



10782 Wattsburg Road
 Erie, PA 16509
 P (814) 824-3400
 F (814) 824-5200
 www.wattsburg.org

STUDENT REGISTRATION CHECKLIST

Welcome to Wattsburg Area School District!

All documents under the Registration Requirements below must be submitted together. Registration cannot be completed unless all requirements are provided. All applicable forms in the Registration Packet must be physically signed.

We are here to make this process as easy as possible for you! Please contact the Wattsburg Area School District Registrar with any questions.

Jessica Mathis
 10782 Wattsburg Road
Jessica.Mathis@Wattsburg.org
 Phone: 814-824-4142
 Fax: 814-824-5200

Registration Requirements:

Proof of Age: Acceptable documentation includes: original birth certificate; notarized copy of birth certificate; baptismal certificate; copy of the record of baptism – notarized or duly certified and showing the date of birth; notarized statement from the parents or another relative indicating the date of birth; a valid passport; a prior school record indicating the date of birth.

Parent/Guardian ID: Acceptable documentation includes: Valid PA Driver’s License or PA State Identification Card with current address

Proof of Residency (two forms required): Acceptable documentation must be current and includes: deed, lease, rental agreement, utility bill, credit card bill, property tax bill, vehicle registration.

Immunization Record

Custody Order / Court Placement Order (If applicable)

Student Registration Packet

- | | |
|--|---|
| <input type="checkbox"/> Student Registration Form | <input type="checkbox"/> New Student Transportation Request |
| <input type="checkbox"/> Home Language Survey | <input type="checkbox"/> Media & Directory Opt Out (If applicable) |
| <input type="checkbox"/> Parental Registration Statement | <input type="checkbox"/> Network/Internet Acceptable Use Policy Signoff |
| <input type="checkbox"/> Student Health History | <input type="checkbox"/> One to One Computer Signoff (Grades 5 – 12) |
| <input type="checkbox"/> Request for Student Records | <input type="checkbox"/> Technology Insurance Agreement (Grades 5 – 12) |

Other Forms: If applicable, these will be due to the school office prior to or on first day of school.

Physical Examination: Private Physician Form unless designated on Student Health History to be done by school physician at no charge for students entering grades K, 6th or 11th.

Dental Examination: Private Dentist Form unless designated on Student Health History to be done by school dentist at no charge for students entering grades K, 3rd or 7th.



Student Registration Form Continued

STUDENT RESIDENCY INFORMATION

Student Resides With (Check all that apply): Both Parents Mother Father Court Appointed Legal Guardian Alone
 Other (include relationship to student): _____

If student does NOT reside with BOTH natural parents:

- No Custody Order in place
- Custody Order in place (Order/documentation required to restrict pick up or sharing of educational information with non-custodial parent)
- Legal Guardianship (Documentation Required)
- Foster Care Placement (Documentation Required)

Please choose the type of setting the student currently resides in:

- House or apartment with parent/legal guardian
- With friends or family members (other than or in addition to parent/guardian)
- Shelter or other temporary housing, including emergency or transitional
- Motel, hotel, car or campsite
- You are a student separated from your parent/legal guardian

If you are living in shared/emergency/transitional housing, please check if any of the following reasons apply:

- Loss of housing
- Economic situation
- Temporarily waiting for house or apartment
- Loss of employment
- Other, please explain: _____

Address where student resides, Parent/Guardian: Owns Home Rents/Leases Lives with Wattsburg Resident

Street Address: _____ PO Box/Apt. #: _____
 City: _____ State: _____ Zip Code: _____ Township: _____
 Residence Landline Phone Number: _____ Check if unlisted

Primary Contact 1 (same address as student): *You will automatically be placed in the WASD Notification System for emergency and other district/school notifications by phone and email.

Parent/Guardian Name: _____ Relationship: _____
 Cell Phone: _____ Email Address: _____
 Work Phone: _____ Employer: _____

Primary Contact 2 (same address as student): Receive emergency and other school/district notifications (phone and email): Yes No

Parent/Guardian Name: _____ Relationship: _____
 Cell Phone: _____ Email Address: _____
 Work Phone: _____ Employer: _____

Other Persons Living in Primary Residence:

Name: Last, First	Relationship to Student	Age	M/F	School or Place of Employment



Student Registration Form Continued

SECONDARY RESIDENCE/CONTACT INFORMATION

*Only complete this section for Parent/Guardian the student does NOT primarily reside with.

