

METROPOLITAN SCHOOL DISTRICT OF MT. VERNON

1000 WEST FOURTH STREET • MT. VERNON, INDIANA 47620-1696

PHONE 812-838-4471 • FAX 812-833-2078

www.mvschool.org

Indiana Education for Homeless Children & Youth (INEHCY)

McKinney-Vento Homeless Education Program

NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. The form should be included at the top page of registration materials that the district shares with families. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the student is not required to submit proof of residency and other required documents that may be part of the registration packet.

HOUSING QUESTIONNAIRE

Name of LEA: _____

Name of School: _____

Name of Student: _____

Last

First

Middle

Gender: ☐ Male

☐ Female
(optional)

Date of Birth: ____/____/____ Grade: ____ ID#: ____

Month-Day-Year (preschool-12)

Address: _____ Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- ☐ In a shelter
- ☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- ☐ In a hotel/motel
- ☐ In a car, park, bus, train, or campsite
- ☐ Other temporary living situation (Please describe): _____
- ☐ In permanent housing

Print name of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Date: _____



APPENDIX A

The MSD of Mt. Vernon McKinney-Vento Residency Form

Student Name _____ Date of Birth _____ Grade Level _____

The McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act) defines "homeless" as "individuals who lack a fixed, regular, and adequate nighttime residence." This includes children who "are temporarily sharing the housing of other persons due to the loss of housing or economic hardship."

- ☐ Does not apply; student is not homeless

Please check one of the following statements if your family is experiencing temporary homelessness:

- ☐ Living in a shelter, including transitional housing shelters. Please provide name of shelter and address _____
- ☐ Living on the streets, abandoned buildings, in cars, trailers, campgrounds, public places, housing not fit for habitation--Please provide information regarding area in which student is living: _____
- ☐ Living in hotels/motels for lack of other suitable housing -- Please list name and address of hotel/motel: _____
- ☐ Doubled-up; Temporarily living with family or friends due to lack of adequate housing or financial conditions. Please provide address of where student is living: _____

Please answer the following if you checked one of the four boxes above:

How long do you expect to be at this address? _____

Are you seeking permanent housing? _____ Date student moved to this address: _____

Is a parent living in the home with the student? _____

If no, with whom is student living? _____ Relationship: _____

A McKinney-Vento Liaison representing the district may be in contact with you for clarification or bus transportation.

We have read the information provided & indicated our living circumstances above specific to the McKinney-Vento Act:

Parent/Guardian/Unaccompanied Youth Signature

Date

Office Use Only: _____ Does Qualify under McKinney-Vento Act _____ Does NOT Qualify

McKinney-Vento Liaison/Appointee Signature

Date

MSD of Mt. Vernon Enrollment Information Form

Student Name _____	Student DOB _____
School _____	Enrolling Current Grade _____
Today's Date _____ Date of Enrollment _____	
Parent/Guardian Name _____	
Current Address _____	
Daytime Phone _____ Home Phone _____	
Has the child been enrolled in an Indiana School previously? Yes No	
Previous School Name _____	
Previous School City & State _____	
Primary Language Spoken in the Home _____ Child's Primary Language _____	
Does the student have a current IEP (Individual Education Plan) and receive Special Education? (Circle One) Yes No Unsure If yes, what was the educational eligibility (if known)? _____ Was he/she receiving any other services such as speech, occupational therapy and/or physical therapy? (Circle One) Yes No Unsure If yes, please specify: _____	
Does the Child have a 504 Plan? (Circle One) Yes No Unsure Please list any interventions/accommodations your student was receiving:	
Please list any additional comments or concerns that could assist with your student's educational planning: (Honors, Counseling, etc.)	

Please send ALL new enrollment forms to Special Services.

