



*Lee Senior High School*  
523 North Forest Avenue - Marianna, Arkansas 72360  
Mrs. Phylisia Fields-Stanley, Principal  
Phone (870) 295-7130 - Fax 870-295-7312

### 2017-18 Official Registration Checklist

Please print legibly (All forms must be completed to be officially enrolled.)

Today's Date: \_\_\_\_\_ Transfer Student: (Check one) Yes \_\_\_\_\_ No \_\_\_\_\_

Scholar: \_\_\_\_\_ SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Form:	Check Here if Form Completed	Reviewed by: (Initials)
Student Information Form	_____	_____
Parental Involvement Survey	_____	_____
General Information Sheet	_____	_____
Health Information	_____	_____
Home Language Survey	_____	_____
Residency Information Form	_____	_____
Proof of Immunization (AR Department of Health)	_____	_____
Copies of Birth Certificate and Social Security Card (if new to the district)	_____	_____
Acceptable Use Policy	_____	_____
Student User Agreement	_____	_____
Smart Core Informed Consent Form	_____	_____
Other: _____	_____	_____
_____	_____	_____

Registration Dates and Times: Wednesday, August 9, 2017 and Thursday August 10, 2017, from 9:00 AM until 6:00 PM. Please report to the Cafeteria for Registration.

**If a scholar is expelled or under an expulsion from another district, he/she may not enroll in the Lee County School District.**

#### Important Dates:

1. All forms must be completed to be officially enrolled
2. Academic Improvement Plans (AIP) must be signed by parents/guardians (as required by law)
3. Class schedules may be picked up at the end of registration in the cafeteria.
4. The first teacher/scholar contact day is Monday, August 14, 2017.

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**2017-2018 General Information Form**

Date Entered: \_\_\_\_\_ Grade: \_\_\_\_\_

Scholar: \_\_\_\_\_ SSN#/ID#: \_\_\_\_\_

Last                      First                      Middle

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

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

Race: \_\_\_\_\_ DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Birth Certificate Number: \_\_\_\_\_

Mailing address if different from above: \_\_\_\_\_

Bus Number: \_\_\_\_\_ Driver: \_\_\_\_\_

Brief directions to your home: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Phone number: ( ) -

Place of Employment: \_\_\_\_\_ Phone number: ( ) -

Father/Guardian Name: \_\_\_\_\_ Phone number: ( ) -

Place of Employment: \_\_\_\_\_ Phone number: ( ) -

Who does the scholar live with: \_\_\_\_\_ Relationship to scholar: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone number: ( ) -

Family Dentist: \_\_\_\_\_ Phone number: ( ) -

Does the scholar have any illness or health problems that we should know about? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

The following person(s) may check out my child:

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

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

Home #: ( ) - \_\_\_\_\_ Home #: ( ) - \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Home #: ( ) - \_\_\_\_\_ Home #: ( ) - \_\_\_\_\_

Side 1 of 2

Other than yourself, give name(s) and telephone numbers(s) for emergencies:

\_\_\_\_\_  
\_\_\_\_\_

Has the scholar attended Lee County School District before? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, when: \_\_\_\_\_

Has your child been expelled from school in any other district? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when and where: \_\_\_\_\_

Briefly explain the cause of the expulsion: \_\_\_\_\_

Is your child currently under an order of expulsion in his/her former school district? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when may your child return to his/her former district? \_\_\_\_\_

Are expulsion proceedings currently pending against your child or have you been informed that such proceedings will be initiated against your child? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Did your child participate in any of the following pre-school programs? (Please check all that applies)

\_\_\_\_ Even Start                      \_\_\_\_ ABC                      \_\_\_\_ HIPPY  
\_\_\_\_ Head Start                      \_\_\_\_ Kids for the Future                      \_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_ Daycare                      \_\_\_\_ None

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

In the previous school year, did your child receive any Special Education services? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child been identified as "Gifted and Talented"? Yes \_\_\_\_\_ No \_\_\_\_\_

Did your child have an Individualized Education Plan (IEP)? Yes \_\_\_\_\_ No \_\_\_\_\_

Did your child have a 504 plan? Yes \_\_\_\_\_ No \_\_\_\_\_

What is the name of the school last attended? \_\_\_\_\_

City and State of last school attended? \_\_\_\_\_

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**Legal Alert**

Court Orders, Custody Orders, Restraining Orders, Etc.  
(A copy must be provided.)