Parent/Guardian Name: _____ Relationship: _____

Street Address: _____ PO Box/Apt. #: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Email Address: _____

Work Phone: _____ Employer: _____

Receive school/district notifications (phone and email): Yes No Receive school/district mailings: Yes No

Other Persons Living in Secondary Residence:

Name: Last, First	Relationship to Student	Age	M/F	School or Place of Employment

EMERGENCY CONTACTS

*Please list two contacts (other than those already listed above) the school may call for advice or direction in caring for the student in case of serious accident, illness or disaster warning. These persons will only be contacted if parent/guardian cannot be reached.

1st Contact Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

2nd Contact Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

PARENT ACKNOWLEDGEMENT

I acknowledge that the information noted above is true and accurate and that the student being registered is a resident of the Wattsburg Area School District and, as such, spends at least half of each school week residing with a parent or legal guardian within the boundaries of the Wattsburg Area School District. In addition, I acknowledge that I am responsible for the payment of nonresident tuition, from the registration date, if it is determined that the student being registered is not a resident of the Wattsburg Area School District or does not spend at least half of each school week residing with a parent or legal guardian within the boundaries of the Wattsburg Area School District. I understand that false statements made herein are made subject to the penalties of 18 Pa. C. S. 4904, relating to unsworn falsification to authorities.

Parent/Guardian Signature: _____ Date: _____



HOME LANGUAGE SURVEY

ALL newly registering students regardless of race, nationality, or language origin MUST complete this form. Federal law requires that all Local Education Agencies (LEAs) utilize a non-biased procedure for identifying which students are potential English Learners (ELs) in order to provide appropriate language instruction educational programs and services. Given this responsibility, LEAs have the right to ask for the information contained on this and other forms associated with the identification process.

Student Information (Parents/Guardians should complete this section):

Child's first name: _____

Child's family name: _____

Child's Date of Birth: _____
(Month/Day/Year)

Questions for Parents or Guardians

1. Is a language other than English spoken in the child's home? No Yes (language) _____
2. Does your child communicate in a language other than English? No Yes (language) _____
3. What is the language that your child first learned to speak? _____

Parent/Guardian Signature: _____ Date: _____

Interpreter Provided No Yes



10782 Wattsburg Road
 Erie, PA 16509
 (814) 824-3400
 www.wattsburg.org

PARENTAL REGISTRATION STATEMENT
To be completed by Parent or Guardian

Student Name _____

Date of Birth _____

Grade __

Parent or Guardian Name _____

Address _____

Telephone Number _____

Pennsylvania School Code §13-1304-A states in part “Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an action of offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property.”

Please complete the following:

I hereby swear or affirm that my child **was** / **was not** previously suspended or expelled, or **is** / **is not** presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property. I make this statement subject to the penalties of 24 P.S. §13-1304-A(b) and 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

If this student has been or is presently suspended or expelled from another school, please complete:

Name of the school from which student was suspended or expelled:

Dates of suspension or expulsion:

 (Please provide additional schools and dates of expulsion or suspension on back of this sheet.)

Reason for suspension/expulsion (optional) _____

 (Signature of Parent or Guardian)

 (Date)

Any willful false statement made above shall be a misdemeanor of the third degree.
 This form shall be maintained as part of the student’s disciplinary record.



10782 Wattsburg Road
 Erie, PA 16509
 P (814) 824-3400
 F (814) 824-5200
 www.wattsburg.org

REQUEST FOR STUDENT RECORDS
To be completed by Parent or Guardian

The following student has enrolled with the Wattsburg Area School District:

Student Name: _____ Birth Date: _____

Previous School: _____ Grade at Previous School: _____

Address: _____

Phone Number: _____ Fax Number: _____

I hereby authorize that information regarding school, discipline, health, medical, PA Secure ID and any other pertinent records in regard to this student be sent to the Wattsburg Area School District.