Enrollment Form 7/22

MSD OF MT. VERNON
AUTHORIZATION TO RELEASE INFORMATION

STUDENT NAME:	TODAY'S DATE:
DATE OF BIRTH:	CURRENT GRADE LEVEL:
STUDENT SOCIAL SECURITY#:	MALE: FEMALE:

_____ PERMISSION IS GRANTED FOR:

_____ PERMISSION IS NOT GRANTED FOR:

SCHOOL, AGENCY, PARENT:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:

TO RELEASE INFORMATION REGARDING THE ABOVE NAMED STUDENT TO:
(PLEASE CIRCLE THE APPROPRIATE SCHOOL)

Farmersville Elementary
4065 Highway 69 S
Mt. Vernon, IN 47620
812/838-6593 (phone)
812/838-4826 (fax)

Mt. Vernon Junior High
701 Tile Factory Rd.
Mt. Vernon, IN 47620
812/833-2077 (phone)
812/833-2083 (fax)

MSD of Mt. Vernon Special Services
1000 W. Fourth St.
Mt. Vernon, IN 47620
812/838-5516 or
800/779-6927 (phone)
812/833-3356 (fax)

Marrs Elementary
9201 Highway 62
Mt. Vernon, IN 47620
812/985-2082 (phone)
812/985-9453 (fax)

Mt. Vernon Senior High
700 Harriett St.
Mt. Vernon, IN 47620
812/838-4356 (phone)
812/833-2099 (fax)

MSD of Mt. Vernon Administration
1000 W. Fourth St.
Mt. Vernon, IN 47620
812/838-4471 (phone)
812/833-2078 (fax)

West Elementary
1105 W. Fourth St
Mt. Vernon, IN 47620
812/833-2072 (phone)
812/833-2095 (fax)

John H. Emhuff Opportunity Center
700 Harriett St.
Mt. Vernon, IN 47620
812/833-3350 (phone)
812/833-2099 (fax)

TYPE OF INFORMATION TO BE DISCLOSED:

GRADES:	PSYCHOLOGICAL REPORTS:	PSYCHIATRIC REPORTS:
IEP'S:	EDUCATIONAL EVALUATIONS:	SUSPENSION/EXPULSION INFORMATION:
ATTENDANCE/HEALTH RECORDS:	HOME LANGUAGE SURVEY:	OTHER:

THIS RELEASE IS VALID THROUGH: _____

**I HAVE BEEN INFORMED OF AND UNDERSTAND MY RIGHTS
UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA).**

Signature of Parent(s)/Guardian Date

METROPOLITAN SCHOOL DISTRICT OF MT. VERNON
HEALTH SURVEY

Student's Name: Birth Date: Grade:

DISEASE HISTORY:	Date	Frequent Sore Thorats?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chicken Pox:	<input type="text"/>	Frequent Colds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Measles:	<input type="text"/>	Frequent Nose Bleeds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mumps:	<input type="text"/>	Frequent Nose Bleeds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Scarlet Fever:	<input type="text"/>	Mononucleosis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rheumatic Fever:	<input type="text"/>	Is this child taking medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tonsillitis:	<input type="text"/>	Has this child had major surgery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pneumonia:	<input type="text"/>	Is this child under a doctor's care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bronchitis:	<input type="text"/>	Has this child had convulsions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma:	<input type="text"/>	Is there diabetes in this child's family?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hepatitis:	<input type="text"/>	List Student Medications		
Whooping Cough:	<input type="text"/>	Medications: <input type="text"/>	Dosage: <input type="text"/>	Time: <input type="text"/>
Heart Disease:	<input type="text"/>			
High Fever:	<input type="text"/>			

List Child's Health Problems

Health Problem/Surgery	<input type="text"/>	Date Diagnosed	<input type="text"/>	Physician	<input type="text"/>
Does this child have epilepsy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what was the cause?	<input type="text"/>	
Has the child lived in close contact with anyone known to have Tuberculosis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Has this child been tested for sickle cell anemia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	List all known allergies:	<input type="text"/>	
Lead Poisoning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	List accidents or injuries:	<input type="text"/>	
Date:	<input type="text"/>	Signature Field	<input type="text"/>		

You may add a digital signature if you have created one. Follow the on-screen instructions. You may submit this via email, or print out and return to the school office.

**INSTRUCTIONS FOR
STUDENT ENROLLMENT & MEDICAL INFORMATION**

Please read these directions before completing the enrollment and medical informational sheet.