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Scholar's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All of the information listed above is true to best of my knowledge.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

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*Requirements for Enrollment in Lee County Schools*

1. General information sheet filled out by parent or legal guardian
2. Proof of immunization as required by the Arkansas Department of Health
3. Birth Certificate
4. Social Security Card (OPTIONAL)

*For students who take medication:*

A medication form **must** be filled out by the parent or legal guardian. A hand written note will not be accepted.

*For students who are new to Lee County Schools;*

You must provide the name, address phone and fax numbers for your previous school.

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### Health Information

Scholar: \_\_\_\_\_ SSN#/ID#: \_\_\_\_\_

Address: \_\_\_\_\_  
Last First Middle City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Race: \_\_\_\_\_ DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Birth Certificate Number: \_\_\_\_\_

Mailing address if different from above: \_\_\_\_\_

Please fill out completely and return to the school nurse. This is for your child's health records. All information received will be kept confidential. It is important for our records.

1. Does your child have any medical problems: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what are they? \_\_\_\_\_  
Diagnosed? \_\_\_\_\_
2. Does your child take any medication (prescribed by a doctor or over the counter medications at this time? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, what are the medication(s) and how often? \_\_\_\_\_
3. Are there any types of medical treatments or procedures that your child is taking at this time? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, what are the medication(s) and how often? \_\_\_\_\_
4. How many visits were made to the health clinic, doctor's office, emergency room, psychiatrist, psychologist, chiropractor or nutritionist in the past 12 months? \_\_\_\_\_  
Who and how often? \_\_\_\_\_
5. How often does your child see his primary doctor for regular check-ups? \_\_\_\_\_
6. Does your child complain of regular or frequent headaches, stomach aches, dizziness, nausea, vomiting, or fainting? \_\_\_\_\_  
Specify: \_\_\_\_\_
7. Does your child have any diet or fluid restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_  
What are they? \_\_\_\_\_
8. Does your child have any known food, drug, or other allergies? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Has your child had any surgeries? Yes \_\_\_\_\_ No \_\_\_\_\_  
Which surgeries and when? \_\_\_\_\_
10. Does your child have any abnormal food cravings? Yes \_\_\_\_\_ No \_\_\_\_\_  
What are the cravings? \_\_\_\_\_
11. How many days has your child missed from school due to illness/injuries in the past year?  
\_\_\_\_\_
12. Is there any other information that the school nurse might need to know concerning your child that was not mentioned in this questionnaire? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what is that information? \_\_\_\_\_

Thank you for your help in this matter. Please feel free to contact the Mrs. Kathy Smith, our school's nurse at any time concerning your child and update any changes, new medications or treatments that may occur during the school year to better care for your child while they are at school.

Your help is appreciated.

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## Home Language Survey

Lee County School District  
Marianna, AR 72360

Student Information (The parents or guardians should complete this section.)	
First Name: _____	Date of Birth: (Month/Day/Year)
Last Name: _____	
Questions for Parents or Guardians	Response
What language(s) is (are) spoken in your home?	
Which language did your child learn first?	
Which language does your child use most frequently at home?	
Which language do you most frequently speak to your child?	
In what language would you prefer to get information from the school?	

Parent or Guardian's Signature: \_\_\_\_\_

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



Return to School Office



## HOUSING INFORMATION FORM

Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

List all children in your family birth through age 21.

