

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: _____



ESCUELA SECUNDARIA COMUNITARIO DE GRAYSLAKE DISTRITO 127

Lista de Revisión de Prueba de Residencia & Requerimiento de Certificado de Nacimiento

Nombre del Estudiante: _____ Nombre Padre/Guardián: _____

Dirección: _____

Ciudad, Estado, Código Postal _____

Para probar su residencia, el padre / tutor con quien el estudiante vive en el Distrito 127 y quien reclama la custodia del estudiante debe proveer tres (3) formas de documentación de las categorías mostradas abajo. Proporcione este formulario firmado con una identificación con foto, copias de un (1) documento de la Categoría I y dos (2) documentos de la Categoría II (todos los documentos deben reflejar la misma dirección y ser aceptable para el Distrito 127).

Si la persona que inscribe al estudiante declara que el estudiante está sin hogar o asistiendo a la escuela en el distrito anterior del estudiante, en la determinación del Departamento de Servicios para Niños y Familias, solo se debe verificar la línea apropiada en la Categoría III.

Categoría I – Se requiere uno (1) de los siguientes documentos con el nombre apropiado y la dirección:

- Factura actual impuesto
- Declaración de Hipoteca actual
- Documento de Compra de Residencia (Se acepta solo si se es propietario menos de seis meses de la fecha de compra)
- Alquiler Firmado (Debe incluir el nombre del casero, dirección y teléfono; también un listado de los niños en edad escolar que vivan en la propiedad, o una carta notarializada del casero debe acompañar el alquiler).

Categoría II – Se Requieren dos (2) de los documentos siguientes con el nombre y dirección apropiados:

- Licencia de conducir Válida de Illinois
- Certificado de Seguros de la casa o apartamento
- Factura Servicios (Gas, Electricidad, Agua O Cable) Dentro de los últimos 60 días
- Registro de Seguro de Carro o Registro Carro (no expirado)
- Factura de Teléfono (fijo o celular) en los últimos 60 días

Categoría III – Ninguno de los documentos en Categorías I o II más arriba son aplicables porque:

- El estudiante no tiene casa y ese legible para inscribirse bajo la Ley de Educación para Personas sin casa en Illinois.
 - El estudiante se está inscribiendo basado en la determinación del Departamento de Servicios a Niños y Familia (DCFS)
- Nota: Si usted revisó la declaración de DCFS, por favor presentar evidencia de determinación de DCFS con este formulario.

Categoría IV – Se Requiere Certificados Nacimiento para estudiantes nuevos y transferidos

- Certificado de Nacimiento (certificados emitidos por un hospital no serán aceptados)

Una persona que a sabiendas o voluntariamente presente a cualquier distrito escolar cualquier información falsa con respecto a la residencia de un alumno con el propósito de permitir que el alumno asista a cualquier escuela en ese distrito será culpable de un delito menor de Clase C. El registro de un estudiante que no está en la "custodia legal" (como ese término se define en el Código Escolar de Illinois) de la persona que registra al estudiante es un registro fraudulento que estará sujeto a la cancelación de la inscripción del estudiante y la recolección de la matrícula retroactiva Cobrada por estudiantes no residentes, que no exceda el 110% del costo por alumno. (105 ILCS 5/10 - 20.12b).

Certifico que entiendo los requisitos de residencia y sé que la penalidad por registro fraudulento es un delito menor de Clase C.

Firma del Padre/Guardián

Relación con el Estudiante

Teléfono _____

Fecha ____/____/____

Sólo para Uso Oficial: Recibido BC _____

Recibido por: _____

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.

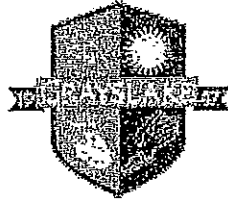
- No, not Hispanic/Latino
- Yes, Hispanic/Latino.

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

Distrito 127

Encuesta sobre el idioma

El Código Escolar de Illinois establece que cada distrito escolar deberá administrar una encuesta sobre el idioma del hogar de cada estudiante que entra al Distrito por primera vez. El propósito de la encuesta es identificar a los alumnos de origen no inglés. Por favor complete la siguiente información:

Fecha: _____ Nombre del Estudiante: _____

Fecha de nacimiento: _____ Teléfono: _____

Dirección: _____

Escuela a la que asiste (por favor marque) North Central Grado: _____

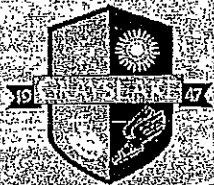
1. ¿Nació su hijo en los EE.UU.? Sí No
Si no, ¿en qué país? _____ Código del país: _____
Si no, ¿cuál fue la fecha en que su hijo/a se inscribió por primera vez y asistió a una escuela de EE.UU.? _____
2. ¿Su hijo ha ido a la escuela o vivido en los EE.UU. por menos de tres años académicos completos? Sí No
3. ¿Alguien en su hogar habla un idioma que no sea el inglés? Sí No
En caso afirmativo, ¿qué idioma? _____

Si la respuesta a la pregunta # 3 es no, usted puede parar aquí

4. ¿Su hijo/a habla un idioma que no sea el inglés? Sí No
En caso afirmativo, ¿qué idioma? _____
Nota: Los idiomas extranjeros que el estudiante ha aprendido en la escuela no cuentan.
5. ¿Fue inglés el primer idioma que su hijo aprendió? Sí No
Si no, ¿cuál fue la primera lengua que aprendió? _____
6. ¿Utiliza su hijo/a un idioma que no sea el inglés en la interacción diaria en el hogar con la familia? Sí No
En caso afirmativo, ¿qué idioma? _____
7. ¿Es el inglés el idioma principal de los padres del estudiante? Sí No
Si no, ¿cuál es su idioma principal? _____

Firma del Padre / Tutor

Nombre escrito del Padre/Tutor



Grayslake Community High School District 127

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

Fiador de pago

Entiendo que como padre o guardian de _____,

me hago responsable de todos los pagos escolares mientras mi hijo(a) es estudiante del

Distrito Escolar 127 de Grayslake.

Loa pagos pueden incluir, pero no limitado a pago de matriculación, libros de ejercicios, libros escolares que sean requeridos, libros de ejercicios que sean maltratados, libros perdidos que pertenezcan a la biblioteca, reemplazamiento de tarjeta de identificación escolar, libreta escolar, computadoras chromebooks, pago de curso, pagos de deportes y equipo deportivo, pago de clases de manejo, etc.

Firma de Padre/Guardian

Nombre escrito de Padre/Guardian

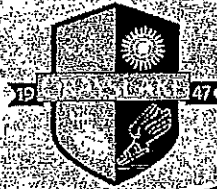
Fecha

El Distrito Escolar 127 de Grayslake provee asistencia a familias que no puedan hacer dichos pagos escolares. Favor de comunicarse a cualquiera de los siguientes números para recibir la aplicación indicada de dicha ayuda económica.

Recepcionista de la escuela preparatoria de Central 847-986-3300 ext. 5019

Recepcionista de la escuela preparatoria de North 847-986-3100 ext. 5024

Recepcionista de la oficina del distrito 847-986-3400 ext. 3427



Grayslake Community High School District 127

400 N. Lake Street
Grayslake, IL 60030
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No alumno dejado atrás

La reciente legislación federal llamada *No alumno dejado atrás* ha tenido un impacto cuya manera las escuelas manejan archivos relacionando ciertos programas federales. La legislación requiere que cada agencia local educativa haga información estudiantil disponible a reclutadores militares, al menos que padres o guardianes de su hijo(a) le pida a la escuela que dicha información no se le sea disponible. Si usted no quiere que esta información se les dé a reclutadores militares, llene el formulario. Información estudiantil no se les dará a reclutadores en cuando la escuela reciba este formulario.

Fecha: _____

Nombre del alumno: _____

Año escolar: _____

Le pido a la escuela que la información estudiantil de mi hijo(a) no se le dé a reclutadores militares.

Padre/Guardian Nombre: _____

Padre/Guardian Firma: _____

Servicio de comunicación rápido

El Distrito Escolar de Grayslake 127 tiene disponible el servicio de comunicación de *Blackboard Connect*. Este servicio ayuda a la facultad y a padres a lo siguiente:

- Cancelación escolar por el clima
- Cuando la escuela termina temprano sin planificación previa
- Situaciones de emergencia / evacuaciones o cierres etc.
- Cancelaciones de eventos deportivos/conciertos/obras teatrales por el clima
- Cualquier información que sea de comunicación inmediata

Con solo unos minutos de activación, un solo mensaje se le enviará a su teléfono, celular o correo electrónico.

Solo administración autorizada en la escuela y el distrito pueden activar el sistema. *Blackboard Connect* mantiene toda la información segura y confidencial. Todos los datos están protegidos con contraseñas y accesible por la administración escolar.