- **Student Name:** List the student's full legal name.
- **Other Enrollment Information:** Please list the following in the appropriate blanks: bus to school (AM), bus from school (PM), social security number, home address, home phone, gender, date of birth, birthplace, and ethnicity. If your phone number is unlisted, please write it in parentheses with (UNL) immediately behind the phone number. We need this information to contact you, but will not share the unlisted number with others.
- **Parent/Guardian Information:**
 - ✓ If the student lives with both parents, please list the father as the 1st Parent and the mother as the 2nd Parent.
 - ✓ If the student does not live with both parents, list the custodial parent (the one the student lives with) as the 1st Parent.
 - ✓ If the non-custodial parent lives in the school district, then list the non-custodial parent as the 2nd Parent.
 - ✓ If the student does not live with a parent, please complete the guardian's information.
 - ✓ Complete all of the information after each parent/guardian name. It is important that we have as many contact phone numbers as possible.
 - ✓ Check the appropriate box for "With whom does your student live?" If Other, please state relationship (foster parent, grandparent, aunt/uncle, step-parent.)
 - ✓ In cases of a custodial parent or guardian, the school must be provided with a copy of the official paperwork that specifies custody or guardianship.
- **Other Emergency Contact:** It would be helpful to give two (2) emergency contact persons and their contact information.
- **School Last Attended:** Fill out the last school your student attended and the school's address.
- **Other Family At Home:** List only the siblings (brothers and sisters) who are living at home.
- **Medical:** In case of an emergency, this information is vital. Please complete as fully as possible.
- **Authorization and Permission:** Please don't forget to sign and date the form.

Thank you!

METROPOLITAN SCHOOL DISTRICT OF MT. VERNON
ENROLLMENT & MEDICAL INFORMATION
(Please print)

Student
Photo
Here

School Use Only: ID# _____ STN# _____ Enroll Date _____ Yr of Grad _____

School _____ Bus # AM _____ Bus # PM _____ Grade _____
Student Name (Last, First, Middle) _____ Social Security # _____
Address _____ City _____ Zip _____ Home Phone _____
Gender ☐ Male ☐ Female Date of Birth _____ Birthplace _____
Ethnicity Is student Hispanic or Latino? ☐ Yes ☐ No
Race (check one or more) ☐ American Indian/Alaskan ☐ Asian ☐ Black/African American ☐ Hawaiian/Pacific Islander ☐ White

1st Parent Name _____ Relationship _____ Email _____
Address _____ City _____ Zip _____ Home Phone _____
Employer _____ Work Phone _____ Cell Phone _____

2nd Parent Name _____ Relationship _____ Email _____
Address _____ City _____ Zip _____ Home Phone _____
Employer _____ Work Phone _____ Cell Phone _____

Guardian Name _____ Relationship _____ Email _____
Address _____ City _____ Zip _____ Home Phone _____
Employer _____ Work Phone _____ Cell Phone _____
With whom does your student live? ☐ Mother ☐ Father ☐ Both ☐ Guardian ☐ Other _____

Other Emergency Contact If unable to contact parent/guardian above, please contact:

1. _____ Relationship _____ Home Phone _____ Cell Phone _____
2. _____ Relationship _____ Home Phone _____ Cell Phone _____

School Last Attended Name _____ Grade _____
Address _____ City _____ State _____ Zip _____

Other Family at Home Name _____ Relationship _____ Birthdate _____
Name _____ Relationship _____ Birthdate _____

Medical

Doctor _____ Phone _____ Dentist _____ Phone _____
Hospital Preference _____ School Insurance ☐ Yes ☐ No Other Insurance _____
Student's Medical Problems (i.e. allergies, medications) _____

Authorization and Permission

I hereby give my permission, for the safety of my child, to share the above medical information with the appropriate MSD of Mt. Vernon employees and emergency medical personnel as necessary. I also give my permission and authorize school officials to administer first aid in case of illness or accident at school or at school-sponsored activities.

I further give permission and authorize the MSD of Mt. Vernon, and any employees thereof, to obtain any medical services, including but not limited to calling an ambulance and/or x-ray examination, anesthetic, surgical treatment, or any hospital service, for the above named student in the event said student suffers any illness or accident.

