

HARRINGTON SCHOOL DISTRICT ENROLLMENT FORM



STUDENT'S LEGAL NAME: _____ **M / F NAME STUDENT GOES BY:** _____
Last First Middle

Birth date: _____ Birthplace: _____

Date enrolled _____ Withdrawal date from *previous school _____ Grade Level _____

Is this student **CHOICED** into our district? No _____ Yes _____ (Please contact the District Office for additional paperwork)

***PREVIOUS SCHOOL ATTENDED:**

Name of District _____ Name of School Attended _____

Address of School: _____ Phone #: _____ FAX #: _____

Has this student been expelled or placed on long-term suspension within the past 12 months? Yes _____ No _____

Has this student received Special Services (Special Education, have a 504 plan)? Yes _____ No _____

Health problems school should be aware of? Yes _____ No _____

LEGAL INFORMATION (if applicable)

Is there a joint-custody or parenting plan in effect? ___Yes ___No If yes, plan must be on file with the school for enforcement.

Is there a restraining order in effect? ___Yes ___No If yes, legal papers must be on file with the school for enforcement.

Restraining order is against: Name: _____ Relationship _____

PHOTOGRAPHY PERMISSION

I give permission for my child to be photographed for use on the school's web page & other publications. Yes _____ No _____

PRIMARY CONTACT –

This individual **WILL** receive **ALL** automatic messages from the School, and will be the initial contact if a parent or guardian needs to be contacted by a school official.

Name	Relationship to student	Phone # (only one)	E-mail
------	-------------------------	--------------------	--------

PARENT/GUARDIAN CONTACTS – Household One

Physical address: _____ City: _____ Zip: _____

Mailing address: _____ City: _____ Zip: _____

Employed by the Armed Forces? ___Yes ___No ___No Response

If yes, what branch? _____ ___Active Duty ___Retired ___Reserves ___National Guard

Name: _____ Relationship to student: _____

Home Phone #: _____ Receive Automatic Messages? Yes___ No___

Work Phone #: _____ Receive Automatic Messages? Yes___ No___

Cell Phone #: _____ Receive Automatic Messages? Yes___ No___

E-mail: _____ Receive Automatic Messages? Yes___ No___

Name: _____ Relationship to student: _____

Home Phone #: _____ Receive Automatic Messages? Yes___ No___

Work Phone #: _____ Receive Automatic Messages? Yes___ No___

Cell Phone #: _____ Receive Automatic Messages? Yes___ No___

E-mail: _____ Receive Automatic Messages? Yes___ No___

PARENT/GUARDIAN CONTACTS – Household Two

Physical address: _____ City: _____ Zip: _____

Mailing address: _____ City: _____ Zip: _____

Employed by the Armed Forces? Yes No No Response

If yes, what branch? _____ Active Duty Retired Reserves National Guard

Name: _____

Relationship to student: _____

Home Phone #: _____

Receive Automatic Messages? Yes No

Work Phone #: _____

Receive Automatic Messages? Yes No

Cell Phone #: _____

Receive Automatic Messages? Yes No

E-mail: _____

Receive Automatic Messages? Yes No

Name: _____

Relationship to student: _____

Home Phone #: _____

Receive Automatic Messages? Yes No

Work Phone #: _____

Receive Automatic Messages? Yes No

Cell Phone #: _____

Receive Automatic Messages? Yes No

E-mail: _____

Receive Automatic Messages? Yes No

MEDICAL RELEASE:

In the event that a parent/guardian cannot be reached by telephone, I give my permission for school authorities to seek medical attention for my child at the nearest available medical facility. Yes No

EMERGENCY CONTACTS

These contacts **WILL NOT** receive **ANY** automatic messages from the school, and will only be contacted in the event all parents/guardians could not be contacted. **Please list in calling order.**

Name	Relationship to student	Phone # (only one)	E-mail
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BROTHERS AND SISTERS (living at home):

Name:	Birthdate:	Grade in School:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RESIDENCY VERIFICATION: ALL information provided on this form is true and accurate as of this date. I understand that falsification of an address or the use of any fraudulent means to achieve an enrollment or assignment shall be cause for revocation of the student's enrollment and assignment to the school serving the home attendance area.