Name of Child	School	Age	Grade	Date of Birth

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

Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

Is this address Temporary or Permanent? (circle one)

Please choose which of the following situations the student currently resides in (you can choose more than one):

- \_\_\_\_\_ House or apartment with parent or guardian
- \_\_\_\_\_ Motel, car, or campsite
- \_\_\_\_\_ Shelter or other temporary housing
- \_\_\_\_\_ With friends or family members (other than or in addition to parent/guardian)

If you are living in shared housing, please check all of the following reasons that apply:

- \_\_\_\_\_ Loss of housing
- \_\_\_\_\_ Economic situation
- \_\_\_\_\_ Temporarily waiting for house or apartment
- \_\_\_\_\_ Provide care for a family member
- \_\_\_\_\_ Living with boyfriend/girlfriend
- \_\_\_\_\_ Loss of employment
- \_\_\_\_\_ Parent/Guardian is deployed
- \_\_\_\_\_ Other (Please explain)

Are you a student under the age of 18 and living apart from your parents or guardians?

Yes              No

### **Housing and Educational Rights**

Students without fixed, regular, and adequate nighttime residences have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento liaison at [Insert phone number] or the State Coordinator at 501-683-5428.

By signing below, I acknowledge that I have received and understand the above rights.

---

*Signature of Parent/Guardian/Unattached Youth*

*Date*

---

*Signature of McKinney-Vento Liaison*

*Date*



## Services for McKinney-Vento Identified Students

Student: \_\_\_\_\_

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

Grade \_\_\_\_\_

Please check the services needed or desired:

☐ Free Lunch

☐ Transportation to the school of origin

☐ Clothing/Uniform

☐ School supplies

☐ Counseling

☐ Medical/dental referral

☐ Vision referral

☐ Medicaid/DSHS services – food stamps

☐ Preschool Enrollment records

☐ Missing enrollment records

☐ Birth certificate

☐ Immunization/medical records

☐ Tutoring

☐ After-school programs

☐ Teen Center

☐ Mentoring

☐ Special Education

☐ Gifted/talented

☐ Vocational/technical

☐ Community resource

☐ Prior academic records

☐ LEP/Bilingual program

☐ Guardianship issues

\_\_\_\_\_  
*Signature of Parent/Guardian/Unattached Youth*

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

\_\_\_\_\_  
*Signature of McKinney-Vento Liaison*

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

**SMART CORE INFORMED CONSENT FORM  
(GRADUATING CLASS OF 2016 AND AFTER)**

**Name of Student:** \_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_

**Name of District:** \_\_\_\_\_

**Name of School:** \_\_\_\_\_

Smart Core is Arkansas's college- and career- ready curriculum for high school students. College and career readiness in Arkansas means that students are prepared for success in entry-level, credit-bearing courses at two-year and four-year colleges and universities, in technical postsecondary training, and in well-paid jobs that support families and have pathways to advancement. To be college and career ready, students need to be adept problem solvers and critical thinkers who can contribute and apply their knowledge in novel contexts and a variety of situations. Smart Core is the foundation for college and career-readiness. All students should supplement additional rigorous coursework within their career focus.

Successful completion of the Smart Core Curriculum is one of the eligibility requirements for the Arkansas Academic Challenge Scholarship. Failure to complete the Smart Core Curriculum for graduation *may* result in negative consequences such as conditional admission to college and ineligibility for scholarship programs.

Parents or guardians may waive the right for a student to participate in Smart Core and instead to participate in the Core curriculum. The parent must sign the separate Smart Core Waiver Form to do so.

**SMART CORE CURRICULUM**

**English – 4 units**

- English 9th grade
- English 10th grade
- English 11th grade
- English 12th grade

**Mathematics – 4 units (or 3 units of math and 1 flex unit of Computer Science\*) At least one unit must be taken in Grade 11 or Grade 12.**

- Algebra I (or Algebra A & Algebra B - Grades 7-8 or 8-9)
- Geometry (or Geometry A & Geometry B - Grades 8-9 or 9-10)
- Algebra II
- Fourth Math - Advanced Topics and Modeling in Mathematics, Algebra III, Calculus, Computer Science and Mathematics, Linear Systems and Statistics, Mathematical Applications and Algorithms, Pre-Calculus, or an Advanced Placement mathematics - Comparable concurrent credit college courses may be substituted where applicable.