This medical consent is given in advance of treatment to encourage and authorize the school and employees and/or physicians to exercise their judgment in the best interest of my child. I also understand that I will assume full financial responsibility for necessary expenses as may be incurred in the foregoing.

Signature _____ Date _____



Student Name: _____

Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

Home Language Survey (HLS)



Has the student previously been enrolled in an Indiana school? Circle one YES NO

If YES, please write the name of the school or schools previously attended in Indiana.

Name of previous school/s: _____

MSD of MV will request the Home Language Survey from the previous school. Do not complete the remainder of the form.

If NO, please complete all information listed below.

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district / charter school. The HLS is administered one time, upon initial enrollment in Indiana, 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 survey questions below, the WIDA Screener will be administered to determine whether or not the student will qualify for additional English language development support.

Please answer the following questions regarding the language spoken by the student:

1. What is the native language of the student? _____

2. What language(s) is spoken most often by the student? _____

3. What language(s) is spoken by the student in the home? _____

Student Name: _____ Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

If you would like to receive school communications in a language other than English, please list the preferred language here: _____

By signing here, you certify that responses to the three 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 English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

For School Use Only:

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

Name: _____ Date: _____

Confidential

Military Children in Education

Purpose: This questionnaire is the result of a Department of Defense (DOD) program supported by Indiana statute 20-19-3-9.4. Confidentially identifying military children and providing data on their attendance and educational outcomes, states can assist schools and districts by providing access to data to help inform policy and program decisions for this unique student population. In addition, DOD will benefit from this data in developing policy for military child education initiatives.

School Name: _____ Student's Grade Level: _____

Student's Full Legal Name: _____
Please print clearly

Please complete the questions that best describes your student's situation. It is possible to answer "yes" to both.

1. Is the above named student connected to an Active Duty military family: _____ Yes _____ No

Meaning a school-aged child, enrolled or in the process of enrolling in KG-12th grade, is claimed as a dependent by an Active Duty member of the Armed Forces of the United States; or the student and an Active Duty member(s) are of the same household whether or not the active duty member(s) claims the student as a dependent.

"Active Duty" means: full-time duty status in the active uniformed service of the United States.

2. Is the above named student connected to a Guard or Reserve military family: _____ Yes _____ No

Meaning a school-aged child, enrolled or in the process of enrolling in KG-12th grade, who is claimed as a dependent by a member of the National Guard or Reserve; or the student and National Guard or Reserve member(s) are of the same household whether or not the National Guard or Reserve member(s) claims the student as a dependent.

"National Guard or Reserve" means: members of the Reserve Component as defined in 10 U.S.C. Section 10101. Includes Army National Guard of US, Army Reserve, Navy Reserve, Marine Corps Reserve, Air National Guard of US, Air Force Reserve or Coast Guard Reserve.

ONLY For Students of an ADULT High School (IC 20-24-1-2.3)

Is the above named student an active member of the Armed Forces of the United States _____ Yes _____ No

OR

Is the above named student a member of the National Guard or Reserve _____ Yes _____ No

Signature: _____ Date: _____

This form shall be handled by schools in a confidential manner in accordance with IDOE Guidance (IC 20-19-3-9.4)

METROPOLITAN SCHOOL DISTRICT OF MT. VERNON
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PHONE 812-833-5114, FAX 812-833-2078
www.mvschool.org

CHIRP Release Form

I, _____, give the M.S.D. of Mt. Vernon, permission to release the following information concerning my child(ren) to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP):

Child's name, birth date, immunization dates, address, telephone number, race, and guardian name.

I understand that the information in the registry may be used to verify that my child has received proper immunizations and to inform me or my child of my child's immunization status or that an immunization is due according to recommended immunization schedules.

I understand that my child's information will be available to the immunization data registry of another state, a healthcare provider or a provider's designee, a local health department, an elementary or secondary school, a child care center, the office of Medicaid policy and planning or a contractor of the office of Medicaid policy and planning, a licensed child placing agency, and a college or university. I also understand that other entities may be added to this list through amendment to IC 16-38-5-3.