Legal Guardian/Parent Signature: _____

Print Name: _____

Date: _____

**REQUEST FOR TRANSFER OF RECORDS
AND
AUTHORIZATION FOR MUTUAL EXCHANGE OF CONFIDENTIAL INFORMATION**

Please send all student records including immunization records and special program records (special education, etc.) for the following student(s):

Student Name	Date of Birth	Special Program	Grade
1.			
2.			
3.			
4.			
5.			
6.			
7.			

From:

School District	
Address	
Phone FAX	

RETURN TO: HARRINGTON SCHOOL DISTRICT #204
 P.O. BOX 204
 HARRINGTON, WA 99134
 (509) 456-6306 (FAX)
 (509) 253-4331 (OFFICE)

I acknowledge notification of this transfer of records as required by the Family Educational Rights and Privacy Act of 1974 and understand that I have a right to receive a copy at my own expense, if requested, and have an opportunity for a hearing to challenge the content of the records. I understand that the information transferred will not be transmitted to a third party without my consent.

Parent Signature:		Date:	
School Official Signature:	Title	Date	

HEALTH REGISTRATION INFORMATION

Student Name: _____ Date of Birth: _____ Grade Level: _____ School Year: _____

Student Health History						Medications	
Does the student have...	No	Yes	Does the student have...	No	Yes		
A vision concern?			Bowel concerns?			1. Does the student take medication of any kind? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Prescription glasses?			Kidney/bladder concerns?			If YES, please list: _____	
Contacts?			A dental concern?			_____	
A hearing concern?			Mental health concerns?			2. Will the student need to take medication at school? <input type="checkbox"/> NO <input type="checkbox"/> YES*	
ADD/ADHD?			Diabetes?			*Students requiring medication (prescription or over the counter) at school MUST have a written order from their licensed healthcare provider and written parental consent. Please contact the office for the forms.	
Allergies?			An orthopedic concern?				
A life-threatening allergy?			A previous serious injury?				
An Epi-pen?			Epilepsy/seizures?			3. Does the student take any medication that if missed for three days would pose a serious health risk for him/herself or others? <input type="checkbox"/> NO <input type="checkbox"/> YES*	
Asthma?			A heart concern?			*If YES, a three-day supply of this medication and required forms must be completed to be kept at school in the event of a disaster.	
An inhaler at school / athletics?			Any other concerns?				
<i>For all of the above answered YES, please use this space for further description and/or instructions:</i> _____ _____ _____ _____ _____ _____ _____							
Family Doctor: _____			Phone: _____				
Dentist: _____			Phone: _____				
Preferred Hospital: _____							
Health Insurance Provider: _____							
Group Policy Number: _____							

Parent/Guardian and Emergency Contact Information	INCOMPLETE FORMS WILL BE RETURNED
---	-----------------------------------

Parent/Guardian Name(s): _____	Primary Phone: _____
Address: _____ City, State, Zip: _____	
Mailing Address (if different): _____	
Email address(es): _____	
#1 Parent/Guardian Contact: _____	Phone 1: _____ Phone 2: _____
#2 Parent/Guardian Contact: _____	Phone 1: _____ Phone 2: _____
#3 Emergency Contact: _____	Relationship: _____
Emergency Phone 1: _____	Phone 2: _____
#3 Emergency Contact: _____	Relationship: _____
Emergency Phone 1: _____	Phone 2: _____

Release

In the event of a medical emergency for my student, I understand that the Harrington School District will make every attempt to contact me. If the emergency is life-threatening or I cannot be contacted, I authorize the principal or his/her designee, into whose care my student has been entrusted, to initiate paramedic/ambulance care or transport for said minor and to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis, treatment and/or hospital care to be rendered to said minor upon the advice of any licensed physician or dentist. I understand that this authorization is given in advance of any required diagnosis, treatment or hospital care. This authorization shall remain effective for the full school year unless revoked in writing by me and delivered to the Harrington School District. I understand that Harrington School District, its employees and its Board assume no liability of any nature in relation to the transportation or treatment of said minor. I also understand that all costs of transportation, hospitalization, examination, X-ray and emergency treatment provided in relation to this authorization shall be my responsibility.

