

Every graduate ready for College, Career and Life.

WELCOME TO BOONE COUNTY SCHOOLS

A Distinguished District

Student Name: _____

Registration Date: _____

The following is a list of information that will be needed to enroll your child in our school district. These items are needed in addition to the registration forms provided:

_____ *Student Enrollment/Emergency Information Form

_____ Home Language Survey

_____ Certified Birth Certificate (within 30 days)

_____ *Immunization Certificate (new students only)

_____ Preventative Health Care Examination Form (within 30 days)

_____ Kentucky Eye Exam (first time entering a public school, for ages 3-6)

_____ Kentucky Dental Screening Form (first time entering a public school, ages 5-6)

_____ *Legal Custody Papers (if applicable)

_____ *Proof of Residency at enrolling address in parent/guardians name

- a. Drivers license
- b. Lease, contract, mortgage, etc.
- c. Utility bill

_____ *Adjudication/Expulsion Affidavit Form (most will check #4 and sign)

_____ Transportation Card (prior to riding bus)

_____ Social Security Card or waiver

_____ Permission to Videotape/Photograph/Publish Release Form

***Required at time of enrollment**

Boone County Schools
District Office
8330 US Hwy 42
Florence, KY 41042
(p) 859-283-1003
(f) 859-282-2376
www.boone.kyschools.us

The Boone County School District does not discriminate against any person on the basis of race, sex, color, religion, national origin, citizenship status, age or disability in any of its educational or employment programs or activities.

2021-2022 Boone County Schools Student Enrollment/Emergency Information

| |
|------------------------|
| Office Use Only |
| School: _____ |
| Start Date: _____ |
| Teacher: _____ |

Legal Name of Student (Please Print) _____
(Last) (First) (Middle) (Jr., III, etc) Suffix _____

Grade: _____ Date of Birth: _____ Male Female SS# (Optional) _____

Has your child repeated a grade? Yes No If yes, which grade? _____

Birthplace: (Country) _____ (County) _____ (State) _____ Phone #: (____) _____

Student Address: (Street) _____ (Apt #) _____ (City) _____ (State) _____ (Zip) _____

(Check only if applicable*) Shelter Motel House or apartment shared with friends or family members Friends/Family member
**if applicable, please complete a Residency Questionnaire (704 KAR 7:090)* (other than parent/guardian)

Student Mailing Address: (if different) _____ (City) _____ (State) _____ (Zip) _____
(Street or PO Box and Apt #)

Ethnicity: Is your child Hispanic/Latino: Yes No

Student Race: (Check all that apply) White Black or African American Asian Native Hawaiian or other Pacific Islander
 American Indian or Alaskan Native

U.S. Citizen: Yes No If no, country of residence: _____ Migrant Immigrant Refugee: (Country) _____

Last School Attended: _____ Kentucky School: Yes No

Last Date Attended: _____ School Telephone #: (____) _____

School Address: (City) _____ (County) _____ (State) _____

Prior Boone County Schools attended and years: _____

Parents/Guardians Living in Same Household as Student

| | |
|--|--|
| Legal Name: _____ Suffix: _____ <small>(Last) First (M. I.)</small> Relationship to Student: _____ Phone: Home (____) _____ Work: (____) _____ Cell Phone: (____) _____ E-Mail: _____ | Legal Name: _____ Suffix: _____ <small>(Last) First (M. I.)</small> Relationship to Student: _____ Phone: Home (____) _____ Work: (____) _____ Cell Phone: (____) _____ E-Mail: _____ |
|--|--|

Siblings Living in Same Household as Student

| | |
|---|---|
| Legal Name: _____ Suffix: _____ Birth Date _____ Sex: _____ Grade: _____ Name of Boone County School: _____ | Legal Name: _____ Suffix: _____ Birth Date _____ Sex: _____ Grade: _____ Name of Boone County School: _____ |
| Legal Name: _____ Suffix: _____ Birth Date _____ Sex: _____ Grade: _____ Name of Boone County School: _____ | Legal Name: _____ Suffix: _____ Birth Date _____ Sex: _____ Grade: _____ Name of Boone County School: _____ |

