



Huron School District

32044 Huron River Dr. New Boston, MI 48164 P: (734)-782-2441

District Enrollment Packet

Student enrollments are completed at the school building the student will be attending. All enrollments must be completed in person by a parent or legal guardian. All paperwork must be available at the time of enrollment.

<i>Miller Elementary</i>	<i>18955 Hannan Rd.</i>	<i>(734)753-4421</i>
<i>Brown Elementary</i>	<i>25485 Middlebelt Rd.</i>	<i>(734)782-2716</i>
<i>Renton Junior High</i>	<i>31578 Huron River Dr.</i>	<i>(734)782-2483</i>
<i>Huron High School</i>	<i>32044 Huron River Dr.</i>	<i>734)782-5360</i>

Documentation provided by the parent/guardian:

Required

- o Original Birth Certificate (with raised seal)
- o Immunization Record (official copy from physician or health department)
**If the student's immunization record is incomplete due to medical or personal reason a waiver provided by a physician or the health department must be provided.*
- o Proof's of Residency - All 3 are required
 1. Current mortgage statement, property tax bill, closing papers, or lease agreement
 2. Valid Michigan Driver's License or Michigan I.D Card
 3. Utility bill, phone bill, bank statement, vehicle or voter's registration, or payroll check
**these are just a few example, the third proof needs to be an official statement with the parent/guardians name and current address*

Optional (Please provide if these document apply to the student)

- o IEP - Individualized Educational Program - If the students has a current or has had an IEP, please provide for the school to make a copy.
- o Court Documents - Any certified court paperwork that would pertain to the student, such as placement papers, guardianship, custody agreement, etc.

Forms

- o New student Enrollment Form
- o Request for Records - Only applies to students who have been enrolled in another school for K-12
- o Home Language/Ethnicity Form
- o District Consent Form
- o McKinney Vento Form
- o Concussion Form
- o Student Network and Internet Acceptable Use and Safety Form
- o Volunteer Consent Form (if applicable)
- o Medication Prescriber/Parent Authorization Form (if applicable)



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District Enrollment Packet

Today's Date

Enrollment Grade

For Office Use Only

School: _____ Teacher/Counselor: _____

Student Demographics

Last Name (Legal)

First Name (Legal)

Middle Name

Suffix (ex: Jr.)

Birthdate

Birth Place (City and State)

Gender: Female Male

Parent Phone Number

Parent Email Address

Huron Township Resident?
Yes No

Primary Street Address

City

Zip

Student lives at the above address with:

Both parents/guardians Father Only Mother & Step Parent
 Mother Only Joint Custody Father & Step Parent
 Other (please explain): _____

Office Use Only: SOC?
Yes No

School History (Please list all previous schools the student has attended)

	School Name	Location (City & State)	Grades attended (last day of attendance for most recent)
1			
2			
3			

Has the student previously attended Huron School District?

Yes, last grade attended? _____ No

Has the student been retained?

Yes, which grade? _____ No

Has the student previously or is the student now receiving special services? Yes No

- Speech 504 Plan
- Special Education Other: _____
- Early Intervention Please check if the student's IEP is current (have available to copy)

Student's Health

Student has no known health issues Yes No

Student has the following health issues (ex: asthma, allergies (please list), heart condition, etc.)

Does the student require medication at school (ex: inhaler, epi-pen, etc.)? Yes No

**If yes, please complete the district Medication Prescriber/Parent Authorization Form*

Parent/Guardian Information

Please log into ParentConnect to keep this information up to date throughout the school year.

Contact #1 - Parent Guardian Other: _____

Lives with Student:

Yes No

Name (First and Last)

Relationship to Student

Phone Number

Address (Street) Complete if contact DOES NOT live with the student)

Email Address

City & Zip

Work Phone

Contact #2 - Parent Guardian Other: _____

Lives with Student:

Yes No

Name (Frist and Last)

Relationship to Student

Phone Number

Address (Street, City & Zip. Complete if contact DOES NOT live with the student)

Email Address

Place of Work (Including Location)

Work Phone

Emergency Contact Information

In the case of an emergency, and the above contacts can not be reached, please contact those listed below.