To my knowledge the above information is correct and complete and I understand to notify school officials immediately for any changes to any/all information. To safeguard my student's health the school nurse may share this information with those who may be required to care for him/her at school. I give permission to my child's school to add immunization information into the Immunization Information System to help maintain my child's lifetime immunization record.

Parent/Guardian Signature: _____ Date: _____

Name of Student: _____

RACE - ETHNICITY DATA COLLECTION 2023-2024

Recently, the federal government expanded the categories for student ethnicity and race data. Because of these changes, we need to ask you to identify your child as Hispanic/Latino or not Hispanic/Latino and by one or more racial groups.

Washington state now has 222 racial categories to choose from. If one parent identifies with one race and the other parent with another, you will be able to check both races for your child.

Question 1: Is your child of Hispanic or Latino origin? (Please check ALL that apply)

ETHNICITY	<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Costa Rican	<input type="checkbox"/> Mexican	<input type="checkbox"/> Salvadoran
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Cuban	<input type="checkbox"/> Mestizo	<input type="checkbox"/> Spaniard
	<input type="checkbox"/> Argentine	<input type="checkbox"/> Dominican	<input type="checkbox"/> Native	<input type="checkbox"/> Surinamese
	<input type="checkbox"/> Bolivian	<input type="checkbox"/> Ecuadorian	<input type="checkbox"/> Nicaraguan	<input type="checkbox"/> Uruguayan
	<input type="checkbox"/> Brazilian	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Panamanian	<input type="checkbox"/> Venezuelan
	<input type="checkbox"/> Chicano (Mexican American)	<input type="checkbox"/> Guyanese	<input type="checkbox"/> Paraguayan	
	<input type="checkbox"/> Chilean	<input type="checkbox"/> Honduran	<input type="checkbox"/> Peruvian	<input type="checkbox"/> Hispanic/Latino (Write In)
	<input type="checkbox"/> Colombian	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Puerto Rican	

Question 2: What race(s) do you consider your child? (Please check ALL that apply)

White/Black/African American

RACE	<input type="checkbox"/> White	<input type="checkbox"/> African-Canadian
	<input type="checkbox"/> Black/African-American	
	<input type="checkbox"/> African-American	

Asian

RACE	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Lao
	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Malaysian
	<input type="checkbox"/> Bhutanese	<input type="checkbox"/> Mien
	<input type="checkbox"/> Burmese/Myanmar	<input type="checkbox"/> Mongolian
	<input type="checkbox"/> Cambodian/Khmer	<input type="checkbox"/> Nepali
	<input type="checkbox"/> Cham	<input type="checkbox"/> Okinawan
	<input type="checkbox"/> Chinese	<input type="checkbox"/> Pakistani
	<input type="checkbox"/> Filipino	<input type="checkbox"/> Punjabi
	<input type="checkbox"/> Hmong	<input type="checkbox"/> Singaporean
	<input type="checkbox"/> Indonesian	<input type="checkbox"/> Sri Lankan
	<input type="checkbox"/> Japanese	<input type="checkbox"/> Taiwanese
	<input type="checkbox"/> Korean	<input type="checkbox"/> Thai
	<input type="checkbox"/> Asian (Write In)	<input type="checkbox"/> Tibetan
	<input type="checkbox"/> Vietnamese	