Parents/Guardians Living at an Address Different from Student

| | |
|--|--|
| Does this parent/guardian have joint custody? _____ Should this parent/guardian receive school information? _____ Is this person legally restricted access to this student? _____ <small>(A copy of the court order MUST be provided to the school.)</small> Legal Name: _____ Suffix: _____ Relationship to Student: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: Home (____) _____ Work: (____) _____ Cell Phone: (____) _____ E-Mail: _____ | Does this parent/guardian have joint custody? _____ Should this parent/guardian receive school information? _____ Is this person legally restricted access to this student? _____ <small>(A copy of the court order MUST be provided to the school.)</small> Legal Name: _____ Suffix: _____ Relationship to Student: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: Home (____) _____ Work: (____) _____ Cell Phone: (____) _____ E-Mail: _____ |
|--|--|

Special Services

Does this student have special needs, or receive special education services? Yes No
Does this student have a 504 plan? Yes No Does this student receive Title I services? Yes No
Does this student receive services for speech? Yes No
Has this student been formally identified as Gifted/Talented? Yes No

Transportation

Primary Transportation to School (check all that applies): Car Rider Walker School Bus Bus #: _____ (assigned by school district staff)
Transportation by BCS: A.M. P.M. Both A.M & P.M. More Than 1 Mile Less Than 1 Mile None Daycare: _____

Medical Information

List and identify health conditions (such as severe allergies, chronic medical conditions, and/or allergies to medications): _____

*Per state regulation, any student with a health condition (such as asthma, allergies, diabetes, seizures, etc.) must have a health care plan on file. For more information, please contact the school Nurse or Health Clerk.

Regular Medication: _____ Dosage: _____
An "Authorization to Give Medication" form must be on file for any medication to be given to a student during the school day.

Physician Name: _____ Telephone: _____

I give school officials permission to contact the named Health Care Provider: _____
(Parent/Guardian Signature)

Emergency Information

If needed, what hospital should this student be taken to? _____

IN AN EMERGENCY, if parent/guardian cannot be contacted, please call and/or release my child to one of the following:

Name: _____ Relationship to student _____ Telephone No: (____) _____

Name: _____ Relationship to student _____ Telephone No: (____) _____

If there is anyone NOT ALLOWED access to this student, list their name and relationship: (Legal documentation MUST be provided to the school.)

Name: _____ Relationship to student _____

The school is not responsible for students authorized by parent to leave school during school hours or for students in elementary and middle school authorized by parent to privately return to their homes after school.

If there are changes made during the year, please contact the school office IMMEDIATELY.

Parent/Guardian Signature _____ Date: _____

| Office Use Only | |
|--------------------|-------|
| New Enrollment | _____ |
| Revised Enrollment | _____ |
| Office Personnel | _____ |
| Date | _____ |



Commonwealth of Kentucky
Kentucky Department of Education
Boone County Board of Education
Adjudication/Expulsion Affidavit

K.R.S. 158.000 requires that a parent or guardian of a child who has been adjudicated guilty or previously expelled for homicide, assault, or violation of state law or school regulations relating to weapons, alcohol or drugs notify a new school of that fact by a sworn statement given to the school at the time of registration.

In compliance with that requirement, I swear or affirm that I am the parent or legal guardian of _____ who:

Student Name

1. Was adjudicated guilty and/or
2. Was previously expelled from _____ private or public school, either in state or out-of-state and/or
3. Was disciplined for a violation of state law or school regulation relating to weapons, alcohol or drugs.
4. Has never been adjudicated guilty or previously expelled or disciplined for violation of K. R. S. 158.000 as mentioned above.

The facts are as follows:

(Please attach a separate sheet as needed.)

I swear or affirm that, to the best of my knowledge and belief, the statements and information contained herein are true, factual and complete.

Affiant, Parent/Guardian

Date

Home Language Survey

Dear Parent/Guardian:

The purpose of the home language survey (HLS) is to determine the primary or home language of the student. This information is essential in order for schools to provide meaningful instruction for all students. The HLS is part of the statewide identification process required under Section 3113(b)(2) of the Every Student Succeeds Act (ESSA) and 703 KAR 5:070 and the related Inclusion of Special Populations Guidance.

The HLS must be given to all students in grades K-12 upon their initial enrollment in the district as a first screening process to identify potential English learner students. The HLS is administered one time, upon initial enrollment in grades K-12 and remains in the student's cumulative file.

Please note that the answers to the survey below are student-specific. **If a language other than English is recorded for ANY of the required survey questions below, the district is legally obligated to do further assessment of your child to determine if they are eligible for language support.**

Answers will not be used for determining legal status or for immigration purposes. If your child is identified for English language services, you may decline some or all of the services offered to your child.