**Please log into ParentConnect to keep this information up to date throughout the school year.*

	First & Last Name	Relationship to the Student	Phone Number
Emergency Contact #1			
Emergency Contact #2			
Emergency Contact #3			
Emergency Contact #4			

Sibling Information

Please list all sibling information. If applicable list the school they attend.

First and Last Name

Age

School

First and Last Name

Age

School

First and Last Name

Age

School

I, the undersigned, certify that the information on this registration form is accurate to the best of my knowledge. I acknowledge that any inaccurate or incomplete information may jeopardize the student's admission eligibility. I also agree, in the event this registration form is accepted, to abide by the rules, regulations, and policies of the Huron School District. The Huron School District will not provide transportation for School of Choice students.

Parent/Guardian Signature

Date



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Student Enrollment - Request for Records

Student's Name

Birthdate

Grade

Requested From/Name of School:

Address:

City/State/Zip:

Phone:

I hereby give permission for my child's school records (Transcript, Cumulative Record, Health Record, and Test Scores, as well as any Special Education records, if applicable) to Huron School District.

Parent/Guardian Signature

Date

This section below is for school use

PLEASE RETURN THIS FORM WITH THE RECORDS TO THE ADDRESS LISTED BELOW

- | | |
|---|---|
| <input type="radio"/> Huron High School
Counseling Office
32044 Huron River Drive
New Boston, MI 48164
(734)782-5360
(734)783-1534 Fax | <input type="radio"/> Renton Junior High
31578 Huron River Drive
New Boston, MI 48164
(734)782-2483
(734)783-0327 Fax |
| <input type="radio"/> Miller Elementary
18955 Hannan Rd.
New Boston, MI 48164
(734)753-4421
(734)753-4270 Fax | <input type="radio"/> Brown Elementary
25485 Middlebelt Rd.
New Boston, MI 48164
(734)782-2716
(734)783-0326 Fax |

School Transfer Weapons Free School Zone Statement

In order to comply with Public Act 328, please verify that the above named student has not been suspended or expelled from school for a weapons, arson, or criminal sexual conduct violation subsequent to January 1, 1995. If the above named student has been suspended or expelled for one of the above named violations, please attach an explanation as to the current status of the student. In accordance with Michigan Public Act 328, Huron School District School's Board of Education shall permanently expel a pupil who possesses a weapon in a weapon-free school zone, commits an arson violation, or a sexual assault violation. Students expelled under this policy are expelled from all Michigan school districts unless placed in an appropriate alternative education program.

Violation/Infraction (Check all that apply):

- Weapons Possession
- Arson
- Sexual Assault

Date of violation: _____

Date of Expulsion: _____

Signature of School Official/Name of School

Date



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Student Enrollment - McKinney Vento

This form is intended to address the requirements of the McKinney-Vento Act as amended by the Every Student Succeeds Act of 2015 (ESSA). The questions below are to assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act.

To be completed by Parent/Guardian/Unaccompanied Youth:

Student's Name: _____	Birthdate: _____	
Gender: _____	Race: _____	Grade: _____
Date of Enrollment: _____	Name of School: _____	

Student's Living Situation:

- Temporarily sharing a house due to loss of housing, economic hardship, or similar reason
- In a motel, hotel, or campground due to lack of alternative accommodations
- In an emergency or transitional shelter or hospital
- In a living arrangement not described that is not fixed, regular and
- Awaiting Foster Care placement
- Unaccompanied youth and/or runaway
- None of the above (if you check this box, sign below and then DO NOT complete the remainder of this form)

Parent/Guardian Name: _____ Is Parent a Veteran? _____

Temporary Address: _____

Phone Number: _____

Brief description of circumstances leading to this living situation: _____

How long has the student lived in this situation? _____

Expected length of stay in this situation? _____

- I am interested in receiving services and I am aware that information will be exchanged between the Huron School District and Wayne-Metropolitan Community Action Agency in order to provide services to this student under the McKinney Vento Act. (complete the back of this page)
- I am not interested in receiving services. (sign and Do Not complete the back page)

Parent/Guardian Signature _____

Date _____

Determination of needs and services (McKinney Vento Cont.)