Middle Eastern/North African

RACE	<input type="checkbox"/> Algerian	<input type="checkbox"/> Israeli
	<input type="checkbox"/> Amazigh or Berber	<input type="checkbox"/> Jordanian
	<input type="checkbox"/> Arab or Arabic	<input type="checkbox"/> Kurdish Kuwaiti
	<input type="checkbox"/> Assyrian	<input type="checkbox"/> Lebanese
	<input type="checkbox"/> Bahraini	<input type="checkbox"/> Libyan
	<input type="checkbox"/> Bedouin	<input type="checkbox"/> Moroccan
	<input type="checkbox"/> Chaldean	<input type="checkbox"/> Omani
	<input type="checkbox"/> Copt	<input type="checkbox"/> Palestinian
	<input type="checkbox"/> Druze	<input type="checkbox"/> Qatari
	<input type="checkbox"/> Egyptian	<input type="checkbox"/> Saudi Arabian
	<input type="checkbox"/> Emirati	<input type="checkbox"/> Syrian
	<input type="checkbox"/> Iranian	<input type="checkbox"/> Tunisian
	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Yemeni
<input type="checkbox"/> Middle Eastern (Write In)	<input type="checkbox"/> North African (Write In)	

Washington State Tribes/Alaskan Native

RACE	<input type="checkbox"/> American Indian/Alaskan Native
	<input type="checkbox"/> Chinook Tribe
	<input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation
	<input type="checkbox"/> Confederated Tribes of the Chehalis Reservation
	<input type="checkbox"/> Confederated Tribes of the Colville Reservation
	<input type="checkbox"/> Cowlitz Indian Tribe
	<input type="checkbox"/> Duwamish Tribe
	<input type="checkbox"/> Hoh Indian Tribe
	<input type="checkbox"/> Jamestown S'Klallam Tribe
	<input type="checkbox"/> Kalispel Indian Community of the Kalispel Reservation
	<input type="checkbox"/> Kikiallus Indian Nation
	<input type="checkbox"/> Lower Elwha Tribal Community
	<input type="checkbox"/> Lummi Tribe of the Lummi Reservation
	<input type="checkbox"/> Makah Indian Tribe of the Makah Indian Reservation
	<input type="checkbox"/> Marietta Band of Nooksack Tribe
	<input type="checkbox"/> Muckleshoot Indian Tribe
	<input type="checkbox"/> Nisqually Indian Tribe
	<input type="checkbox"/> Nooksack Indian Tribe of Washington
	<input type="checkbox"/> Port Gamble S'Klallam Tribe
	<input type="checkbox"/> Puyallup Tribe of Puyallup Reservation
	<input type="checkbox"/> Quileute Tribe of the Quileute Reservation
	<input type="checkbox"/> Quinault Indian Nation
	<input type="checkbox"/> Samish Indian Nation
	<input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington
	<input type="checkbox"/> Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation
	<input type="checkbox"/> Skokomish Indian Tribe
	<input type="checkbox"/> Snohomish Tribe
	<input type="checkbox"/> Snoqualmie Indian Tribe
	<input type="checkbox"/> Snoqualmoo Tribe
	<input type="checkbox"/> Spokane Tribe of the Spokane Reservation
	<input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation
	<input type="checkbox"/> Steilacoom Tribe
	<input type="checkbox"/> Stillaguamish Tribe of Indians of Washington
<input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation	
<input type="checkbox"/> Swinomish Indian Tribal Community	
<input type="checkbox"/> Tulalip Tribes of Washington	
<input type="checkbox"/> Alaskan Native (Write In)	
<input type="checkbox"/> American Indian (Write In)	

Caribbean

RACE	<input type="checkbox"/> Anguillian	<input type="checkbox"/> Dominican (Dominican Republic)
	<input type="checkbox"/> Antiguan	<input type="checkbox"/> Dutch Antillean (Netherlands Antilles)
	<input type="checkbox"/> Bahamian	<input type="checkbox"/> Grenadian
	<input type="checkbox"/> Barbadian	<input type="checkbox"/> Guadeloupean
	<input type="checkbox"/> Barthélemois/Barthélemoises	<input type="checkbox"/> Haitian
	<input type="checkbox"/> British Virgin Islander	<input type="checkbox"/> Jamaican
	<input type="checkbox"/> Caymanian (Cayman Island)	<input type="checkbox"/> Martiniquais/Martiniquaise
	<input type="checkbox"/> Cuba Dominican	<input type="checkbox"/> Montserratian
	<input type="checkbox"/> Caribbean (Write In)	<input type="checkbox"/> Puerto Rican