Children's Name	School Attending	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby consent to the release of such information.

Parent/Guardian Signature: _____

Date: _____

Printed Parent/Guardian Name: _____

Address: _____

Telephone: () _____



Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

The Migrant Education Program (MEP) provides supplemental education and support services to eligible children through national funding. The purpose of the program is to ensure that all migrant students reach the academic standards and graduate with a high school diploma (or complete GED/HSE).

WORK SURVEY

Thank you for answering the following questions. If your child is eligible for the Migrant Education Program, they may receive additional educational support. This information is **strictly confidential**.

Student's Name: _____ Parent's Name: _____

Address: _____ City: _____ Telephone: (____) _____

Date: _____ Parent Signature: _____

1. Within the last **3 years**, have your children moved for any reason? **YES** ____ **NO** ____
2. Has anyone in your household moved from one school district to another within the United States, to look for seasonal or temporary work in agriculture? **YES** ____ **NO** ____

If you answered **NO** to either of these questions, please stop.



If you answered **YES**, please continue.

3. When was the last time you or anyone in your household has moved to look for, or work in an agricultural activity within the United States? Month _____ Year _____
4. Please check any of the agricultural activities listed below that you have looked for or worked in:

- | | |
|--|--|
| _____ Plant or harvest vegetables or fruits | _____ Canning vegetables or fruits |
| _____ Detassel corn | _____ Sod farm |
| _____ Tobacco farm | _____ Planting, pruning or cutting trees |
| _____ Poultry and/or egg farm | _____ Dairy farm |
| _____ Duck, turkey, chicken, pork or beef processing plant | _____ Flora culture/gladiola farm |
| _____ Aquaculture/fish hatcheries | _____ Green house or plant nursery |

Please list the names of all children in the household under 22 years of age.

Child's Name	Date of Birth (D.O.B.)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____



Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

El Programa de Educación Migrante (MEP) provee servicios educativos suplementarios a niños que califican a través de fondos nacionales. El propósito del MEP es asegurar que todos los estudiantes migrantes tengan éxito académico y que se gradúen con su diploma (o que completen el GED/HSE).

ENCUESTA DE TRABAJO

Gracias por contestar las siguientes preguntas. Si su hijo/a es elegible para el Programa de Educación Migrante, podría recibir apoyo educativo adicional. La información es **completamente confidencial**.

Nombre del Estudiante: _____ Nombres de los Padres: _____

Dirección: _____ Ciudad: _____ Teléfono: (____) _____

Fecha: _____ Firma de los Padres: _____

1. ¿Durante los últimos 3 años, se ha mudado su(s) hijo(s) por cualquier razón? **SÍ** _____ **NO** _____
2. ¿Se ha mudado alguien de su familia dentro de los Estados Unidos para buscar trabajo temporal o de temporada en algo relacionado con la agricultura? **SÍ** _____ **NO** _____

Si contestó **NO** a cualquiera de las dos preguntas, favor de parar aquí.



Si contestó **SÍ**, favor de continuar.

3. ¿Cuándo fue la última vez que usted o un miembro de su familia se mudó para trabajar en la agricultura? Mes _____ Año _____
4. Por favor marque en la parte abajo la actividad agrícola en que usted buscó trabajo o trabajó.

____ Matadero de patos, pavos, pollos, cerdos o vacas

____ La espiga (maíz)

____ Cultivar tabaco

____ Pollería o granja de huevos

____ Plantar o cosechar verduras o frutas

____ Trabajar en un criadero de peces

____ Enlatar o congelar verduras o frutas en la bodega

____ Trabajar en la siembra o cosecha de césped

____ Plantar, emparejar o cortar árboles

____ Granja de vacas lecheras

____ Cultivar y cosechar flores

____ Trabajar en la cría de plantas

Por favor escribe los nombres de todos los niños, menores de 22 años de edad, que viven con Usted.

Nombre del niño(a)	Fecha de nacimiento
1.	
2.	
3.	
4.	
5.	