If you have any questions on how to complete the HLS, please contact your child's school.

Student Information (required):

Name: _____ Grade: _____

Student Language Background (required):

1. What is the language most frequently spoken at home? _____
2. Which language did your child learn when they first began to talk? _____
3. What language does your child most frequently speak at home? _____
4. What language do you most frequently speak to your child? _____

Language for School Communication (not required):

5. In which language would you prefer to receive all school information: _____

Parent/Guardian Signature: _____ Date: _____

By signing here, you certify that responses to the four required questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for language support services, to help them become fluent in English. Students qualifying for language support services are entitled to services as an English learner and will be tested annually to determine their English language proficiency as required by ESSA 1111(b)(2)(G).

For School Use Only

School personnel who administered and explained the HLS and potential placement of a student into an English language development program if a language other than English was indicated:

Name: _____ Date: _____

PREVENTATIVE HEALTH CARE EXAMINATION FORM

All local boards of education shall require a preventative health care examination of each child first entering a Kentucky public school within a period of twelve (12) months prior to initial admission to school and within one (1) year prior to entry to sixth grade. Local school boards may extend this time not to exceed two (2) months. (702 KAR 1:160)

PLEASE COMPLETE THE IDENTIFYING INFORMATION AND RECORDS

IDENTIFYING INFORMATION

Student Name: _____ Gender: M F Grade: _____
 Date of Birth: _____ Age: _____ yrs _____ months Preferred Language: _____
 Parent or Guardian Name: _____

RECORD OF IMMUNIZATIONS TO BE REPORTED ON IMMUNIZATION CERTIFICATE FORM, EPID 230.

MEDICAL HISTORY

Allergies: _____

Current Prescribed Medications to be taken daily at school: _____

Significant Historical Information: _____

SCREENING RESULTS:

Height: _____ ft _____ inches Weight _____ BMI: _____ BMI% _____ B/P: _____

| | | | | | | |
|--------|----------------|-----------------------------------|-----------------|---------------------------------|---------------------------------|-----------------------------------|
| Vision | Right 20/_____ | Passed <input type="checkbox"/> | Hearing - Right | Passed <input type="checkbox"/> | Failed <input type="checkbox"/> | Referred <input type="checkbox"/> |
| | Left 20/_____ | Failed <input type="checkbox"/> | | Passed <input type="checkbox"/> | Failed <input type="checkbox"/> | Referred <input type="checkbox"/> |
| | | Referred <input type="checkbox"/> | Hearing - Left | Passed <input type="checkbox"/> | Failed <input type="checkbox"/> | Referred <input type="checkbox"/> |

Optional: Hct/HGB: _____ Lead: _____ Urinalysis: _____

Gross dental (teeth and gums) Normal Abnormal _____ Refer/Tx: _____
 Head/scalp/skin Normal Abnormal _____ Refer/Tx: _____
 Eyes/Ears/Nose/Throat Normal Abnormal _____ Refer/Tx: _____
 Chest/Lungs/Heart Normal Abnormal _____ Refer/Tx: _____
 Abdomen Normal Abnormal _____ Refer/Tx: _____
 Scoliosis assessment Normal Abnormal _____ Refer/Tx: _____

This child has the following problems that may impact the educational experience:

- Vision
 Hearing
 Speech/Language
 Physical
 Social/Behavioral
 Cognitive

Specify: _____

- This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.

Recommendations (Attach additional sheet if necessary): _____

(Please Check One)

- This child may participate fully in school activities including physical education.
 This child may participate in school activities including physical education with the following restriction/adaptation.

(Specify reason and restriction) _____

ANTICIPATORY GUIDELINES

Discussed and/or handout given

SCHOOL READINESS

- Establish routines
- After-school care/activities
- Friends
- Bullying
- Communicate with teachers

MENTAL HEALTH

- Family time
- Anger management
- Discipline for teaching not punishment
- Limit TV, computer

NUTRITION AND PHYSICAL ACTIVITY

- Healthy weight
- Well-balanced diet, including breakfast
- Fruits, vegetables, whole grains, dairy

- 60 minutes of exercise/day

ORAL HEALTH

- Regular dentist visits
- Brushing/Flossing
- Fluoride

SAFETY

- Sexual safety
- Pedestrian safety
- Safety helmets
- Swimming safety
- Fire escape plan
- Smoke/carbon monoxide detectors
- Guns
- Sun
- Appropriately restrained in all vehicles

Additional comments or recommendations: _____

Signed: _____ Date: _____
Physician/APRN/PA/EPSDT Provider

Address: _____ Telephone: _____

KRS 156.160 (1) (g) requires proof of a vision examination by an optometrist or ophthalmologist. This evidence shall be submitted to the school no later than January 1 of the first year that a three (3), four (4), five (5) or six (6) year old child is enrolled in public school, public preschool, or Head Start program.

