch, taste, or smell any chemicals unless specifically instructed to do so. The proper technique for smelling chemical fumes will be demonstrated to you.
32. Check the label on chemical bottles twice before removing any of the contents. Take only as much chemical as you need.
33. Never return unused chemicals to their original containers.
34. Never use mouth suction to fill a pipet. Use a rubber bulb or pipet pump.
35. When transferring reagents from one container to another, hold the containers away from your body.
36. Acids must be handled with extreme care. You will be shown the proper method for diluting strong acids. Always add acid to water, swirl or stir the solution and be careful of the heat produced, particularly with sulfuric acid.
37. Handle flammable hazardous liquids over a pan to contain spills. Never dispense flammable liquids anywhere near an open flame or source of heat.
38. Never remove chemicals or other materials from the classroom/laboratory/shop area.
39. Take great care when transporting acids and other chemicals from one part of the classroom/laboratory/shop to another. Hold them securely and walk carefully.

HANDLING GLASSWARE AND EQUIPMENT

40. Carry glass tubing, especially long pieces, in a vertical position to minimize the likelihood of breakage and injury.
41. Never handle broken glass with your bare hands. Use a brush and dustpan to clean up broken glass. Place broken or waste glassware in the designated glass disposal container.
42. Inserting and removing glass tubing from rubber stoppers can be dangerous. Always lubricate glassware (tubing, thistle tubes, thermometers, etc.) before attempting to insert it in a stopper. Always protect your hands with towels or cotton gloves when inserting glass tubing into, or removing it from, a rubber stopper. If a piece of glassware becomes "frozen" in a stopper, take it to your instructor for removal.
43. Fill wash bottles only with distilled water and use only as intended, e.g., rinsing glassware and equipment, or adding water to a container.
44. When removing an electrical plug from its socket, grasp the plug, not the electrical cord. Hands must be completely dry before touching an electrical switch, plug, or outlet.
45. Examine glassware and equipment before each use. Never use chipped or cracked glassware. Never use dirty glassware. Never use damaged equipment.
46. Report damaged electrical equipment/tools immediately. Look for things such as frayed cords, exposed wires, and loose connections. Do not use damaged electrical equipment/tools.
47. Never use a piece of equipment unless you have been properly trained. If you do not understand how to use a piece of equipment or tool, ask the instructor for help.
48. Do not immerse hot glassware in cold water; it may shatter.

HEATING SUBSTANCES

49. Exercise extreme caution when using a gas burner. Take care that hair, clothing and hands are a safe distance from the flame at all times. Do not put any substance into the flame unless specifically instructed to do so. Never reach over an exposed flame. Light gas (or alcohol) burners only as instructed by the teacher.
50. Never leave a lit burner unattended. Never leave anything that is being heated or is visibly reacting unattended. Always turn the burner or hot plate off when not in use.
51. You will be instructed in the proper method of heating and boiling liquids in test tubes. Do not point the open end of a test tube being heated at yourself or anyone else.
52. Heated metals and glass remain very hot for a long time. They should be set aside to cool and picked up with caution. Use tongs or heat protective gloves if necessary.
53. Never look into a container that is being heated.
54. Do not place hot apparatus directly on the laboratory desk/work station. Always use an insulating pad. Allow plenty of time for hot apparatus to cool before touching it.
55. When bending glass, allow time for the glass to cool before further handling. Hot and cold glass have the same visual appearance. Determine if an object is hot by bringing the back of your hand close to it prior to grasping it.

FLINN SCIENTIFIC INC.

Instruction

Exhibit - Student Authorization for Electronic Network Access

This form accompanies Administrative Procedure 6:235-AP1, Acceptable Use of Electronic Networks. It must be signed when students will have unsupervised Internet access or when supervision will be minimal. Please submit this form to the Building Principal.

Dear Parents/Guardians:

Our School District has the ability to enhance your child's education through the use of electronic networks, including the Internet. Our goal in providing this service is to promote educational excellence by facilitating resource sharing, innovation, and communication. Students and their parents/guardians need only sign this *Authorization for Electronic Network Access* once while the student is enrolled in the School District.

The District *filters* access to materials that may be defamatory, inaccurate, offensive, or otherwise inappropriate in the school setting. If a filter has been disabled or malfunctions it is impossible to control all material and a user may discover inappropriate material. Ultimately, parents/guardians are responsible for setting and conveying the standards that their child or ward should follow, and the School District respects each family's right to decide whether or not to authorize Internet access.