East African

RACE	<input type="checkbox"/> Burundian	<input type="checkbox"/> Reunionese
	<input type="checkbox"/> Comoran	<input type="checkbox"/> Rwandan
	<input type="checkbox"/> Djiboutian	<input type="checkbox"/> Seychellois
	<input type="checkbox"/> Eritrean	<input type="checkbox"/> Seychelloise
	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Somali
	<input type="checkbox"/> Kenyan	<input type="checkbox"/> South Sudanese
	<input type="checkbox"/> Malagasy (Madagascar)	<input type="checkbox"/> Sudanese
	<input type="checkbox"/> Malawian	<input type="checkbox"/> Ugandan
	<input type="checkbox"/> Mauritian (Mauritius)	<input type="checkbox"/> Tanzanian (United RC of Tanzania)
	<input type="checkbox"/> Mahoran (Mayotte)	<input type="checkbox"/> Zambian
<input type="checkbox"/> Mozambican	<input type="checkbox"/> Zimbabwian	
<input type="checkbox"/> East African (Write In)		

Latin American

RACE	<input type="checkbox"/> Argentine	<input type="checkbox"/> Guatemalan
	<input type="checkbox"/> Belizean	<input type="checkbox"/> Guyanese
	<input type="checkbox"/> Bolivian	<input type="checkbox"/> Honduran
	<input type="checkbox"/> Brazilian	<input type="checkbox"/> Mexican
	<input type="checkbox"/> Chilean	<input type="checkbox"/> Nicaraguan
	<input type="checkbox"/> Colombian	<input type="checkbox"/> Panamanian
	<input type="checkbox"/> Costa Rican	<input type="checkbox"/> Paraguayan
	<input type="checkbox"/> Ecuadorian	<input type="checkbox"/> Peruvian
	<input type="checkbox"/> El Salvadoran	<input type="checkbox"/> So. Georgia/So. Sandwich Islands
	<input type="checkbox"/> Falkland Islander	<input type="checkbox"/> Surinamese
	<input type="checkbox"/> French Guianese	<input type="checkbox"/> Uruguayan
	<input type="checkbox"/> Latin American (Write In)	<input type="checkbox"/> Venezuelan

West African

RACE	<input type="checkbox"/> Beninese	<input type="checkbox"/> Liberian
	<input type="checkbox"/> Bissau-Guinean	<input type="checkbox"/> Malian
	<input type="checkbox"/> Burkina Faso	<input type="checkbox"/> Mauritanian
	<input type="checkbox"/> Cabo Verdean	<input type="checkbox"/> Nigerien (Niger)
	<input type="checkbox"/> Ivorian (Cote d'Ivoire)	<input type="checkbox"/> Nigerian (Nigeria)
	<input type="checkbox"/> Gambian	<input type="checkbox"/> Saint Helenian
	<input type="checkbox"/> Ghanaian	<input type="checkbox"/> Senegalese
	<input type="checkbox"/> West African (Write In)	<input type="checkbox"/> Sierra Leonean
		<input type="checkbox"/> Togolese

Central African

RACE	<input type="checkbox"/> Angolan	<input type="checkbox"/> Congolese (Dem. RC of the Congo)
	<input type="checkbox"/> Cameroonian	<input type="checkbox"/> Equatorial Guinean
	<input type="checkbox"/> Central African (Cen. African RC)	<input type="checkbox"/> Gabonese
	<input type="checkbox"/> Chadian	<input type="checkbox"/> São Toméan
	<input type="checkbox"/> Congolese (RC of the Congo)	<input type="checkbox"/> Principe
<input type="checkbox"/> Central African (Write In)		