PLEASE COMPLETE THE IDENTIFYING INFORMATION

Date of student's enrollment: _____

Date of Vision Examination: _____

IDENTIFYING INFORMATION

Student Name: _____

Date of Birth: _____

Parent or Guardian Name: _____

CASE HISTORY

Date of Exam: _____

Ocular History: Normal or Positive for: _____

Medical History: Normal or Positive for: _____

Drug Allergies: NKDA or Allergic to: _____

Family Ocular and Medical History: Amblyopia Strabismus Glaucoma Diabetes

Other: _____

Other Pertinent Information: _____

Refraction with cycloplegic? (Please indicate one.) YES NO

| | OD | OS |
|-----------------------|-----|-----|
| Unaided Acuity | 20/ | 20/ |
| Best Corrected Acuity | 20/ | 20/ |

| Type of Examination | Normal | Abnormal | Notable to Assess |
|--|--------|----------|-------------------|
| External Exam (eye and adnexa) | | | |
| Internal Exam (media, lens, fundus, etc) | | | |
| Neurological Integrity (pupils) | | | |
| Binocular Function (stereopsis) | | | |
| Accommodation and convergence | | | |
| Color Vision | | | |

Diagnosis:

Normal Myopia Hyperopia Astigmatism Strabismus Amblyopia

Other: _____

Recommendations:

1 Glasses prescribed: YES NO

2 _____

3 _____

Age appropriate and suggested anticipatory guidance (health assessments):

- Educate (parents/patients) about eye/vision disorders and needed vision care
- Counsel (parents/patients) regarding eye safety
- Stress importance of early, preventative eye care
- Recommend re-examination, as appropriate

Signed: _____
Optometrist/Ophthalmologist

Date: _____

Address: _____

Telephone: () _____

Kentucky law, KRS 156.160(i), requires proof of a dental screening or examination by a dentist, dental hygienist, physician, registered nurse, advanced registered nurse practitioner, or physician assistant. This evidence shall be presented to the school no later than January 1 of the first year that a five (5) or six (6) year old is enrolled in public school.

| | |
|--|--|
| <p>Student Name: _____ Last First Middle</p> <p>Birth date: ____/____/____ Gender: <input type="checkbox"/> 0 Male <input type="checkbox"/> 1 Female</p> <p>Parent or Guardian: _____ Name Relationship</p> <p>Address: _____ City: _____</p> <p>Phone Number: _____ School: _____</p> <p>Date of Exam/Screening ____/____/____</p> | <p>Test Type (check one)</p> <p><input type="checkbox"/> Screening</p> <p><input type="checkbox"/> Exam</p> <p>Screener's Name: _____</p> <p>Screener's Address: _____</p> <p>Phone Number: _____ Screening Date: _____</p> <p>Screener's Signature: _____</p> <p>Professional affiliation: (Please check one)</p> <p><input type="checkbox"/> Dentist <input type="checkbox"/> Dental Hygienist</p> <p><input type="checkbox"/> Physician Assistant <input type="checkbox"/> Registered Nurse with training</p> <p><input type="checkbox"/> APRN <input type="checkbox"/> Physician</p> <p>Comments:</p> |
| <p>Untreated Decay: (Check one)</p> <p><input type="checkbox"/> 0 No untreated cavities</p> <p><input type="checkbox"/> 1 Untreated cavities</p> | <p>Treated Decay: (Check one)</p> <p><input type="checkbox"/> 0 No treated cavities</p> <p><input type="checkbox"/> 1 Treated cavities</p> |
| <p>Pattern of Early Childhood Cavities: (Check one)</p> <p><input type="checkbox"/> 0 No Early Childhood Cavities</p> <p><input type="checkbox"/> 1 Early Childhood Cavities Present</p> | <p>Treatment Urgency: (Check one)</p> <p><input type="checkbox"/> 0 No obvious problem</p> <p><input type="checkbox"/> 1 Early dental care needed</p> <p><input type="checkbox"/> 2 Referral for Urgent Care</p> <p>NOTE: Comment required if marked.</p> |

Boone County Schools

2021-2022 Student Transportation Form

School: _____ School Code: _____ T Code _____ School Year: _____

Gender: _____ Grade: _____ Student ID: _____ Teacher: _____

Student Name: _____ D.O.B _____

CIRCLE ONE: K=ALL DAY KA=AM KINDERGARDEN KP= PM KINDERGARDEN

All students will be routed to their home address unless an alternative address is provided.