Pesticide Control
MSD of Mt. Vernon
Notification Request

This is a request that I be notified of pesticide applications other than baiting and trapping.

Building: _____

Date of Request: _____

Person: _____
Signature

Address _____

Phone: _____

E-Mail _____

Please check the appropriate box:

Student: ☐

Staff: ☐

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Pesticide Procedures Notification

The MSD of Mt. Vernon is committed to providing parents, students, and employees a safe environment. A policy was adopted by the MSD of Mt. Vernon School Board, which seeks to prevent persons in our schools from being exposed to pests or pesticides.

The school corporation is working with a pest control company utilizing an integrated pest management program to treat and control pests. This program is accomplished by glue boards (as both monitors and traps) and baiting techniques for attracting and trapping pests. The traps are not harmful to humans and any bait used is not accessible to anyone.

To further protect persons from pests and pesticide the School Corporation will:

1. Apply pesticides utilizing certified pesticides applicators only, and when possible, apply pesticides during non-instructional time or during vacation periods.
2. Inform, annually, parents and staff members of the corporation's pest control policy either at the time of student registration, or at the beginning of the school year, by a separate memorandum or as a provision in the student hand book.
3. Provide the name and phone number of the person to contact for information regarding pest control, (Mr. David Frye, Administration Office, 838-4471)
4. Establish a registry of parents and staff members who want to receive advance notice of all pesticide use and then provide such notice.
5. Provide notice of planned pesticide applications to parents and employees who have requested advance notice.
6. Maintain written record for 90 days of any pesticide applications as submitted by pest control applicators. (Same records will be maintained by the pest control companies for five (5) years.)

Anyone who would like to be notified of any pesticide applications may contact the principal's office and make such a request in writing.

A list of those persons who wish to be notified will be maintained in each building and will be notified at least two (2) days before any application is made.

Adopted: June 21, 2010
Revised: June 18, 2012
Revised: July 21, 2014
Revised: June 1, 2015

404.01 Responsible Technology Use

Student User Agreement of Understanding

Access and use of the MSD of Mt. Vernon provided electronic-based communications technology systems (from this point on referred to as technology) and all of its components, (i.e. computers, servers, telephones, copy machines, video equipment, computer networks, Internet services, electronic learning devices, related equipment, software and connections, including access to student owned personal devices) are student privileges, not rights.

Students have the same responsibilities while using technology that are expected in any other school activity. Responsible use of technology is ethical, academically honest, respectful of the rights of others, and consistent with the Board's mission. Technology should be used by students to learn and communicate in correlation with the curriculum while under a teacher or supervisor's direction. Student owned personal devices and district owned technology can be used by students under teacher supervision with the objective of improving instruction and student learning. MSD of Mt. Vernon is not responsible for any loss of data, theft, damage, or loss of student owned personal devices.

The MSD of Mt. Vernon has developed a Responsible Technology Use policy. This agreement will be accepted by the student and/or parent at initial student enrollment or upon entering a new school facility and is legally binding. Students must have a current signature sheet for the Responsible Technology Use policy on file in order to gain access to any technology.

Instruction regarding safe and appropriate behavior on social networking sites, chat rooms, and other Internet services will be provided. Such instruction shall include, but not be limited to: the dangers of posting personal information online, misrepresentation by online predators, how to report inappropriate or offensive content or threats, behaviors that constitute cyberbullying, and how to respond when subjected to cyberbullying. The MSD of Mt. Vernon recognizes its responsibility to educate students regarding appropriate behavior on social networking and chat room sites with reference to cyberbullying. Therefore, students shall be provided four (4) annual Internet safety lessons concerning appropriate online behavior, including interacting with others on social networking sites and in chat rooms and cyberbullying awareness and response.

STUDENT ACCEPTANCE OF RESPONSIBILITY

1. I understand that all electronic files stored on school-based technology are school property and shall be treated as such.
2. I know if I intentionally alter, damage, or cause loss of data or loss of time as a result of technology misuse, hacking, or mischief involving MSD of Mt. Vernon technology I may be required to make full financial restitution to correct the damage and/or loss.