Parent/Guardian Signature: _____ Date: _____

WASD Office Only:

PA Secure ID: _____

Please forward the following information requested to the school below:

- | | | |
|---|--------------------------------|--|
| _____ Report Card (Most Recent) | _____ Discipline Records | _____ Health/Immunization/Dental Records |
| _____ Transcripts | _____ Withdraw Grades | _____ Birth Certificate |
| _____ Attendance Records | _____ Standardized Test Scores | |
| _____ Special Education Records (IEP/GIEP/ER/RR/NOREP/504/Speech/Psychological Evaluations) | | |
| _____ 339 Evidence/Career Plan/Career Standards Benchmark Artifacts Date 339 info requested _____ | | |
| _____ 339 info rec'd with other records Yes / No If No, follow up date(s) and method(s) _____ | | |

- | | | |
|--|---|--|
| _____ Seneca High School
Grades 9-12
10770 Wattsburg Road
Erie, PA 16509
Fax: 814-825-2262
karen.bayhurst@wattsburg.org | _____ Wattsburg Area Middle School
Grades 5-8
10774 Wattsburg Road
Erie, PA 16509
Fax: 814-825-8180
lisa.smith@wattsburg.org | _____ Wattsburg Area Elementary Ctr
Grades K-4
10780 Wattsburg Road
Erie, PA 16509
Fax: 814-825-0302
stacy.hansen@wattsburg.org |
|--|---|--|

Special Education records can be sent directly to Amanda Stalford at:
 Email: amanda.stalford@wattsburg.org / Fax: 814-825-2262 / Mail: 10770 Wattsburg Road, Erie, PA 16509

THANK YOU FOR YOUR PROMPT ATTENTION TO THIS REQUEST



10782 Wattsburg Road
 Erie, PA 16509
 P (814) 824-3400
 F (814) 824-5200
 www.wattsburg.org

NEW STUDENT TRANSPORTATION REQUEST
To be completed by Parent or Guardian

- Only one form per household needs to be completed at time of registration.
- If you are a working parent/guardian during school hours and need bus transportation to or from an alternate stop before or after school, please also complete an Alternate Transportation Request.

Location of Residence:

Street Address: _____ City: _____ ST: _____ Zip Code: _____

Between what two roads: _____

Color of house: _____

Student Information:

Date of Enrollment: _____

Please list all students that will need WASD transportation at this location:

Student Last Name	Student First Name	Grade	School Attending	Student ID
			<input type="checkbox"/> Elementary Center <input type="checkbox"/> Middle School <input type="checkbox"/> High School	
			<input type="checkbox"/> Elementary Center <input type="checkbox"/> Middle School <input type="checkbox"/> High School	
			<input type="checkbox"/> Elementary Center <input type="checkbox"/> Middle School <input type="checkbox"/> High School	
			<input type="checkbox"/> Elementary Center <input type="checkbox"/> Middle School <input type="checkbox"/> High School	
			<input type="checkbox"/> Elementary Center <input type="checkbox"/> Middle School <input type="checkbox"/> High School	

Transportation Office Use:

AM Pick-up Time: _____ High School/Middle School Students
 PM Drop-off Time: _____ High School/Middle School Students

AM Pick-up Time: _____ Elementary School Students
 PM Drop-off Time: _____ Elementary School Students

AM Pick-up Time: _____ Other School Students
 PM Drop-off Time: _____ Other School Students



10782 Wattsburg Road
 Erie, PA 16509
 P (814) 824-3400
 F (814) 824-5200
 www.wattsburg.org

STUDENT HEALTH HISTORY
To be completed by Parent or Guardian

STUDENT INFORMATION

Student's Name: _____ Date of Birth: _____
 Gender: Male Female School student will be attending: SENECA WAMS WAEC Grade: _____

DOCTOR INFORMATION

What type of medical insurance does the student have? Private Medical Assistance CHIP None
 Family Physician: _____ Phone: _____
 Preferred Hospital (for emergency treatment): _____
Physical Exam: In accordance with PA School Code 1402, a physical examination must be completed upon entry into school, and in grades 6 and 11.
 Will the student need this examination to be completed by the school physician (no cost to parent/guardian)? Yes No
 Family Dentist: _____ Phone: _____
Dental Examination: In accordance with PA School Code 1403, a dental examination must be completed upon entry into school, and in grades 3 and 7.
 Will the student need this examination to be completed by the school dentist (no cost to parent/guardian)? Yes No

HEALTH HISTORY

Is your child up to date with immunizations? Yes No A copy of the immunization record is required for enrollment.

Middle and High School students only:
 Is the student permitted to be given, at the nurse's discretion, non-aspirin pain medication during the school day? Yes No

Is your child currently taking prescribed medication? Yes No Inhaler? Yes No
 List all medications taken, dosage and doctor prescribing: _____

 Will medication need administered during school hours? Yes No
 *Any medication to be taken at school must have a Medication Release Form complete and on file in the nurse's office.