Home Address: _____

City/State/Zip: _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

BUS TRANSPORTATION NEEDED YES OR NO IF YES, CHOOSE OPTION(S) BELOW

- BUS TRANSPORTATION TO SCHOOL (AM) ONLY
- BUS TRANSPORTATION FROM SCHOOL (PM) ONLY
- BUS TRANSPORTATION TO & FROM SCHOOL (AM&PM) *

ALTERNATIVE PICKUP & DROP OFF LOCATIONS

Per District Policy, students are permitted ONLY 1 AM and 1 PM Drop Off and Pick Up

**** NO ALTERNATE DAYS ****

ALTERNATE PICK-UP AND/OR DROP-OFF LOCATION NEEDED (Must be inside school boundaries)

If using an alternate address, please provide the following:

Pick-up Location: _____

Drop-off Location: _____

Leave this area blank if being transported to home address or no transportation is needed.

Student Transportation Information

To be Completed by School Official Only

AM Pick-up Information:

Bus # _____ Stop Location: _____

PM Drop-off Information:

Bus # _____ Stop Location: _____

Car Rider Number _____ Daycare Name and Assigned # _____



BOONE COUNTY SCHOOLS

PARENTAL CONSENT FOR RECORD RELEASE

To Principal of: _____
(Name of School)

(Address)

(City, State, Zip)

I am the parent/legal guardian of _____
(Name of Student) (DOB)

You are authorized to:

- Release the checked information
- Release all information

- | | | | |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | 1. Cumulative Records | <input type="checkbox"/> | 6. Gifted File |
| <input type="checkbox"/> | 2. General identifying data (Name, Address, DOB, Grade Level Completed, Grades, Class Standing, Attendance Record) | <input type="checkbox"/> | 7. Title I File |
| <input type="checkbox"/> | 3. Standardized Achievement and Aptitude Test Scores | <input type="checkbox"/> | 8. ESS File |
| <input type="checkbox"/> | 4. Medical/Health Records | <input type="checkbox"/> | 9. Limited English Proficiency/English as Second Language File |
| <input type="checkbox"/> | 5. Special Education Due Process File | <input type="checkbox"/> | 10. Record of Extra-Curricular Activities |
| | | <input type="checkbox"/> | 11. Other (Specify) _____ |

To: _____

The reason for this request is:

- Transfer to school due to change in residence
- Other - Specify _____

Signature of Parent or Legal Guardian

Address City

Date Phone Number

Goodridge Elementary School CUSTODY DISCLOSURE FORM

Goodridge Elementary staff is responsible for educating your student and keeping them safe while in our care, **NOT** for determining which parent or guardian may check a child in/out of school, etc. If custodial or guardianship issues exist when you register your child, it is your responsibility to provide custodial documentation to the front office. **NOTE:** A current legal court document must be provided to ensure compliance with custody orders. *Any other documentation must be reviewed and approved by the District Director of Pupil Personnel.*

Please inform your child's school of changes in custodial arrangements.

Information on Rights of Parents from the Family Education Rights and Privacy Act (FERPA)

An educational agency or institution shall give full rights under the Act to either parent, unless the agency or institution has been provided with evidence that there is a court order, State statute, or legally binding document relating to such matters as divorce, separation or custody that **specifically revokes these rights.** (Authority: 20 U.S.C. 1232g)

Please check the current custody/guardianship arrangement (check only one):

- 1. Parents/guardians are together residing at the same residence
- 2. Single parent (father and mother are listed on the birth certificate)
- 3. Single parent (father **is not** listed on birth certificate)
- 4. Single parent (mother **is not** listed on birth certificate)
- 5. Parents/guardians divorced/separated – joint custody
- 6. Parents/guardians divorced/separated – sole custody
- 7. Parents have never been married and have no legal custody papers
- 8. Custody/guardianship is transferred by courts
- 9. **Restricted pickup (legal documentation must be provided)**