**Natural Science – 3 units with lab experience chosen from the list below (or 2 units with lab experience and 1 flex unit of Computer Science\*)**

- Biology
- Physical Science, Chemistry, and/or Physics

*(All students must have 1 unit in Biology, IB Biology, ADE Biology, ADE Approved Biology Honors, or Concurrent Credit Biology.)*

**Social Studies – 3 units**

- Civics - ½ unit
- World History - 1 unit
- U.S. History - 1 unit
- Economics or other social studies – ½ unit

**Oral Communications – ½ unit**

**Physical Education – ½ unit**

**Health and Safety – ½ unit**

**Economics – ½ unit (may be counted toward Social Studies or Career Focus)**

**Fine Arts – ½ unit**

**Career Focus – 6 units**



**\*Computer Science – (flex unit)** A unit of Computer Science and Mathematics, Essentials of Computer Programming, AP Computer Science, or IB Computer Science may replace the 4<sup>th</sup> math unit requirement or the 3<sup>rd</sup> Natural Science Requirement. Two distinct units of the computer science courses listed above may replace the 4<sup>th</sup> math unit requirement and the 3<sup>rd</sup> Natural Science Requirement. If the 4<sup>th</sup> Math requirement and the 3<sup>rd</sup> Natural Science requirement have been met through other coursework, any of the computer science courses listed above may be used for career focus credit.

**Beginning with the entering 9th grade class of 2014 – 2015 school year, each high school student shall be required to take at least one digital learning course for credit to graduate. (Act 1280 of 2013)**

By signing this form, I acknowledge that I have been informed of the requirements and implementation of the Smart Core Curriculum and am choosing the Smart Core Curriculum for my child.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Official Signature

\_\_\_\_\_  
Date



## Lee County School District Acceptable Use Policy

This Acceptable Use Policy outlines the guidelines and behaviors that users are expected to follow when using school technologies or when using personally-owned devices on the school campus.

- ✓ The Lee County School District network is intended for educational purposes.
- ✓ All activity over the network or using district technologies may be monitored and retained.
- ✓ Access to online content via the network may be restricted in accordance with our policies and federal regulations, such as the Children's Internet Protection Act (CIPA).
- ✓ Students are expected to follow the same rules for good behavior and respectful conduct online as well as offline.
- ✓ Misuse of school resources can result in disciplinary action.
- ✓ The district makes a reasonable effort to ensure students' safety and security online, but will not be held accountable for any harm or damages that result from use of school technologies.
- ✓ Users of the district network or other technologies are expected to alert IT staff immediately of any concerns for safety or security.

### Technologies Covered

Lee County School District may provide Internet access, desktop computers, mobile computers or devices, videoconferencing capabilities, online collaboration capabilities, email, and more.

As new technologies emerge, the district will attempt to provide access to them. The policies outlined in this document are intended to cover *all* available technologies, not just those specifically listed.

### Usage Policies

All technologies provided by the district are intended for education purposes. All users are expected to use good judgment and to follow the specifics of this document as well as the spirit of it: be safe, appropriate, careful and kind; don't try to get around technological protection measures; use good common sense; and ask if you don't know.

## **Web Access**

The district provides its users with access to the Internet, including web sites, resources, content, and online tools. That access will be restricted in compliance with CIPA regulations and school policies. Web browsing may be monitored and web activity records may be retained indefinitely.

Users are expected to respect that the web filter is a safety precaution, and should not try to circumvent it when browsing the Web. If a site is blocked and a user believes it shouldn't be, the user should follow district protocol to alert an IT staff member or submit the site for review.

