



Voorhees Township School District
New Student Registration Form

Name of Child Last Name First Name Middle Name Male Female Grade
Nickname Date of Birth
Address of Child City/State of Birth
Home Telephone # Country of Birth

Mother First Name Last Name
Address (if different from student)
City, State (if different from student)
Home Phone (if different from student)
Work Phone
Cell Phone
E-mail

Father First Name Last Name
Address (if different from student)
City, State (if different from student)
Home Phone (if different from student)
Work Phone
Cell Phone
E-mail

Court Order Regarding Custody - Yes No If yes, Custodial Parent
(If there is a court order in existence regarding custody, a copy is required)

Are there any persons NOT permitted to pick up your child from school? Yes No
If yes, please explain (person's name)

Child resides with: Father Mother Stepfather Stepmother
Other (explain relationship)

What Development do you live in? Own Rent Other (explain)

EMERGENCY CONTACTS

(to be used in the event of an emergency and parents cannot be contacted)

Emergency Name:
Phone: - -

Relationship:
Phone: - -

Emergency Name:
Phone: - -

Relationship:
Phone: - -

Emergency Name:
Phone: - -

Relationship:
Phone: - -

Other Children in Family:

Name (Oldest to Youngest)	Date of Birth (Month/ Day/ Year)	Place of Birth	Name of School/ Grade

Previous Schools Attended:

Name of Previous School/Preschool	Address of Previous School	Phone Number	Dates Attended

Type of School:    Public    Private    Home Schooled

Is another language besides English spoken in your home?    Yes    No   If yes, what language? \_\_\_\_\_  
 Has your child ever received English as a Second Language (ESL) services?    Yes    No   If yes, what grade(s)? \_\_\_\_\_  
 Has your child participated in or been recommended for a Gifted/Talented Program?    Yes    No  
 Has your child ever repeated a grade?    Yes    No  
 Does your child have an IEP or 504 Plan?    Yes    No  
 If yes, has your child participated in the following:    Speech Therapy    Occupational Therapy    Physical Therapy

**I hereby authorize the Voorhees Township School District to investigate and confirm any and all statements made by me on this form. I am aware that if any statements contained on this registration form concerning residency are false, I may be assessed the tuition for the aforementioned child and prosecuted to the full extent of the law.**

Parent's Name: \_\_\_\_\_  
 (Please print)

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Please sign in ink)

**For Office Use Only:**   School:    Hamilton    Kresson    Osage    Signal Hill    Voorhees Middle

Building secretary will check off below each required item received during registration process.

- |  |  |
|--|--|
| <input type="checkbox"/> Birth Certificate                     | Teacher _____  |
| <input type="checkbox"/> Proof of Residency                    | First Day on Roll _____  |
| 1. _____   | Transport. Start Date _____  |
| 2. _____   | Grade _____  |
| 3. _____   | Entry Code _____   |
| 4. _____   | NJ SID _____   |
| <input type="checkbox"/> Proof of Immunization                 | Bus Student <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Physical                              | Walker <input type="checkbox"/> Yes <input type="checkbox"/> No      |
| <input type="checkbox"/> Registration Form                     |  |
| <input type="checkbox"/> NJSMART Information Form              |  |
| <input type="checkbox"/> Health History and Questionnaire Form |  |
| <input type="checkbox"/> Other _____                           |  |

Building secretary enters all appropriate information into Genesis student database. After which, the building secretary activates the automatically generated email to the parent from the Genesis system with temporary password information for the Parent Portal.