With this educational opportunity also comes responsibility. The use of inappropriate material or language, or violation of copyright laws, may result in the loss of the privilege to use this resource. Remember that you are legally responsible for your child's actions. If you agree to allow your child to have an Internet account, sign the *Authorization* form below and return it to your school.

Authorization for Electronic Network Access Form

Students must have a parent/guardian read and agree to the following before being granted unsupervised access:

All use of the Internet shall be consistent with the District's goal of promoting educational excellence by facilitating resource sharing, innovation, and communication. **The failure of any user to follow the terms of the *Acceptable Use of Electronic Networks* will result in the loss of privileges, disciplinary action, and/or appropriate legal action.** The signatures at the end of this document are legally binding and indicate the parties who signed have read the terms and conditions carefully and understand their significance.

I have read this *Authorization* form. I understand that access is designed for educational purposes and that the District has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the District to restrict access to all controversial and inappropriate materials. I will hold harmless the District, its employees, agents, or Board members, for any harm caused by materials or software obtained via the network. I accept full responsibility for supervision if and when my child's use is not in a school setting. I have discussed the *Acceptable Use of Electronic Networks* with my child. I hereby request that my child be allowed access to the District's electronic network, including the Internet.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

Students must also read and agree to the following before being granted unsupervised access:

I understand and will abide by the above *Authorization for Electronic Network Access*. I understand that the District and/or its agents may access and monitor my use of the Internet, including my email and downloaded material, without prior notice to me. I further understand that should I commit any violation, my access privileges may be revoked, and school disciplinary action and/or legal action may be taken. In consideration for using the District's electronic network connection and having access to public networks, I hereby release the School District and its Board members, employees, and agents from any claims and damages arising from my use of, or inability to use the District's electronic network, including the Internet.

Student Name (*please print*)

Student Signature

Date

Bring Your Own Technology Program; Responsible Use and Conduct Agreement

Our School District allows students to participate in a curriculum-based Bring Your Own Technology (BYOT) Program. You must authorize your child's participation in the program by agreeing to the following terms and discussing them with your child. This authorization and agreement needs to be signed only once while your child is enrolled in the District.

Your child must also sign the District's *Acceptable Use of Electronic Networks* agreement to participate in the program. If you have not read and signed this document or do not know whether one is already on file in the District, contact your Building Principal. You may also ask your Building Principal for any other forms or exhibits referenced in the BYOT authorization and agreement below.

The violation of any laws or Board policies while participating in the program may result in the loss of your child's privilege to participate in the program. Remember that you are legally responsible for your child's actions. If you agree to allow your child to participate in BYOT program, sign the authorization and agreement below and return it to your school.

The teacher's role in the program is that of instructor in your child's classroom. Teachers cannot spend time fixing technical difficulties with BYOT devices. Parents/guardians and their children share the responsibility for technical support and providing a properly charged BYOT device. If a BYOT device has technical difficulties: (1) a District-owned device may be provided, if available, or (2) students may be asked to partner with another student who has a functioning BYOT device during a lesson. The District will also expect you and your child to keep the BYOT device free from viruses, malware, and/or any other harmful programs that could damage the District's electronic network. Finally, the right to privacy in your child's BYOT device is limited while it is on any school property.

Bring Your Own Technology (BYOT) Program Participation Authorization and Responsible Use Agreement

I hereby request that my child be allowed to participate in the District's BYOT program. *(Please indicate agreement by answering yes/no below.)*

I have read this *BYOT Participation Authorization and Responsible Use* agreement. I understand the program is designed for educational purposes and that the District's Internet gateway must be accessed to minimize access to inappropriate material.

I will hold harmless the District, its employees, agents, and Board members, for any harm caused by materials or software obtained via the District's network and compliance with federal law(s) (the Children's Internet Protection Act (CIPA) requirements).

I have previously signed the *Student Authorization for Electronic Network Access* form. I have also read and discussed with my child the following documents: (1) the Responsible Use and Conduct portion of policy 6:220, *Bring Your Own Technology (BYOT) Programs; Responsible Use and Conduct*; (2) 6:220-E2, *Bring Your Own Technology (BYOT) Program Student Guidelines*; and (3) 6:235-E5, *Children's Online Privacy Protection Act*.

I understand that my child and I share the responsibility for technical support, providing a properly charged BYOT device, and keeping the BYOT device free from viruses, malware and/or any other harmful programs that could infect or harm the District's electronic network.

I understand that the District does not provide liability protection for BYOT devices, and it is not responsible for any damages.