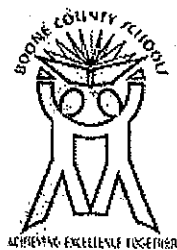
Please check all that apply:

- I have disclosed my current custody/guardianship arrangement
- I have attached a copy of those pages of the legal court documents that describe custody arrangements (must have page including judges signature)
- I understand that it is my responsibility to update my child's school of changes in custody

Student Name (please print) _____

Signature of Parent/Guardian

Date



Statement of Non-Disclosure
Of
Social Security Number

Date: _____

Parent/Guardian Name: _____

Address: _____

School Attending: _____

Student Name: _____ DOB: _____

In signing this waiver, I acknowledge that I am refusing to provide a copy of my child's Social Security Card to the Boone County School District. By signing this waiver your child **will not be eligible** for the **Kentucky Educational Excellence Scholarship** funds for their college education.

I also understand that any programs requiring my child's SS# for participation, within the Boone County School District and/or the Kentucky Department of Education, will not be available to my child.

Parent Signature _____ DATE: _____

Kentucky Parental Notice for One Time Consent to Allow the School District to Access Kentucky Medicaid Benefits

School District Name: **Boone County Schools**
School/District Contact: **Cathy Surprenant – 859-282-2553**

Dear Parent/Guardian:

The purpose of this letter is to ask for your permission to release information needed to recover costs from Medicaid for eligible school-based services. Local education agencies in Kentucky have been approved to receive partial reimbursement from Kentucky's Department for Medicaid Services (DMS) for the costs of certain health-related services provided by the district to your child (or children).

With your permission, the school district will be able to seek partial reimbursement for medically necessary services to Medicaid recipients in accordance with an Individualized Education Program (IEP), an Individual Family Service Plan (IFSP), or are otherwise medically necessary.

The school district will need to share following types of information about your child: name, date of birth; gender; social security number, Individual Education Plan, Service records and any relevant information. Each year, the district will provide you with notification regarding your permission; you do not need to sign a form every year.

The school district cannot share information about your child without your permission. When you give permission, please be advised of the following:

1. This will allow the release of information, for the sole purpose of billing Medicaid services or auditing, to the following agencies: DMS, Kentucky Department of Education (KDE), Kentucky Department for Public Health, Centers for Medicare and Medicaid Services (CMS), any agency commissioned to audit this program and contractual third-party billing agents.
2. The school district cannot require you to pay anything towards the cost of your child's health-related and/or special education services.
3. This will not affect your child's available lifetime coverage or other Medicaid benefit; nor will it in any way limit your own family's use of benefits outside of school. This will not affect your child's special education services or IEP rights; and it will not lead to any risk of losing eligibility for other Medicaid or DMS funded programs.
4. You have the right to change your mind and withdraw your permission at any time.

I give permission to the school district to share with DMS information concerning my child(ren) and their health-related services, as necessary. I understand that this will help our school seek partial reimbursement of DMS covered services.

Parent/Guardian Signature: _____ Date: _____

| | | |
|----------------------|-----------------------|-------------------------|
| Child's Name: | Date of Birth: | Medicaid Number: |
| | | |

Acceptable Technology Use, Procedures, Rights, and Responsibilities

We believe everyone deserves a safe, supportive, and orderly learning environment.

Boone County Schools recognizes that access to technology in school gives students greater opportunities to learn, engage, communicate, and develop skills that will prepare them for work, life, and citizenship. We are committed to helping students develop 21st century skills. We provide access to technologies for students, staff, and parents for educational purposes. While the District will make every effort to prevent inappropriate use, it is impossible to filter all inappropriate content. Students, staff, and parents are expected to adhere to the procedures and guidelines outlined in this Acceptable Technology Use document and the Boone County Board of Education Acceptable Use Policy (08.2323) when using district/school provided technology, *district provided credentials* or personally-owned technology (on district property).

Roles and Responsibilities of Students

Technology and network access is intended solely to support educational goals and instruction. Students are expected to use resources responsibly and will be held accountable for their behavior and communications. All communications, data, and files stored or transmitted via the district resources may be reviewed and/or removed.

Roles and Responsibilities of Staff

The use of technology requires all users to be safe and responsible digital citizens. The schools and District utilize the following strategies to help keep users safe:

- Schools provide Internet safety and digital citizenship instruction each year.
- Teachers and staff actively monitor technology use in the classroom.
- Internet access will be filtered as required by state and federal regulations and school policies. Internet activity may be monitored and recorded at any time.
- Network and school administration may review files and communications to ensure appropriate use.