New Student Registration Health History and Emergency Release Authorization
(To be completed by parent)

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student's Health Status (past or present – check all that apply)

- \_\_\_\_\_ Epilepsy / Seizures \_\_\_\_\_ Eczema / Dermatitis \_\_\_\_\_ Sleep Problems
\_\_\_\_\_ Diabetes \_\_\_\_\_ Hemophilia \_\_\_\_\_ Tonsillectomy
\_\_\_\_\_ Asthma \_\_\_\_\_ Meningitis \_\_\_\_\_ Hearing Problems
\_\_\_\_\_ Kidney disorders \_\_\_\_\_ Hepatitis \_\_\_\_\_ Vision Problems
\_\_\_\_\_ Heart disease \_\_\_\_\_ Fainting \_\_\_\_\_ Glasses / Contacts
\_\_\_\_\_ Arthritis \_\_\_\_\_ Constipation / Diarrhea \_\_\_\_\_ Color Blindness
\_\_\_\_\_ Cystic Fibrosis \_\_\_\_\_ Concussions / Head Injury \_\_\_\_\_ Speech Problems
\_\_\_\_\_ Sickle Cell \_\_\_\_\_ Orthopedic Problems \_\_\_\_\_ Fractures
\_\_\_\_\_ Other \_\_\_\_\_

Food Allergies: Is your child allergic to any food? [ ] Yes [ ] No
Explain: \_\_\_\_\_

Sting Allergies: Is your child allergic to any insect stings? [ ] Yes [ ] No
Explain: \_\_\_\_\_

Drug/Medication Allergies: Is your child allergic to any medications? [ ] Yes [ ] No
Explain: \_\_\_\_\_

Does your child keep Epinephrine Auto Injector in School? [ ] Yes [ ] No

Please list any medications that your child takes regularly:
\_\_\_\_\_

Does your child have any restrictions on his/her activities? [ ] Yes [ ] No

EMERGENCY CONTACTS

(to be used in the event of an emergency and parents cannot be contacted)

Emergency Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parent Name: \_\_\_\_\_
(Please print)

Parent Signature: \_\_\_\_\_
(Please sign in ink)

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

**VOORHEES TOWNSHIP SCHOOL DISTRICT  
PHYSICAL EXAMINATION FORM**  
(To be completed by physician)

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

**IMMUNIZATIONS:** Please attach a copy of immunization record to this form.

**MEDICAL HISTORY**

Allergies _____	Diabetes _____
Asthma _____	Kidney Disorders _____
Cardiac Disorders _____	Neuromuscular Disorders _____
Convulsive Disorders _____	Congenital Defects _____

Surgeries or injuries: \_\_\_\_\_

Any other significant medical or emotional issues: \_\_\_\_\_  
\_\_\_\_\_

**EXAMINATION:**

Height \_\_\_\_\_ Weight \_\_\_\_\_  Male  Female

BP / ( / ) Pulse \_\_\_\_\_ Vision R 20/ L 20/ Corrected  Yes  No Hearing \_\_\_\_\_

MEDICAL	NORMAL	ABNORMAL FINDINGS
Ears/Eyes/Nose/Throat		
Teeth		
Glands		
Heart		
Lungs		
Abdomen		
Hernia		
Genitourinary		
Skin		
Posture		
Nervous System		
Nutrition		
Speech		

General appearance \_\_\_\_\_

Does this child regularly take medication? \_\_\_\_\_

Cleared for all school activities (including physical education)  Yes  No

If no, reason/restrictions \_\_\_\_\_  
\_\_\_\_\_

Comments or recommendations \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Doctor's Name (printed)      Doctor's Signature      Date of Exam      Office Stamp      Phone Number



# VOORHEES TOWNSHIP PUBLIC SCHOOLS PARENT AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

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

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

To Whom It May Concern:

I hereby give my consent to have all school records, including grades and medical health records, as well as Child Study Team, psychological, social, educational, behavior, or developmental information for my child be forwarded to:

- E. T. Hamilton Elementary School  
23 Northgate Drive  
Voorhees, NJ 08043  
Andrew Moskowitz, Principal  
856-767-4888  
Fax: 856-753-2894
- Kresson Elementary School  
7 School Lane  
Voorhees, NJ 08043  
Stacey Morris, Principal  
856-424-1816  
Fax: 856-424-2728
- Osage Elementary School  
112 Somerdale Road  
Voorhees, NJ 08043  
Robert Cranmer, Principal  
856-428-2990  
Fax: 856-427-0296
- Signal Hill Elementary School  
33 Signal Hill Drive  
Voorhees, NJ 08043  
Sharon Stallings, Principal  
856-767-6749  
Fax: 856-767-6221
- Voorhees Middle School  
1000 Holly Oak Drive  
Voorhees, NJ 08043  
Kris Calabria, Principal  
856-795-2025  
Fax: 856-795-4611

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## NAME OF CHILD

\_\_\_\_\_  Male  Female Grade \_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_  Male  Female Grade \_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_  Male  Female Grade \_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_  Male  Female Grade \_\_\_\_\_ DOB \_\_\_\_\_

Parent's Name: \_\_\_\_\_  
(Please Print)

Parent's Signature: \_\_\_\_\_  
(Please sign in ink)

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



## **ENROLLMENT PROCEDURES: PLEASE READ BEFORE PROCEEDING**

**The questions asked in the following pages will enable us to determine your student's eligibility to attend school in this district in accordance with New Jersey law. Please be aware that N.J.S.A. 18A:38-1 and N.J.A.C. 6A:28-2 specify that a free public education will be provided to any student between the ages of 5 and 20 who is:**

- Domiciled in the district, i.e., living with a parent or guardian whose permanent home is located within the district. A home is permanent when the parent or guardian intends to return to it when absent and has no present intent of moving from it, notwithstanding the existence of homes or residences elsewhere.
- Living with a person, other than the parent or guardian, who is domiciled in the district and is supporting the student without compensation, as if the student were his or her own child, because the parent cannot support the child due to family or economic hardship.
- Living with a person domiciled in the district, other than the parent or guardian, where the parent/guardian is a member of the New Jersey National Guard or the reserve component of the U.S. armed forces and has been ordered into active military service in the U.S. armed forces in time of war or national emergency.
- Living with a parent or guardian who is temporarily residing in the district.
- The child of a parent or guardian who moved to another district as the result of being homeless.
- Placed in the home of a district resident by court order pursuant to N.J.S.A. 18A:38-2.
- The child of a parent or guardian who previously resided in the district but is a member of the New Jersey National Guard or the United States reserves and has been ordered to active service in time of war or national emergency pursuant to N.J.S.A. 18A:38-3(b).
- Residing on federal property within the State pursuant to N.J.S.A. 18A:38-7.7 *et seq.*

*Note that the following items do **not** affect a student's eligibility to enroll in school:*

- Physical condition of housing or compliance with local housing ordinances or terms of lease.
- Immigration/visa status, except for students holding or seeking a visa (F-1) issued specifically for the purpose of limited study on a tuition basis in a United States public secondary school.
- Absence of a certified copy of birth certificate or other proof of a student's identity, although these must be provided within 30 days of initial enrollment, pursuant to N.J.S.A. 18A:36-25.1.
- Absence of student medical information, although actual attendance at school may be deferred as necessary in compliance with rules regarding immunization of students, N.J.A.C. 8:57-4.1 *et seq.*
- Absence of a student's prior educational record, although the initial educational placement of the student may be subject to revision upon receipt of records or further assessment by the district.

**The following forms of documents may demonstrate a student's eligibility for enrollment in the district. Particular documentation necessary to demonstrate eligibility under specific provisions in law will be indicated in the appropriate section of the registration form.**

- **\*property** tax bills, deeds, contracts of sale, leases, mortgages, signed letter from landlords and other evidence of property ownership, tenancy or residency.
- Voter registration, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location.
- Receipts, bills, cancelled checks and other evidence of expenditures demonstrating personal attachment to a particular location, or, where applicable, to support of the student.
- Medical reports, counselor or social worker assessments, employment documents, benefit statements, and other evidence of circumstances demonstrating, where applicable, family or economic hardship, or temporary residency.
- Court orders, state agency agreements and other evidence of court or agency placements or directives.
- Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, legal guardian, person keeping an "affidavit student," adult student, person(s) with whom a family is living, or others, as appropriate.
- Documents pertaining to military status and assignment.
- Any business record or document issued by a governmental entity.
- Any other form of documentation relevant to demonstrating entitlement to attend school.