Eastern European

RACE	<input type="checkbox"/> Bosnian	<input type="checkbox"/> Romanian
	<input type="checkbox"/> Herzegovinian	<input type="checkbox"/> Russian
	<input type="checkbox"/> Polish	<input type="checkbox"/> Ukrainian
	<input type="checkbox"/> Eastern European (Write In)	

Pacific Islander/Native Hawaiian

RACE	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Palauan
	<input type="checkbox"/> Carolinian	<input type="checkbox"/> Papan
	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Pohpeian
	<input type="checkbox"/> Chuukese	<input type="checkbox"/> Samoan
	<input type="checkbox"/> Fijian	<input type="checkbox"/> Solomon Islander
	<input type="checkbox"/> i-Kiribati/Gilbertese	<input type="checkbox"/> Tahitian
	<input type="checkbox"/> Kosraean	<input type="checkbox"/> Tokelauan
	<input type="checkbox"/> Maori	<input type="checkbox"/> Tongan
	<input type="checkbox"/> Marshallese	<input type="checkbox"/> Tuvaluan
	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Yapese
	<input type="checkbox"/> Ni-Vanuatu	
	<input type="checkbox"/> Native Hawaiian (Write In)	<input type="checkbox"/> Other Pac. Islander (Write In)

South African

RACE	<input type="checkbox"/> Botswanan	<input type="checkbox"/> South African
	<input type="checkbox"/> Mosotho (Lesotho)	<input type="checkbox"/> Swazi
	<input type="checkbox"/> Namibian	
<input type="checkbox"/> South African (Write In)		

ADDITIONAL ADMISSION INFORMATION

Students Name: _____

LEGAL:

1. Do you have legal guardian ship of this child? (circle the appropriate answer)
 - no
 - yes
2. Are there any court orders or legal issues we should be aware of concerning this child?
 - no
 - yes _____
3. Is your child a convicted sex offender:
 - no
 - yes Risk Level: _____

BEHAVIOR:

4. Has your child been involved in any weapons violations?
 - No
 - Yes _____
5. Has your child been expelled or suspended from school?
 - No
 - Yes _____
6. Has your child been sent to the office for minor behavior disruptions?
 - No
 - Yes _____
7. Has your child been accused of Harassment/Intimidation/Bullying? Has your child been the victim of Harassment/Intimidation/Bullying?
 - No
 - Yes _____
8. Does your child have a record of good and consistent attendance?
 - No
 - Yes _____
9. Has your child had an athletic training rule violation?
 - No
 - Yes _____

ACADEMIC:

10. Do you have a copy of an unofficial transcript?
- No
 - Yes If so, please provide a copy when registering your student.
11. Do you have a copy of the most recent WASL (Washington Assessment of Student Learning Results?)
- No
 - Yes If so, please provide a copy when registering your student.
12. Does your child have their State Assessment Scores?
- No
 - Yes If so, do you have a copy of it? _____

SPECIAL SERVICES/504 PLAN:

13. Has your child been referred to special education or assessed for special education?
- No
 - Yes
14. Has your child been enrolled in Special Education Services or have a 504 Plan?
- No
 - Yes
15. Do you have a copy of your child's IEP/504 Plan?
- No
 - Yes _____

HEALTH:

16. Is your child on any medications that will need to be administered at school?
- No
 - Yes _____
17. Does your child have any health conditions that may affect their educational program?
- No
 - Yes _____

Parent Signature

Date



Harrington School District

In the event of an emergency causing an early release school closure during the regular school day, we want to make sure we have all contact/emergency contact information and plans for where your child(ren) would go on file. In such an event, our automated phone system would be activated with specific information on the emergency and what procedures/time frame the school district will be following.

Thank you.

Parent/Guardian Name _____

Contact & Number(s) to be called?

Does your child ride a bus? yes___no___

Bus number/driver _____

Student(s) Name:

Please indicate where your child(ren) would go if it was determined that the school needed to send busses or close early that day.