I understand that my child's privacy rights in his/her BYOT device while on any school property are limited as outlined in Board policy.

I consent that my child may share another student's BYOT device, or in the alternative, be asked to share his/her BYOT device with another student, from time to time as directed by the classroom teacher.

I consent to the above regulations.

I AGREE / I DISAGREE (circle one) _____

(Parent/Guardian signature)

I AGREE / I DISAGREE (circle one) _____

(Student signature)

STUDENT HEALTH/MEDICAL HISTORY

GRADE: _____

Student Name: _____
(Please Print) (Last) (First) (Middle)

Address: _____

Date of Birth: _____ Home #: _____ Mom Cell# _____ Dad Cell# _____

Father/Guardian: _____ Employer: _____ Phone #: _____

Mother/Guardian: _____ Employer: _____ Phone #: _____

EMERGENCY NUMBERS: Please list responsible persons who may be called in the event of an emergency or illness who could come to pick up, or approve the release of, your student if you cannot be reached.

Name: _____ Relation to Student _____ Phone #: _____

Cell #: _____

Name: _____ Relation to Student _____ Phone #: _____

Cell #: _____

PLEASE COMPLETE THE FOLLOWING INFORMATION ABOUT YOUR CHILD

A) ALLERGIES: Plants _____ Foods _____ Bees/Insects _____ Drugs _____ Animals _____ Latex _____

Please describe the allergic reaction: _____

(OVER)

B) Does your child have any health problems which require prescription medication or limited physical activity at school? (This must be documented by a physician.) Forms are available in the Nurse's Office.

C) List any prescription medications your child is taking at home: _____

D) Medical History (check all that apply to your child)

- _____ ADD/ADHD
- _____ diabetes
- _____ AIDS/HIV
- _____ anorexia/bulimia
- _____ arthritis
- _____ asthma/inhaler
- _____ back problems
- _____ depressive/anxiety
- _____ hemophilia

- _____ cystic fibrosis
- _____ nose bleeds (severe)
- _____ ear problem (chronic)
- _____ fainting episodes
- _____ glasses/contacts
- _____ migraines
- _____ hearing loss
- _____ hepatitis B

- _____ cancer (specify) _____
- _____ cerebral palsy
- _____ orthopedic disability
- _____ seizure disorder/epilepsy
- _____ ulcers
- _____ vision disorder (not correctable)
- _____ heart condition (specify) _____
- _____ Surgery Date: _____
- _____ Injury Date: _____
- _____ Hospitalizations Date: _____

PLEASE EXPLAIN: _____

Name of Doctor: _____ Doctors phone #: _____

Hospital preferred in emergency: _____

Grayslake Community High School District 127

Chromebook Agreement

As the parent/guardian, my signature indicates I have read (or will read) and understand the Guidelines, Procedures and Technology Use Commitment outlined in the 1:1 Technology Handbook available online - http://www.d127.org/edtech/1to1_chromebookhandbook

Parent/Guardian Name (please print):

Parent/Guardian Signature:

Date: _____

As the student, my signature indicates I have read or had explained to me the Guidelines, Procedures and Technology Use Commitment outlined in the 1:1 Technology Handbook, and accept responsibility for abiding by the terms and conditions outlined and using these resources for educational purposes.

Student Name (please print):

Grade: _____

Student Signature:

Date: _____



Student/Parent Handbook Acknowledgement and Pledge



Name of Student: _____

Student Acknowledgement and Pledge

I acknowledge receiving and/or being provided electronic access to the Student/Parent Handbook and School Board policy on student behavior. I have read these materials and understand all rules, responsibilities and expectations. In order to help keep my school safe, I pledge to adhere to all School and School District rules, policies and procedures.

I understand that the Student/Parent Handbook and School District policies may be amended during the year and that such changes are available on the School District website or in the school office.

I understand that my failure to return this acknowledgement and pledge will not relieve me from being responsible for knowing or complying with School and School District rules, policies and procedures.

Student Signature

Date

Parent/Guardian Acknowledgement

I acknowledge receiving and/or being provided electronic access to the Student/Parent Handbook and School Board policy on student behavior. I have read these materials and understand all rules, responsibilities and expectations.

I understand that the Student/Parent Handbook and School District policies may be amended during the year and that such changes are available on the School District website or in the school office.

I understand that my failure to return this acknowledgement and pledge will not relieve me from being responsible for knowing or complying with School and School District rules, policies and procedures.

Parent Signature

Date