Enrollment: - Currently needing follow-up for the following documents:

- Proof of Residency
- Proof of Birth Certificate or Passport
- Immunizations

Transportation:

- No Transportation Required
- District Bus Procedures Adequate
- Additional/Extended Bus Route (upon district approval)
- Reimbursing Family (upon district approval)
- Special Education Transportation
- Other (specify): _____

Meals:

- Free/Reduced Lunch
- Free/Reduced Breakfast
- Free/Reduced meals not needed at this time

Other Needs:

- School Clothing
- Backpack
- Other: _____
- School Supplies
- School Activity Fees

Previous district programs this student was enrolled in and/or in need of:

- Special Education
- Section 504
- Gifted/Talented
- Academic Support
- English Language Learner
- Behavior Support
- Vocational Education
- Student attending Alternative School

I declare that I am the parent/legal guardian of the above named student that is seeking enrollment. Under penalty of perjury under the laws of this state, I declare that the information provided here is true and correct to and of my own personal knowledge and that, if called to testify, I would be competent to do so.

I am aware that information will be exchanged between Huron Schools and Wayne-Metropolitan Community Action Agency in order to provide services to this student under the McKinney Vento Act.

I have received information regarding rights and protections under the McKinney Vento Homeless Assistance Act.

Parent/Guardian Signature (School Liaison if applicable)

Date

Staff Initials

Office Use Only: Entered into MiStar _____ Entered into JIRA _____ Verify FS _____



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Student Enrollment - District Consent Form

Student's First and Last Name

Birthdate

Grade

Teacher

Field Trip Release

I give permission for my child to attend any authorized and publicized school events that would include bussing or walking as a means of transportation.

- AGREE DISAGREE

Media Release

I authorize the Huron School District to use photographs, audio recordings, slides, films, video recordings or press releases, in which the above named student appears for publication purposes. The purpose of this release form refers to educational publications, newspapers, Huron School Websites, and/or television.

- AGREE DISAGREE

Medical Emergency

I hereby authorize the teacher, administrator or other school personnel to take my child to the doctor or hospital that will care for my child in the case that they are unable to contact any of the persons listed as an emergency contact. The parents/guardians will pay for any expenses incurred by the emergency.

- AGREE DISAGREE

Military Family

The student's parent or legal guardian, whom they currently live with, is an active member in the Armed Forces (Army, Navy, Air Force, Marines, Coast Guard, Michigan National Guard, or any of the Reserve United States Forces or on Active Duty).

- No Yes, please list which branch: _____

Military Release (High School only)

High School students and their parents/guardians may prevent disclosure of a student's name, address and telephone number to military recruiting representatives who can only use that information to provide information to the students concerning educational and career opportunities available in the U.S. Armed Forces or service academies.

I DO NOT want information released to the military—please sign here: _____

Parent/Guardian Signature

Date

Office Use:

- Appropriate staff have been notified of any "Disagree" statements for this student.



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Student Enrollment - Home Language/Ethnicity

Student's First and Last Name _____

Birthdate _____

Grade _____

Students Home Language

The Huron School District is collecting information regarding the language background of each of its students. This information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1151-380.1158 of the School Code of 1976, Michigan's Bilingual Education Law.

Please answer both parts.

1. Is the student's primary language English? Yes No

*Primary meaning the language he or she speaks on a regular basis.

If no, what is the student's primary language? _____

2. Is the language spoken in the students home English? Yes No

If no, what is the language spoken in the student's home? _____

Student's Race and Ethnicity (Complete both parts 1 and 2)

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

2. What is the Student's race? (choose all that apply)

- American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintain tribal affiliation)
- Asian (A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, 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/Other Pacific Islander (A person having origins in any of the original people of Hawaii, Guam, Samoa or Pacific)
- White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa)

Citizenship Status

Was the student Born in the United States? Yes No

If no, what country was the student born in? _____

If no, where and when did the student first attend school in the United States?