5. I will not vandalize, damage, or disable the property of another person or organization.
6. I will not access another person's materials, information, or files without the permission of that person.
7. I will not violate copyrights or otherwise use another person's intellectual property without their prior approval or proper citation.
8. I will not allow someone else to use my personal student account.
9. I will not make any attempt to circumvent district Internet security.
10. I will not assume the online identity of another person or disclose, use, or disseminate the personal information of another person.

eLEARNING REQUIREMENTS

The MSD of Mt Vernon is leading the way with our eLearning program (in designated areas) which is designed to enhance the curriculum by providing an electronic learning device to each student for use at school and at home. Your child will be trained to utilize this new technology as a tool and valuable resource in order to enhance learning.

The electronic learning device that your child is receiving can be used for word processing, access to the Internet, and to run a variety of applications that enhance the educational process. As we move forward, many classroom materials, including electronic textbooks, will be added to the electronic learning device. Teachers will communicate with students through the electronic learning device and will distribute and collect many classroom papers and documents.

Finally, we encourage your child to be innovative with the electronic learning device. We encourage you to support your child in learning to use the new technology, to ask questions, and to have your child teach you what they are learning.

STUDENT RESPONSIBILITIES

1. I will use the electronic learning device for educational purposes, innovation, and creativity. I understand that responsible use of the electronic learning device is expected. I will fully participate and use the electronic learning device in all classes as directed by my teachers.
2. I will abide by all school rules as outlined in the Student Handbook and Responsible Technology Use policy.
3. I understand that playing games or communicating with others through chatting, emailing, or instant messaging during instructional time will be considered digital truancy from class which will result in school discipline outlined in this Responsible Technology Use policy.

12. I understand that wireless network connectivity on non-district owned devices will be allowed for instructional use while under teacher supervision. When I am connected to the district guest wireless network, I understand the guidelines of this Responsible Technology Use policy still apply. I further understand that the district reserves the right to search and inspect private equipment without notice if there is reasonable suspicion that school policies are being violated, whether or not the equipment is connected to the wireless network; that any physical connection of non-district equipment to district network requires approval from the Information Systems Department; and that student connections to the Internet other than through the district networks, such as via a personal cell phone data plan or with a separate router or personal hotspot, are never allowed.

NOTIFICATION TO PARENTS

1. I understand my child's photo, artwork, or writing may be published on the district website and/or school maintained social networking sites. When using the aforementioned services I have been notified that students shall only be identified by initials or first name by district staff. Also, I understand that when necessary, my child may be given access to district provided or personal email sites and/or social networking sites for instructional collaboration and/or communicating with colleges or other outside entities. If I prefer my child not participate in the above mentioned activities, I will make that request in writing and deliver the request to my child's principal. *Some school mandated services may not be eligible.

STUDENT REQUIREMENTS

1. I will be responsible for saving data in the assigned location in the cloud or on MSD of Mt. Vernon servers.
2. I will log on to the computer using my assigned username and password. Further, I understand that my password is not to be given to anyone else or be accessible to others.
3. I will only make use of approved outside media (flash drives, CDs, etc.) that have been checked by the lab manager.
4. I understand that while on MSDMV buses (or other district transportation) I may use a technology device as long as it is being used appropriately and responsibly as determined by my bus driver and/or other MSDMV staff.

PROHIBITED USES

1. I will not attempt to access, upload, download, copy, or distribute pornographic, obscene, or sexually explicit material or any other material which can be considered to be inappropriate.
2. I will not transmit obscene, abusive, adult humor, or sexually explicit language.
3. I will not violate any local, state, or federal law.
4. I will not bully, defame, intimidate, threaten, and/or harass others (including students and staff).