Número telefónico: _____ Segundo número telefónico: _____

Tercer número telefónico: _____ Cuarto número telefónico: _____

Correo electrónico: _____

Segundo correo electrónico: _____

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.

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)

Permiso para la Liberación de la Constancia de Estudios

Al firmar a continuación, usted le está dando permiso a su alumno para solicitar que su constancia sea mandada directamente de esta escuela al colegio o universidad de su elección.

El Distrito Escolar Comunitario de la Escuela Secundaria de Grayslake proveerá constancias de estudios sin cargo alguno a sus estudiantes. Si algún alumno desea recoger su constancia de estudios en persona, tendrá que mostrar su ID estatal para poder recibirla.

Nombre del estudiante: _____

Padre/Madre/Tutor legal (letra de molde)

Padre/Madre/Tutor legal (firma)

Fecha

**** SOLO PARA ALUMNOS

DE ULTIMO GRADO****



Estimados miembros de la clase de graduados 2019 y familias,

Aunque parezca increíble, es hora de pensar en la graduación! Este año será un año lleno de estudios, actividades y planeación para el futuro. La preparación comienza ahora, ya que reunimos la información para el diploma. Por favor imprime tu nombre en la línea a continuación, así como quizes que aparezca en tu diploma actual. La compañía de diplomas da los siguientes consejos:

Escribe por computadora o a mano tu nombre usando mayúsculas y minúsculas. Indica el espacio correcto si hay un espacio en tu nombre. La ortografía, la puntuación, las iniciales y los acentos se imprimirán de la misma manera como estén escritos.

NO uses una apostrofe como acento. Muestra cualquier marca especial a mano y lo copiaremos.



(TU NOMBRE COMO DEBE APARECER EN TU DIPLOMA)

Por favor firma y regresa esta forma a la secretaria del director. Cualquier estudiante de último año que se esté graduando sin haber entregado esta forma, recibirá un diploma impreso con el nombre tal y como aparece en nuestra base de datos.

Firma del padre, madre o tutor legal



Manual de Padres y Estudiantes
Reconocimiento y Promesa



Nombre del Estudiante: _____

Reconocimiento y Promesa del Estudiante

He recibido en papel o el acceso electrónico al "Manual de estudiantes y padres" y la Política de la Mesa Directiva Escolar acerca de la conducta estudiantil. He leído estos materiales y entiendo todas las reglas, responsabilidades y expectativas. Para poder mantener la seguridad en mi escuela, prometo adherirme a todas las reglas escolares y del distrito escolar, a sus políticas y procedimientos.

Entiendo que el "Manual de padres y estudiantes" y las políticas del distrito escolar pueden cambiar durante el año, y tales cambios estarán en el sitio web del distrito escolar o en la oficina de la escuela.

Entiendo que, aun si no regreso esta hoja de reconocimiento y promesa, no estaré exento de la responsabilidad de conocer y cumplir con la escuela y las reglas del distrito escolar, sus políticas y procedimientos.

Firma del estudiante

Fecha

Reconocimiento del Padre, Madre o Tutor

He recibido en papel o el acceso electrónico al "Manual de estudiantes y padres" y la Política de la Mesa Directiva Escolar acerca de la conducta estudiantil. He leído estos materiales y entiendo todas las reglas, responsabilidades y expectativas.

Entiendo que el "Manual de padres y estudiantes" y las políticas del distrito escolar pueden cambiar durante el año, y tales cambios estarán en el sitio web del distrito escolar o en la oficina de la escuela.

Entiendo que, aun si no regreso esta hoja de reconocimiento y promesa, no estaré exento de la responsabilidad de conocer y cumplir con la escuela y las reglas del distrito escolar, sus políticas y procedimientos.

Firma del padre o madre

Fecha

Forma de Consentimiento para recibir servicios de trabajo social, psicólogo, y apoyo del programa de ayuda al estudiante

Doy consentimiento para que mi hijo/estudiante reciba apoyo de los trabajadores sociales, el psicólogo escolar y/o el Coordinador del Programa de Ayuda al Estudiante dentro de la escuela, participando en grupos o individualmente. Estoy al tanto de que podré cambiar de opinión y cancelar este consentimiento poniéndome en contacto con la escuela. Este consentimiento se conforma y va en acorde con la sección 5/3-501 (a) del Código de Salud Mental y Discapacidades en el Desarrollo de Illinois, 405 ILCS 5/1-200 et seq.

El padre, madre o tutor legal debe firmar para dar este consentimiento y así el estudiante pueda recibir estos servicios.

Firma de acuerdo del padre, madre o tutor legal