## **Email**

Lee County School District may provide users with email accounts for the purpose of school related communication. Availability and use may be restricted based on school policies.

If users are provided with email accounts, they should be used with care. Users should not send personal information; should not attempt to open files or follow links from unknown or untrusted origin; should use appropriate language.

Users are expected to communicate with the same appropriate, safe, mindful, courteous conduct online as well as offline. Email usage may be monitored and archived.

## **Mobile Devices Policy**

The district may provide users with mobile computers or other devices to promote learning outside of the classroom. Users should abide by the same acceptable use policies when using school devices off the school network as on the school network.

Users are expected to treat these devices with extreme care and caution; these are expensive devices that the school is entrusting to your care. Users should report any loss, damage, or malfunction to IT staff immediately. Users may be financially accountable for any damage resulting from negligence or misuse.

Use of school-issued mobile devices off the school network may be monitored.

## **Personally-Owned Devices Policy**

Because of security concerns and viruses, when personally-owned mobile devices are used on campus, they should not be used over the school network. In some cases, a separate network may be provided for personally-owned devices.

## **Security**

Users are expected to take reasonable safeguards against the transmission of security threats over the school network. This includes not opening or distributing infected files or programs and not opening files or programs of unknown or untrusted origin.

If you believe a computer or mobile device you are using might be infected with a virus, please alert the IT Department. Do not attempt to remove the virus yourself or download any programs to help remove the virus.

## **Downloads**

Users should not download or attempt to download or run .exe programs over the school network or onto school resources without express permission from IT staff.

You may be able to download other file types, such as images or videos. For the security of our network, download such files only from reputable sites, and only for educational purposes.

## **Netiquette**

Users should always use the Internet, network resources, and online sites in a courteous and respectful manner.

Users should also recognize that among the valuable content online some content is unverified, incorrect, or inappropriate. Users should use trusted sources when conducting research via the internet.

## **Plagiarism**

Users should not plagiarize (or use as their own, without citing the original creator) content, including words or images, from the Internet. Users should not take credit for things they didn't create themselves, or misrepresent themselves as an author or creator of something found online. Research conducted via the Internet should be appropriately cited, giving credit to the original author.

## **Personal Safety**

Users should never share personal information, including phone number, address, social security number, birthday, or financial information over the Internet without adult permission.

Users should recognize that communicating over the Internet brings anonymity and associated risks and should carefully safeguard the personal information of themselves and others. Users should never agree to meet someone they meet online in real life without parental permission.



If you see a message, comment, image, or anything else online that makes you concerned for your personal safety, bring it to the attention of an adult (teacher or staff if you're at school; parent if you're using the device at home) immediately.

## **Cyberbullying**

Cyberbullying will not be tolerated. Harassing, dissing, flaming, denigrating, impersonating, outing, tricking, excluding, and cyberstalking are all examples of cyberbullying. Don't be mean.

Don't send emails or post comments with the intent of scaring, hurting, or intimidating someone else.

Engaging in these behaviors, or any online activities intended to harm (physically or emotionally) another person, will result in severe disciplinary action and loss of privileges. In some cases, cyberbullying can be a crime. Remember that your activities are monitored and retained.

## **Examples of Acceptable Use**

I will:

- ✓ Use school technologies for school-related activities.
- ✓ Follow the same guidelines for respectful, responsible behavior online that I am expected to follow offline.
- ✓ Treat school resources carefully and alert staff if there is any problem with their operation.
- ✓ Encourage positive, constructive discussion if allowed to use communicative or collaborative technologies.
- ✓ Alert a teacher or other staff member if I see threatening, inappropriate, or harmful content (images, messages, posts) online.
- ✓ Use school technologies at appropriate times, in approved places, for educational pursuits.
- ✓ Cite sources when using online sites and resources for research.
- ✓ Recognize that use of school technologies is a privilege and treat it as such.
- ✓ Be cautious to protect the safety of myself and others.
- ✓ Help to protect the security of school resources.