Location: _____ Date: _____

*Please provide student's passport or any other documentation to the school

Parent/Guardian Signature _____

Date _____



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Medication Prescriber/Parent Authorization

PLEASE ONLY FILL THIS FORM OUT IF NECESSARY

It must be signed by a Physician

Administration of prescribed medication during school hours by school personnel requires a labeled pharmacist bottle with physicians name each time a supply is sent. Non-prescription medication must be sent in original containers.

Student Name Birthdate Age

Address Phone

School Grade School Year

Medication Name	Dose	Time to be Given	Form/Route*	Side Effects	Adverse Reactions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Medication Name	Dose	Time to be Given	Form/Route*	Side Effects	Adverse Reactions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Routes - oral (pill/capsule/chewable/liquid) - inhaled (inhaler/nebulizer) - topical (skin application/eye drop/ointment/ear drop) - injection - other (list)

List minimal frequency between doses (especially is PRN):

If PRN, list symptoms/conditions under which medication is to be given:

Reason for Medication #1 (optional)

Reason for Medication #2 (optional)

Special Instructions:

Physician's Signature Date Physician's Printed Name

Physician's Address Phone Fax

Parent Authorization

I request that school personnel give my child the medication ordered above according to standard school policy.

Parent/Guardian Signature** Date

For Parents of Secondary Students Only - Complete Above Information and Sign Below

My son/daughter has my permission to self administer this medication.

High School No
 Yes - Unsupervised***

Parent/Guardian Signature Date

Huron School District
Consent for Disclosure of Immunization Information to
Local and State Health Departments



Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the student's name, date of birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C 1232g, requires written parental consent before personally identifiable information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

I authorize Huron School District to release my child's immunization record to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunizations services and to help schools comply with Michigan Law, This includes any immunization information and limited personally identifiable information from the school.

Student's Name: _____ Date of Birth: _____
____/____/____

Signature of Parent/Guardian or Eligible Student:

Date: _____

Printed Parent/Guardian Name:

Concussion

INFORMATION SHEET



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.


What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - Work with their coach to teach ways to lower the chances of getting a concussion.
 - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - Ensure that they follow their coach's rules for safety and the rules of the sport.
 - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no “concussion-proof” helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.

 **Plan ahead.** What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just “don't feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events *prior to* or *after* a hit or fall

Symptoms Reported by Children and Teens

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not “feeling right,” or “feeling down”

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*



CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away, or if they get worse after they return to their regular activities.

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

Children and teens who continue to play while having concussion symptoms, or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a child or teen for a lifetime. It can even be fatal.

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

To learn more, go to [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)



Discuss the risks of concussion and other serious brain injuries with your child or teen, and have each person sign below.

Detach the section below, and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injuries.

- I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete's Name Printed: _____ Date: _____

Athlete's Signature: _____

- I have read this fact sheet for parents on concussion with my child or teen, and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian's Name Printed: _____ Date: _____

Parent or Legal Guardian's Signature: _____



HURON SCHOOL DISTRICT TECHNOLOGY USE AGREEMENT

Please read this document before signing

We are pleased to offer technology to the students and staff in the Huron School District and believe technology offers vast, diverse and unique resources to both students and teachers. Our goal, in providing this service to teachers and students, is to promote educational excellence in schools through facilitating resource sharing, innovation and communication.

With access to technology and people all over the world comes the availability of material that may not be considered of educational value in the context of the school setting. On a global network it is impossible to control and filter all materials. An industrious user may discover controversial information. We (the Huron School District) firmly believe in the valuable information and interaction available on this world-wide network.

Internet access is coordinated through a complex association of government agencies, as well as regional and state networks. In addition, the smooth operation of the network relies upon the proper conduct of the end users who must adhere to strict guidelines. These guidelines are provided here so that you (staff, student and/or guardian) are aware of the responsibilities you are about to acquire. In general, efficient, ethical and legal utilization of the network resources are required. If a Huron School District user violates any of these provisions, his or her technology access may be terminated and future access could possibly be denied. The signature(s) at the end of this document is (are) legally binding and indicates the party (parties) who signed has (have) read the terms and conditions carefully, understand(s) their significance and agree(s) to carefully adhere to them.