The totality of information and documentation you offer will be considered in evaluating an application, and, unless expressly required by law, the student will not be denied enrollment based on your ability to provide certain forms(s) of documentation where other acceptable evidence is presented.

You will *not* be asked for any information or document protected from disclosure by law, or pertaining to criteria which are not legitimate bases for determining eligibility to attend school. You may *voluntarily* disclose any document or information you believe will help establish that the student meets the requirements of law for entitlement to attend school in the district, but *we may not, directly or indirectly, require or request:*

- Income tax returns;
- Documentation or information relating to citizenship or immigration/visa status, unless the student holds or is applying for an F-1 visa;
- Documentation or information relating to compliance with local housing ordinances or conditions of tenancy;
- Social security numbers.

**\*REQUIRED**

**Please be aware that any initial determination of the student's eligibility to attend school in this district is subject to more thorough review and subsequent re-evaluation, and that tuition may be assessed in the event that an initially admitted student is later found ineligible. If your student is found ineligible, now or later, you will be provided the reasons for our decision and instructions on how to appeal.**

**If you experience difficulties with the enrollment process, please contact:**

**Susan Donnelly, District Attendance Officer  
329 Route 73  
Voorhees, NJ 08043  
856-751-8446, Ext. 6117**





MUST BE COMPLETED AT TIME OF REGISTRATION  
**NEW STUDENT TRANSPORTATION INFORMATION FORM**

\_\_\_\_\_  
P.I.D. (Business Office Use Only)

PUPIL: Last Name \_\_\_\_\_ Sex:  Male  Female Grade \_\_\_\_\_  
First Name \_\_\_\_\_ Phone: \_\_\_\_\_ School Attending:  
Middle Initial \_\_\_\_\_ Home \_\_\_\_\_  E. T. Hamilton  
Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Emergency \_\_\_\_\_  Kresson  
NJ SID \_\_\_\_\_  Osage  
 Signal Hill  
 Voorhees Middle

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

Home Address \_\_\_\_\_, Voorhees, NJ 08043

Name of Development \_\_\_\_\_

**For Kindergarten Only:**

\*Pick-up or drop-off address  
if different from home address \_\_\_\_\_

- Pick-up and Drop-off  KCER Before School  
 Pick-up only  KCER After School  
 Drop-off only

**\*Please Note – This request can only be honored if the pick-up and/or drop-off is along the regular bus route and is the same every day. Individual schedules cannot be honored.**

**(BUSINESS USE ONLY)**

Transportation -  Yes  No

Route No. \_\_\_\_\_ Stop No. \_\_\_\_\_

Stop Description: \_\_\_\_\_  
\_\_\_\_\_

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

**NO CHANGES IN PICK-UP AND DROP-OFF POINTS WILL BE PERMITTED AFTER AUGUST 28 THROUGH SEPTEMBER 30.**



Name of Child \_\_\_\_\_  
(last) (first) (middle)

Grade \_\_\_\_\_

## **NJ SMART INFORMATION**

The state department has a mandate in relation to a statewide student data based system entitled NJ SMART. Each district is required to keep specific information on every student.