This is not intended to be an exhaustive list. Users should use their own good judgment when using school technologies.

## Examples of Unacceptable Use

### I will not:

- ✓ Use school technologies in a way that could be personally or physically harmful.
- ✓ Attempt to find inappropriate images or content.
- ✓ Engage in cyberbullying, harassment, or disrespectful conduct toward others.
- ✓ Try to find ways to circumvent the school's safety measures and filtering tools.
- ✓ Use school technologies to send spam or chain mail.
- ✓ Plagiarize content I find online.
- ✓ Post personally-identifying information about myself or others.
- ✓ Agree to meet someone I meet online in real life.
- ✓ Use language online that would be unacceptable in the classroom.
- ✓ Use school technologies for illegal activities or to pursue information on such activities.
- ✓ Attempt to hack or access sites, servers, or content that isn't intended for my use.

This is not intended to be an exhaustive list. Users should use their own good judgment when using school technologies.

### Limitation of Liability

Lee County School District will not be responsible for damage or harm to persons, files, data, or hardware.

While the district employs filtering and other safety and security mechanisms, and attempts to ensure their proper function, it makes no guarantees as to their effectiveness.

The district will not be responsible, financially or otherwise, for unauthorized transactions conducted over the school network.

### Violations of this Acceptable Use Policy

Violations of this policy may have disciplinary repercussions, including:

- Suspension of network, technology, or computer privileges
- Notification to parents
- Detention or suspension from school and school-related activities
- Legal action and/or prosecution



**STUDENT USER AGREEMENT**

**STUDENT INFORMATION**

**I have read and understand this Acceptable Use Policy and agree to abide by it:**

School: (Print) \_\_\_\_\_

Name (Print) \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_  
(Student Signature) (Date)

**PARENT INFORMATION**

**I have read and discussed this policy with my child.**

Parent/Guardian Name: (Print) \_\_\_\_\_

\_\_\_\_\_  
(Parent Signature) (Date)

\_\_\_\_\_  
System Administrator's Signature Date \_\_\_\_\_

## Lee County School District

### Parental Involvement Committee Meeting PARENT INTEREST SURVEY

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

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

Daytime Phone #: \_\_\_\_\_

Evening Phone #: \_\_\_\_\_

Best Time/Place to call: \_\_\_\_\_

How many children do you have that currently attend Lee County Schools? \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

How often would you be willing to volunteer in Lee County School District? (Circle one)

Not interested

One time

Monthly

Weekly

Daily

*Please check any of the following ways that you will be willing to help:*

\_\_\_\_\_ Grade/file papers

\_\_\_\_\_ Donate School Supplies/Books

\_\_\_\_\_ Make Copies

\_\_\_\_\_ Donate Building Supplies

\_\_\_\_\_ Answer Phone

\_\_\_\_\_ Build Shelves/Bookcases

\_\_\_\_\_ Volunteer at a campus Parent Center

\_\_\_\_\_ Donate Furniture

\_\_\_\_\_ Tutor student after school

\_\_\_\_\_ Paint

\_\_\_\_\_ Design/Make T-shirts

\_\_\_\_\_ Make signs or banners for athletic events

\_\_\_\_\_ Decorate the School

\_\_\_\_\_ Donate money to support class projects

\_\_\_\_\_ Cook or donate food for a bake sale

\_\_\_\_\_ Donate advertising space for school events

\_\_\_\_\_ Raise money for a field trip

\_\_\_\_\_ Chaperone a field trip

\_\_\_\_\_ Serve as a hall monitor on campus

\_\_\_\_\_ Raise money for a school function

\_\_\_\_\_ Serve as an officer in the Parent Center Organization

\_\_\_\_\_ Provide transportation to/from extracurricular activities

\_\_\_\_\_ Other: Please describe \_\_\_\_\_