In compliance with the Children's Internet Protection Act (CIPA) requirements, as codified at 47 U.S.C. § 254(h) and (l), the Huron School District, through Wayne County RESA has in place a filtering software that restricts access to inappropriate and harmful materials on the Internet for all network users, including minors. Huron School District, in conjunction with Wayne County RESA and through direct observation has the right and ability to monitor and track all network and Internet activity. Please be aware that filtering software is not guaranteed protection against access to inappropriate sites.

Technology and Internet - Terms and Conditions

- 1) **Acceptable Use** - The purpose of technology, in particular the Internet, is to support research and education in and among academic and resource institutions throughout the world by providing access to unique sources and the opportunity for collaborative work. The use of your access must be in support of education and research and consistent with the educational objectives of the Huron School District. Use of other organizations' network and computing resources must comply with the rules appropriate for that network. Transmission of any material in violation of any U.S. or State regulation is prohibited. This includes but is not limited to:
 - a. **Compliance with Laws** - Will comply with all applicable local, state, federal and international laws and regulations (including, without limitation the U.S. Export Administration Act) relating to transmission and use of content on the Huron School District Network, RESA Network and the Internet.



HURON SCHOOL DISTRICT TECHNOLOGY USE AGREEMENT

- b. **Intellectual Property** - Will not violate any use or other rights of computer software, any trade secret, copyright, moral patent, privacy or other protectable proprietary or intellectual property rights of Huron School District, Wayne RESA or any third party.
 - c. **Offensive Material** - Will not submit, publish, copy or intentionally display any defamatory, libelous, slanderous, inaccurate, abusive, profane, obscene, sexually explicit, threatening, harassing, embarrassing, harmful, hateful, racially or ethnically offensive or other similarly offensive or illegal material.
 - d. **Controlled Substance** - Will not make available or encourage the use, sale or distribution of controlled substances.
 - e. **Commercial Use** - Will not distribute advertising, promotional material or other forms of solicitation for personal advantage.
 - f. **Impersonation** - Will not impersonate any person or entity or communicate under a name the user is not entitled or authorized to use.
 - g. **Confidential Information** - Will not disclose or otherwise distribute to any third party any information not intended for general distribution. This includes electronic mail (e-mail) and Huron School District personnel, financial, strategic or other business information.
 - h. **Personal Software** - Huron School District maintains a standard installation of software on all supplied computer equipment. User will not knowingly add, delete, or modify software on such Huron School District supplied computer equipment.
- 2) Privileges** - The use of Technology and the Internet is a *privilege*, not a right, and inappropriate use may result in cancellation of those privileges. Additional disciplinary action may be determined at the building level in line with existing practice regarding inappropriate language or behavior in line with the Student Code of Conduct as listed in the Student Handbook. The administration, faculty and staff of the Huron School District may deny, revoke or suspend specific user access.
- 3) Network Etiquette** - You are expected to abide by the generally accepted rules of network etiquette. These include (but are not limited to) the following:
- a. Be polite. Do not get abusive in your messages to others.
 - b. Use appropriate language. Do not swear, use vulgarities or any other inappropriate language.
 - c. Do not reveal your personal address or phone number, or those of students or employees of the Huron School District.
 - d. Note that electronic mail (e-mail) is not guaranteed to be private. People who operate the system do have access to all mail. Messages relating to or in support of inappropriate or illegal activities will be reported to school administrators and/or the authorities.
 - e. Do not use the network in such a way that you would disrupt the use of the network by others.
 - f. Illegal activities are strictly forbidden.