In order to help us enter the accurate fields of data, please complete the following information regarding your child:

### **1. Race/Ethnicity background information, check all that apply:**

- White** (A person having origins of the original peoples of Europe, the Middle East or North Africa)
- Black or African American** (A person having origins in any of the black racial groups of Africa)
- 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)
- American Indian or Native American** (A person having origins in any of the original people of North and South America (including Central America) and who maintains a tribal affiliation or community attachment)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the people of Hawaii, Guam, Samoa, or other Pacific Islands)

### **2. Is the student Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, South Central American or other Spanish culture of origin, regardless of race)    **Yes**    **No**

### **3. Military Affiliation - check all that apply:**

- Not military affiliated**
- Active Duty** – Student is a dependant of a member of the Active Duty Forces (full-time) Army, Navy, Air Force, Marine Corps or Coast Guard
- National Guard or Reserve** – Student is a dependent of a member of the National Guard or Reserved Forces (Army, Navy, Air Force, Marine Corps or Coast Guard)

### **4. If born outside of the United States, complete below:**

Date of Entry into U.S. \_\_\_\_\_ Date of Entry into U.S. school \_\_\_\_\_

### **Does your child have Health Insurance including NJ FamilyCare/Medicaid, Medicare, private or other?**

- Yes - If yes, name of insurance company \_\_\_\_\_
- No

NJFamilyCare provides free or low cost health insurance for uninsured children and certain low income parents.

For more information call 800-701-0710 or visit [www.njfamilycare.org](http://www.njfamilycare.org) to apply online.

You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

*\*Note: All descriptors are taken directly from the NJ SMART Student Data Handbook V4.1*

Parent's Name \_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Please print) (Please sign in ink)



Dear Parent/Guardian:

To publicize the achievements and good works of our students, the Voorhees Township School District will publish names, photos, and information in our school publications, local media, and on the district and school websites. Additionally, the media may visit our schools to cover special events.

We need your permission to have your child's name, photo, and/or achievements publicized in any of the above mentioned media.

**Please complete this form for the 2019-2020 school year.**

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### Technology/Media Release Form

**School Year 2019-2020**

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

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

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. I consent to having my child's name, photo, and/or achievements published in district publications including but not limited to <i>newsletters</i> , visual presentations and reports for promotion and educational purposes.           | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I consent to having my child's name, photo, and/or achievements published in external print publications such as press releases, newspapers, advertisements, and participate in a live or recorded broadcast.                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I consent to having my child's name <b>or</b> photo (group photo only), and/or achievements published on the Voorhees Township School District Web site. (Note that child's name <b>and</b> photo will never be used at the same time.) | <input type="checkbox"/> | <input type="checkbox"/> |

Signature of Parent/Guardian: \_\_\_\_\_

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

## Please Read & Sign

# Student Technology Use & Internet Safety Contract

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\_\_\_\_\_  
**Student Name (Please Print)**

\_\_\_\_\_  
**School**

\_\_\_\_\_  
**Grade**

\_\_\_\_\_  
**Date**

Use of the Internet has potential dangers. The Voorhees Township School District is in compliance with the Children's Internet Protection Act by taking such measures as having a firewall in place that blocks and filters Internet sites that are obscene, contain pornography, or contain material deemed by local standards to be inappropriate or harmful to minors. Voorhees Township School District reserves the right to monitor email, chat rooms, and electronic communications such as instant messaging, hacking, unauthorized disclosure of minors' personal information, and monitoring the online activities of minors. This document reflects the Voorhees Township School District's Acceptable Use of Computer Network/Computers and Resources Policy (Policy 2361).

### Rules for Using School Technology Tools

1. I will only use the computer for school work.
2. I cannot use my personal e-mail account at school.
3. I will not use social media websites or chat rooms.
4. I will not give out my password or use anyone else's password. If I see that someone else has used my password, I will tell my teacher immediately.
5. I will not damage or change any of the hardware or software on any school computer.
6. I understand my teacher can look at any of my work, including any saved work.
7. I will not download anything from the Internet or post content without my teacher's permission.
8. I will not look at or copy other people's saved work.
9. I will only use polite language on the Internet.
10. If I find an Internet site that I believe is inappropriate, or that makes me uncomfortable, I will turn off my monitor and tell my teacher immediately.
11. I will cite sources and give credit to authors during my research.
12. I will never give out any personal information such as my name, address, telephone number, school address, parent's name, parent's employer or work address, or picture while on the Internet.
13. I will never create or respond to any messages that are rude or offensive in any way and should I encounter such messages, I will show my teacher right away.
14. I will never meet in person with anyone I have first "met" online.
14. I understand that I will be provided with managed/filtered online accounts for school related purposes.