Is your child under medical treatment at the present time? Yes No Name of Physician: _____
 Reason: _____
 Are there components of this care that would restrict your child's participation in any physical activity at school? Yes No
 If yes, explain: _____



Student Health History Continued

Does your child have any allergies? Yes No **EpiPen?** Yes No

Bee Sting Foods Animals Plants Drugs Other: _____

If yes, explain: _____

Does your child have diabetes? Yes No

Has your child ever had convulsions or seizures? Yes No

If yes, when was last episode? _____ Currently taking seizure medication? Yes No

Has your child ever had any of the following diseases? No to all If Yes, Please check and give month/year.

Asthma _____ Heart Condition _____ Tuberculosis _____

Chicken Pox _____ Mononucleosis _____ Scoliosis _____

Is your child frequently troubled by the following? No to all

Bladder/Bowell Problems Emotional Problems Earaches Headaches

Over Four Colds per Year Painful Joints Nosebleeds Eczema

Other – Please Explain: _____

Does your child experience any difficulty with any of the following? No to all

Vision – Please Explain: _____

Does your child wear glasses? Yes No

Hearing – Please Explain: _____

Speech – Please Explain: _____

Does your child require a special diet? Yes No If Yes, note restrictions: _____

Has your child had any serious injuries, accidents or operations? Yes No

If yes, explain and give dates: _____

Does your child have any physical illness or impairment that could affect their ability to succeed in school? Yes No

If yes, please describe: _____

Information obtained on the Health History is solely used by the school nurse to ensure that sound decisions are made to meet the health needs of your student. Health information will only be shared with school staff in a confidential manner on a "need to know basis". Health information will not be shared with any other outside health providers without the expressed written permission of the parent/guardian. If you have any questions or concerns please contact your student's school nurse.

Parent/Guardian Signature: _____ Date: _____



10782 Wattsburg Road
 Erie, PA 16509
 P (814) 824-3400
 F (814) 824-5200
 www.wattsburg.org

MEDIA & DIRECTORY OPT OUT

To be completed by Parent/Guardian

- **This form does not need to be submitted unless you wish to opt out of the items covered below.**
- You can exercise your rights outlined below by submitting this form within the first two weeks of enrollment. This form must be submitted at the beginning of each school year.

Your child may be interviewed, photographed, or audio/video recorded for print, radio, television, internet, or any other medium, unless you direct otherwise by checking the box below:

I understand that district staff may interview, photograph, audio or video record my child for district use during normal operations of school and activities. However, I do NOT want such interviews, photographs, audio or video recordings released in the media or online. I understand that this means that my child will sometimes be unable to participate in certain school/classroom apps and events.

As per the Family Educational Rights and Privacy Act (FERPA), directory information may be shared without prior written consent by parents. In addition, FERPA required the District to share student information under certain conditions, regardless of parent consent.

- As per policy 216, the District has designated the following information as directory information: student’s name, address, telephone listing, electronic mail address, photograph, date/place of birth, major field of study, dates of attendance, grade level, participation in officially recognized activities and sports, weight/height of members of athletic teams, degrees/honors/awards received, most recent educational agency/institution attended, student ID (number, user ID or other unique personal identifier used to communicate in electronic systems that cannot be used to access education records without a PIN, password, etc.).

If you do not want the District, unless required to do so by FERPA, to disclose directory information from your child’s education records without your prior written consent, you must notify the District in writing by using this form and checking the box below:

I do not want the District to disclose my child’s directory information unless required to do so by law. I understand that this means that my child’s photograph will not appear in the annual school yearbook. It may also preclude my child from participation in certain sports/activities when outside authorities (i.e. PIAA) require directory information.

Student Name: _____ **Grade:** _____

Parent Name (Printed): _____

Parent Signature: _____ **Date:** _____

Wattsburg Area School District

Acceptable Use of Network/Internet Policy Student Agreement Form – Grades K-12

Student Last Name:
Student First Name:
Student ID Number:
Homeroom Number:
Homeroom Teacher:
Grade:

Student Consent for Independent Use: Student section is waived for students in grades K-4.

I have read and understand the Network/ Internet Acceptable Use Policy (AUP) and guidelines for independent use established by the Wattsburg Area School District.

Student Signature: _____ **Date:** _____

Parent or Guardian Consent for Independent Use:

As parent or guardian of the student named above, I have read and understand the Network/ Internet Acceptable Use Policy (AUP) and guidelines for independent use established by the Wattsburg Area School District. I grant permission for my son/daughter to access networked computer services. I hereby release and hold harmless the Wattsburg Area School District from any and all claims for damages of any nature arising from my child's access, use, or inability to access or use the Internet and technology resources.