HURON SCHOOL DISTRICT TECHNOLOGY USE AGREEMENT

- 4) **On-line safety** - Users will abide by the following:
 - a. I will tell a staff member if I come across information that makes me feel uncomfortable.
 - b. I will never agree to get together with someone I "meet" on-line without first checking with a parent/teacher. In addition, the meeting will include the adult and will be held in public.
 - c. I will never transmit pictures of myself or staff.
 - d. I will not respond to messages that are mean or in any way make me uncomfortable. It is not my fault if I get such a message. If I do, I will tell a staff member right away.
 - e. I will talk with a staff member so rules can be set up for going on-line. We can decide on the time of the day, the length of time I can be on-line and appropriate areas for me to visit. I will not access other areas or break these rules.
- 5) **Huron School District** makes no warranties of any kind, whether expressed or implied, for the service it is providing. Huron School District will not be responsible for any damages you suffer. This includes loss of data resulting from delays, non-deliveries, mis-deliveries or service interruptions caused by its own negligence or your errors or omissions. Use of any information obtained via the Internet is at your own risk. Huron School District specifically denies any responsibility for and accuracy or quality of information obtained through these services.
- 6) **Security** - Security on any computer is a high priority, especially when the system involves many users. If you feel you can identify a security problem on the Internet, you must notify a staff member. Do not demonstrate the problem to other users. Students will not access RESA or any third party computer systems, databases, networks or other information without prior authorization. Do not use another user's credentials.
- 7) **Vandalism** - Vandalism may result in cancellation of privileges. Vandalism, as defined in the student handbook, as well as any malicious attempt to harm or destroy any form of data, data of another user, equipment or any of the programs of the above listed agencies or other networks that are connected to the Internet backbone. This includes, but is not limited to, the uploading or creation of computer viruses.



HURON SCHOOL DISTRICT TECHNOLOGY USE AGREEMENT

Google Apps for Education

The Huron School District utilizes Google Apps for Education for students, teachers, and staff. This permission form describes the tools and student responsibilities for using these services. As with any educational endeavor, a strong partnership with families is essential to a successful experience.

Google Apps for Education is available for grades 1st – 12th and are hosted by Google as part of Huron School District online presence. Using these tools, students collaboratively create, edit and share files and websites for school related projects and communicate via e-mail with teachers and staff. These services are entirely online and available 24/7 from any Internet-connected computer. Examples of student use include showcasing class projects, building an electronic portfolio of school learning experiences, and working in small groups on presentations to share with others.

Guidelines for the responsible use of Google Apps for Education by students:

- 1. Official E-mail Address.** All students will be assigned a Huron Schools e-mail account. This account will be considered the student's official Huron School District e-mail address until such time as the student is no longer enrolled with the Huron School District.
- 2. Prohibited Conduct.** Please Refer to the Technology Use Agreement.
- 3. Access Restriction.** Access to and use of student e-mail is considered a *privilege* accorded at the discretion of the Huron School District. The district maintains the right to immediately withdraw the access and use of these services including e-mail when there is reason to believe that violations of law or district policies have occurred. In such cases, the alleged violation will be referred to a building administrator for further investigation and adjudication.
- 4. Security.** The Huron School District cannot and does not guarantee the security of electronic files hosted by Google. Although Google does have a powerful content filter in place for e-mail, the District cannot assure that users will not be exposed to unsolicited information.
- 5. Privacy.** The general right of privacy will be extended to the extent possible in the electronic environment. Huron School District and all electronic users should treat electronically stored information in individuals' files as confidential and private. However, users of student e-mail are strictly prohibited from accessing files and information other than their own. The District reserves the right to access the Huron Schools Google account including current and archival files of user accounts when there is reasonable suspicion that unacceptable use has occurred.



HURON SCHOOL DISTRICT TECHNOLOGY USE AGREEMENT

For Students

Student's Name
(please print)

Last Name: _____ First name: _____

School: Huron High School Renton Junior High Brown Elementary Miller Elementary

Grade: _____

Student:

I understand and will abide by the attached Huron School District Technology Use Agreement and Google Apps for Education Use Agreement. I further understand that any violation may result in my access privileges being revoked, school disciplinary action being taken and/or appropriate legal action.

Student (user)

Signature: _____ Date: _____

For Parent/Guardian

Parent/Guardian:

As the parent or guardian of this student, I have read the Huron School District, Technology Use Agreement and Google Apps for Education Use Agreement. I understand that this access is designed for educational purposes. I recognize it is impossible for the Huron School District to filter and restrict access to all controversial material and I will not hold the Huron School District responsible for the material acquired on the network. It is important to note that students will have access to technology and Google Apps for Education. K-8 students will be limited to in district email only. Further, I understand the important responsibility for supervision if and when the above named student's use is not in a school setting. I hereby give Huron School District, permission to issue access to the above named student.

Parent/Guardian

Signature: _____ Date: _____