3. I have no expectation of privacy with regard to the use of the district's technology and understand that all communications are subject to public access.
 4. I understand that technology is to be used for school related purposes by authorized users and that incidental personal use of school technology is permitted with staff permission as long as it does not occur while I am performing classroom assignments and the use does not interfere with system operations, other system users, waste system resources, or violate provisions of this or any other district policy.
 5. I understand the district has the right and may deny or alter accounts at any time without notice.
 6. I understand that district technology shall not be used to advertise the sale of items for personal gain.
 7. I understand that the district has the software and the capability to monitor and/or block any computer activities harmful to students or deemed non-instructional and obtain detailed usage reports. I also understand the district has the right to monitor all district owned hardware and software without warning.
 8. I will not install any technology (hardware or software) not owned by the district on any MSD of Mt. Vernon technology system unless it has been approved, in advance, by the Information Systems Department.
 9. I will not adjust, change, alter, remove, or add any equipment, software, cables, or connectors on any physical workstations.
 10. I understand that I will have access to communication technology and people all over the world, as well as access to material that may not be considered to be of educational value in the context of the school setting. While the MSD of Mt. Vernon has taken precautions to restrict access to controversial materials, I understand that on a global network it is impossible to control all materials, and an industrious user may discover controversial information. I agree with the MSD of Mt. Vernon that the valuable information and interaction available through electronic communication far outweighs the possibility that I may procure material that is not consistent with the educational goals of the district.
 11. I understand that any recording made on school grounds is subject to copyright laws and the protection of the privacy right of others, including personally identifiable information about a student protected by the Family Education Rights and Privacy Act ("FERPA"). I also understand that any recording, data, or image in violation of this standard may be confiscated and deleted by the district and that any use of a personal recording device to invade the privacy of another person may result in sanctions for the person making the recording.
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4. I agree to participate in all class activities and assignments as directed by my teachers.
5. I will bring my electronic learning device to school every day, fully charged, and ready for use
6. I agree that Internet browsing histories will be enabled at all times and shall not be deleted.
7. I will not exchange electronic learning devices with other students.
8. I will not remove the electronic learning device from the protective case.
9. I will keep the electronic learning devices in a well-protected temperature controlled environment when not in use. I will not leave the electronic learning device in a car.
10. I will not sync my electronic learning device through iTunes with any computer.
11. I will keep the electronic learning device away from food and drink.
12. I will clean the screen with approved soft, lint free cleaning towels. I will not use spray cleaners or other liquids for cleaning.
13. I will set a security pass code on my electronic learning device and the pass code will only be known by myself and my teacher. I understand that the MSD of Mt. Vernon reserves the right to bypass the security code when necessary (For IOS Devices Only).
14. I will report technical issues to my teacher, school lab manager, or student led support group as soon as practical.
15. I will not use personal accounts (such as iTunes) to load applications. (For IOS Devices Only).
16. I agree to use any/all wireless projection systems only when instructed to by my teacher or other school staff. I understand and agree that any misuse of these devices will result in school discipline outlined in this Responsible Technology Use policy.
17. I understand that student electronic learning devices will be preloaded with key applications. I will not load any other applications. I understand that it is the responsibility of the MSD of Mt. Vernon to install and uninstall applications. If there is an application I would like installed, I may discuss the educational merits of the application with the teacher. Once an application is deemed appropriate by the teacher for the classroom, it may be installed.

STUDENT AND PARENT RESPONSIBILITIES

1. We understand that MSD of Mt. Vernon personnel may search the school-issued electronic learning device; and at no time should a student expect a right to privacy of materials on the electronic learning device.
2. We understand that any inappropriate use of the electronic learning device will result in school discipline outlined in this Responsible Technology Use policy.
3. We agree to be responsible for proper care of the electronic learning device, and that any damage or loss beyond normal wear and tear will result in the following financial liability:

- a. Parents will pay up to a \$100 deductible to the school district for the device to be repaired or replaced.
 - b. Habitual or purposeful offenders, as deemed by the principal, may be required to make full restitution for the replacement of the electronic learning device.
4. We understand that any violation of the MSD of Mt. Vernon's Responsible Technology Use policy may result in sanctions that can include, but are not limited to:
 - Loss or limited use of technology privileges
 - Removal from course at the appropriate level
 - Restriction/prohibition from taking future courses at the appropriate level
 - Suspension
 - Expulsion
 - Expulsion with legal involvement in court system. (According to IC 35-43-1-4 Computer tampering and IC 35-43-2-3 Computer trespass)