Roles and Responsibilities of Parents/Guardians

- Partner with the District to teach students to use technology safely and appropriately.
- Model appropriate use of technology resources and accounts, including maintaining data privacy.

Examples of Acceptable Use Include (but are not limited to):

- Use the provided school network/email account in an ethical, responsible, and legal manner for school related tasks that are consistent with the educational objectives of the Boone County Schools.
- Maintain the privacy of personal information such as name, address, phone number, account passwords, social security numbers, and respect the privacy of others.
- Use online/network resources (including email) as instructed and for educational purposes.
- Store and share only appropriate student work and instructional media in provided storage spaces.
- Use school and/or personal technology only at approved times for educational purposes.

Examples of Unacceptable Use Include (but are not limited to):

- Access, send, and/or willfully receive any content that is inappropriate, offensive, harassing, or profane in nature or that which promotes violence or illegal activity.
- Willfully waste limited resources or use them for non-academic purposes - (file storage, printing, bandwidth).
- Use or share another person's username or password, or share your username and password with others.
- Compromise the network and its settings in any way - (hacking, spamming, proxy bypass, etc.)
- Use the school network for personal gain, entertainment, political promotion, or activities unrelated to school.
- Violate copyright laws or commit plagiarism including the copying of software, music, or other copyright protected files.

- Intentionally damage or steal district or personal technology-related property.
- Engage in cyberbullying, harassment, or disrespectful conduct toward others.
- Record, transmit, or post images/sound/video of a person or persons during school activities and/or hours, unless otherwise directed by a teacher for a specific educational purpose.
- Teachers friending and/or following students on social media used for personal purposes.
- Obtain network/Internet/program access using another user's personal login credentials.

District-Owned Devices

Staff and students may be assigned district-owned mobile devices (laptops/Chromebooks) and chargers. These devices may go home as instructional needs require. Staff and students assume financial responsibility for damages incurred outside of normal, responsible use or theft of district property. Per 08.2323 in Board Policy, individuals shall reimburse the Board for repair or replacement of district property lost, stolen, damaged or vandalized while under their care. Repair/replacement costs will be quoted by the appropriate vendor for pricing.

Personally-Owned Devices Connected to the District Network

Students meeting building requirements and having a signed Acceptable Use Form (page 1) may be allowed to connect their personally-owned devices to the district provided Internet. Internet access via the district network will be filtered, monitored, and will require students to log in using their district credentials. Parents/Guardians are responsible for what students may access through any non-district wi-fi or cellular connections. The District is not responsible for service, support, damage to, or loss of personal devices. Students are expected to use devices for educational purposes and only with consent of school staff.

Online Activity

Internet-based resources that can enhance educational activities are growing in number each day. The District may provide access to sites or tools that support communication and collaboration with others in addition to general productivity. Students are reminded to communicate appropriately and safely via these resources and that communication may be monitored. **Use of any website outside of the district's control is subject to their terms of use and may require specific permission in addition to the Acceptable Use Form (page 1).**

Online activity is filtered using Lightspeed Systems Web Filter. When students are logged into Chrome using their school credentials, all online activity is filtered using Lightspeed Systems Web Filter. This applies to all devices whether school owned or otherwise that a student may log into: district device, home device, device at the public library, etc.

Violations of the Acceptable Use Policy

Upon enrollment, all students will have access to a user account, where they will be given network access, an email account, and network storage space. Students who violate the Acceptable Use Policy (08.2323) or the Telecommunication Devices Policy (09.4261) are subject to disciplinary action per the Code of Conduct.

Consent for Use

By signing the form, Acceptable Use Form (page 1), you hereby accept and agree that your child's rights to use the electronic resource provided by the District and/or the Kentucky Department of Education (KDE) are subject to the terms and conditions set forth in District policy/procedure. Please also be advised that data stored in relation to such services is managed by the District pursuant to policy 08.2323 and accompanying procedures. You also understand that the e-mail address provided to your child can also be used to access other electronic services or technologies that may or may not be sponsored by the District, which provide features such as online storage, online communications and collaborations, and instant messaging. Use of those services are subject to either standard consumer terms of use or a standard consent model. Data stored in those systems, where applicable, may be managed pursuant to the agreement between KDE and designated service providers or between the end user and the service provider. Before your child can use online services, he/she must accept the service agreement and, in certain cases, obtain your consent.