### Consequences

While this list is not intended to be exclusive, if a user is found in violation of the Voorhees Township School District's Acceptable Use Policy, the consequences imposed could be:

- Temporary or permanent taking away of computer access and network privileges
- School suspension or expulsion
- Legal action and prosecution by the authorities

\_\_\_\_\_

I promise to follow these rules (Student Signature Required)

\_\_\_\_\_

Date

\_\_\_\_\_

I  **grant permission** / I  **DO NOT grant permission** for my child supervised access to the Internet for educational purposes (Parent Selection & Signature Required)

\_\_\_\_\_

Date to have

Voorhees Township School District  
School Year 2019-2020

File with Building Principal

# Student Privately-Owned Technology Use Contract

\_\_\_\_\_  
**Student Name (Please Print)**

\_\_\_\_\_  
**School**

\_\_\_\_\_  
**Grade**

\_\_\_\_\_  
**Student ID#**

In an effort to increase student contact with technology tools for classroom use, considering that many students have access to their own privately-owned devices that could be used in learning activities, we have initiated a "Bring Your Own Device (BYOD)" program.

Teachers must approve, direct and supervise student use of their devices during instructional time, and may also prohibit that use for any given activity. They will not assist or provide technical assistance to students who are not able to properly operate their own devices. Designed activities may in no way provide an advantage for students who use privately-owned devices over those who do not.

Students may use the school's WiFi network with their device(s) provided that the device is registered with the district's department of information technology and meets established criteria and security protocols. Students may alternately choose to use the privately contracted data plan associated with their own device for connectivity. They must also comply with established rules for use of school-owned technology resources when using their own devices, they may not use their devices to access school network equipment beyond components that provide access to the Internet, and they may only use these devices if first granted permission by a parent or guardian submitting this form.

This document reflects the Voorhees Township School District's Pupil Use of Privately-Owned Technology Policy (Policy 2363). The school district assumes no responsibility for the security or damage to any privately-owned device brought to school by a student.

## Rules for Using Privately-Owned Technology Devices in School

1. I may only use my device in school if parent permission is granted on this form and recorded in the office.
2. I must follow the same rules that apply when using school technology tools.
3. I may only use my device in class after a teacher grants me permission to do so.
4. I may only use the audio, still image and video recording tools on my device with my teacher's permission.
5. I may not use my device in class, or for an assignment, when my teacher prohibits me from doing so.
6. I may not charge my device in school using a power outlet inside or outside of my classroom.
7. I may not use my device to access the school's servers, printers or any other network resources.
8. I am responsible for the proper operation and use of my device without the assistance of others.
9. I am responsible for the care of my device and must guard against loss, theft or damage.

## Consequences

While this list is not intended to be exclusive, if a user is found in violation of the Voorhees Township School District's Pupil Use of Privately-Owned Technology Policy, the consequences imposed could be:

- Temporary confiscation of a device by school official and loss of privileges for future use
- Temporary or permanent taking away of computer access and network privileges
- Consequences imposed under the Code of Pupil Conduct
- School suspension
- Legal action and prosecution by the authorities

\_\_\_\_\_  
I promise to follow these rules (Student Signature Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
I  grant permission / I  DO NOT grant permission for my child  
to use their privately-owned technology device for educational purposes at school

\_\_\_\_\_  
Date

*\*Choose I DO NOT if your child does not currently have access to a device.*

(Parent Selection & Signature Required)