HARRINGTON SCHOOL DISTRICT

Internet, Google Apps for Education, and E-Mail Acceptable Use Policy

Student Expectations for Acceptable Use:

The following are the Educational Objectives of Google Apps for Education:

- Group project sharing for classroom assignments
- Digital assignment turn-in of class assignments
- Online disk storage for school work-related assignments

District educators make every reasonable effort to monitor student conduct related to class content in order to maintain a positive learning community. All Internet, Google Apps, and E-Mail participants will respect the teachers' time and professionalism by supporting the same positive approach.

All Internet, Google Apps, and E-Mail participants will be respectful in their postings and comments. Inappropriate language, personal insults, profanity, spam, racist, sexist or discriminatory remarks, or threatening comments will not be tolerated.

No student, or other participant, may include any information on the site that could compromise the safety of him/herself or other class members. Participants should avoid specific comments about school location or schedules.

All Internet, Google Apps, and E-Mail users must protect their log-in and password information and class passwords (if any). If participants suspect that a password has been compromised, they must notify the teacher immediately. No Internet, Google Apps, and E-Mail participant may share his/her log-in information or protect information about the site with anyone who is not an authorized participant.

Student use must follow all other expectations as listed in the ***Harrington School Handbook(s)***. *Failure of students to follow these guidelines may result in disciplinary action and/or termination of this service.*

Parent/Guardian Expectations & Consent:

Google Apps for Education runs on an Internet domain purchased and owned by the school and is intended for educational use. Your student's teachers will be using Internet, Google Apps, and E-Mail for lessons, assignments, and communication. Google Apps for Education is also available at home, the library, or anywhere with Internet access. School staff will monitor student use of Internet, Google Apps, and E-Mail when students are at school. Parents are responsible for monitoring their child's use of Internet, Google Apps, and E-Mail when accessing programs from home. Students are responsible for their own behavior at all times.

I agree with the parent expectations and give my child permission to use Internet, Google Apps for Education, and E-Mail.

Parent/Guardian Name (Print):

Parent /Guardian Signature:

Date:

Student Consent:

I agree to abide by Student Expectations of Acceptable use of Internet, Google Apps for Education, and E-Mail.

Student Name (Print):

Student Signature:

Date:

Technology User Agreement and Fee Schedule 2023-2024

The educational program at Harrington Schools includes a Chromebook that will be issued to your student for their use at school and home.

Like textbooks, team uniforms, and other school property issued to your student, there is a responsibility to take appropriate care of these valuable resources. The Chromebooks are no different, but they do represent an increased cost to the district and liability to students and parents. We know that loss and accidents will happen. District policies, regulations and practices require that a fee be levied to cover the repair or replacement cost of district property.

Repair/Replacement Fees	First Claim	Second Claim	All Other
DAMAGE	None	Full Cost to Replace	Full Cost to Replace
Theft (with police Report)	None	Full Cost to Replace	Full Cost to Replace
Lost	\$50 deductible	Full Cost to Replace	Full Cost to Replace

Full Replacement Cost Schedule

Chromebook: \$150

Broken Screen: \$50

Missing Keys/Broken Keyboard: \$75

Lost/Stolen/Broken Power Adapter: \$40

Because we cannot repair the power adapter, students must always cover the cost of damage to, or loss of the power supply/cord.

THEFT: If Chromebook is stolen, you will be required to submit a police report. Fraudulent reporting of theft will be turned over to the police for investigation. A student making a false report will also be subject to disciplinary action.

LOSS: If the Chromebook is lost, the district will cover the cost for the loss minus a \$50 deductible. If subsequent loss occurs, the student will be issued a replacement only after a full payment is received. In the event that the technology is recovered in working condition, the replacement cost previously paid by the student/parent will be refunded. Any Chromebook lost or stolen will be remotely disabled and all functionality removed until the Chromebook is returned.

STUDENT NAME: _____

DATE: _____

PARENT NAME: _____

DATE: _____