Acceptable Technology Use, Procedures Rights and Responsibilities Acknowledgement

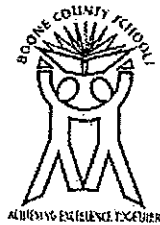
I have read and understand the guidelines outlined in the Boone County Schools' Acceptable Technology Use, Procedures, Rights and Responsibilities document.

Boone County Schools' network communications are not private, and may be viewed by Boone County School personnel, or by someone appointed by them, to ensure that all guidelines are followed. Violation of the terms listed in the AUP will result in a loss of access to the Boone County Schools' network and may result in other disciplinary action under the Teacher Code of Conduct and/or Board Policy.

Student Printed Name

Parent Signature

Date



Boone County Schools Permission to Videotape/Photograph/Publish

PLEASE COMPLETE THIS FORM AND SUBMIT IT TO THE SCHOOL.

Dear Parent/Guardian: _____

At some time during the school year, school/District personnel or other District-authorized persons may videotape or photograph classroom activities or special projects in which your child participates during or after the school day for staff/student evaluative, educational, or public awareness or fund raising purposes. Such videotapes or photographs may be viewed by peers, faculty, or administrators. On special occasions such as a videotape or photograph of a class or school play or of an academic or athletic event, the film or photograph may be viewed by a general audience including, but not limited to, publication on the school or District Web site, event programs and newsletter and in school yearbooks,

Please review this form carefully, sign and date the form, and submit the form to the school. Although we will make efforts to comply with your request, bear in mind that we cannot monitor all adults at all times, especially during the special occasions when other parents may take pictures or may tape the event.

Once signed and dated, this form shall remain in effect for your child's enrollment in the District schools. However, at any time during the school year, you may amend this form only for future uses/preferences by notifying the Principal in writing of your request.

As the parent(s)/guardians(s) of _____, I/we give the
Student's Name

Boone County School District permission to release my/our child's name, photograph, and/or audio/video reproduction for publication concerning school functions and activities, including academic and athletic activities.

Name of Parent(s)/Guardian(s) *(Please print.)* _____

Parent/Guardian's Signature _____
Date

Parent/Guardian's Signature _____
Date

Principal/Designee's Signature _____
Date

Goodridge Elementary Videotape/Photography/Publish Release Form

At some time during the school year, school/District personnel or other District authorized persons may videotape or photograph activities or special projects in which your child participates during or after the school day for staff/student evaluation, educational, or public awareness purposes. Such videotapes or photographs may be viewed by peers, faculty, or administrators. On special occasions such as a videotape or photograph of a class or school play or of an academic or athletic event, the film or photograph may be viewed by a general audience including, but not limited to, event programs and newsletters, or on the school or District Web site.

All Goodridge Elementary students will have their name and picture included in the yearbook.

If you wish for your child to be EXCLUDED from the yearbook, please indicate below.

Please review this form carefully, sign, date and submit to the school.

_____ I give the Boone County School District permission to release my child's name, photograph, and/or audio/video reproduction for publication concerning school functions and activities, including academic and athletic activities.

_____ Please DO NOT publish my child's picture in the yearbook.

_____ I do not give the Boone County School District permission to release my child's name, photograph, and/or audio/video reproduction for publication concerning school functions and activities, including academic and athletic activities.

Child's Name : _____

Parent/Guardian's Name: _____

Date: _____

Digital Tools that Require Parent Permission

Goodridge Elementary School will use the following tools: Google Classroom, Envision, Lexia, Dreambox, Clever, ST Math, RAZ Plus, and Seesaw. This is a tentative list and more could be added. By signing below, you give permission for your child to use the tools referenced above and others that may be added for instructional purposes.

Chromebook Care

By signing below, you agree to the following chromebook care. Students will:

- Leave all keys intact
- Carry the device with the lid down
- Refrain from storing it on the floor where it can be stepped on
- Refrain from eating and drinking around the chromebook
- Refrain from putting tape or stickers over the camera
- Keep it safe from children under the age of 5
- Refrain from placing items on top of the chromebook
- Be mindful to not leave the chromebook sitting on top of furniture
- Be mindful of the cord location as to not trip someone and cause damage to the chromebook
- Refrain from writing on or placing stickers on the chromebook

By signing below, you acknowledge that you give permission for your student to use the above mentioned programs and will abide by the chromebook care listed above.

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Student Signature: _____