If you choose not to give permission to your child to have Network/Internet access, please write a brief statement below to this effect.

Parent or Guardian Name (Print): _____

Parent or Guardian Signature: _____

Date: _____



Book	Policy Manual
Section	200 Pupils
Title	Pupils Network/Internet Acceptable Use Policy
Code	252
Status	Active
Adopted	March 19, 2012
Last Revised	August 18, 2014

Purpose

The Board supports use of the Internet and other computer networks in the district's instructional and operational programs in order to facilitate learning, teaching, and daily operations through interpersonal communications and access to information, research, and collaboration. Our goal in providing this service to students is to provide educational excellence in the district by facilitating resource sharing, innovation, and communication.

For instructional purposes, the use of network facilities shall be consistent with the curriculum adopted by the school district as well as the varied instructional needs, learning styles, abilities, and developmental levels of students.

Authority

The electronic information available to students does not imply endorsement by the district of the content, nor does the district guarantee the accuracy of information received. The district shall not be responsible for any information that may be lost, damaged, or unavailable when using the network or for any information that is retrieved via the Internet.

The district shall not be responsible for any unauthorized charges or fees resulting from access to the Internet.

The Board establishes that computer and network use is a privilege, not a right; inappropriate, unauthorized and illegal use will result in cancellation of those privileges and appropriate disciplinary action.

The Superintendent or designee shall be responsible for determining whether the district computers are being used for purposes prohibited by law or for accessing sexually explicit materials or any other materials deemed to be inappropriate. The procedures should include but not be limited to:

1. Utilizing a technology protection measure that blocks or filters Internet access for minors and adults to certain visual depictions that are obscene, child pornography, harmful to minors with respect to use by minors, or determined inappropriate for use by minors by the Board.
2. Maintaining and securing a usage log.
3. Monitoring online activities of minors.

Delegation of Responsibility

The student shall make every effort to ensure that this resource is used responsibly.

Students have the responsibility to respect and protect the rights of every other user in the district and on the Internet.

District Administrators or designee shall have the authority to determine what constitutes the inappropriate use of network resources.

District Administrators or designee shall have the authority to determine what constitutes inappropriate content.

Guidelines

The Internet and the Wattsburg Area School District system are "public places." You must always remember that you are sharing this space with many other users. Because network connections are granted to you as a part of the larger scope of the curriculum, the Wattsburg Area School District reserves the right to monitor all traffic on the network. Additionally, we reserve the right to review, copy, and/or examine any information that resides on any of the school's computers or networks. Our goal is to make sure the network continues to function properly for all of its users.

No user shall expect that their network files, Internet access, or e-mail communications are private. All network transactions and communications are technologically public in nature. All sites visited on the Internet are tracked by computers in the district and the sites themselves. The time, date, site visited, and computer used for access are all logged.

Electronic communications shall not be considered private. It is very easy to accidentally send a communication to the wrong person by mistyping the wrong address. Users shall not write anything in an electronic communication that they would not want to have broadcast over the public address system. All student electronic information should be backed up on each student's private storage device periodically throughout the school year. Administrators reserve the right to purge student electronic data when necessary in accordance with document retention policies.

Unacceptable Uses

Students are expected to act in a responsible, ethical, and legal manner in accordance with district policy, accepted rules of network etiquette, and federal and state law. Specifically, the following uses are prohibited:

1. Illegal, inappropriate activity, including so-called "hacking" and other unauthorized uses.
2. Commercial or for-profit purposes.
3. Product advertisement or political lobbying.
4. Hate mail, discriminatory remarks, and offensive or inflammatory communication.
5. Unauthorized or illegal installation, distribution, reproduction, or use of copyrighted materials.
6. The illegal installation and/or utilization of copyrighted, unauthorized games, programs, files, or other electronic media.
7. Access to obscene or pornographic material or child pornography.
8. Access by students to material that is harmful to minors in accordance with Board policy.
9. Inappropriate language or profanity.

Transmission of material likely to be offensive or objectionable to recipients.

1. Illegal/inappropriate material.
2. Intentional obtaining or modifying of files, passwords, and data belonging to other users.
3. Impersonation of another user, anonymity, and pseudonyms.
4. Fraudulent copying, communications, or modification of materials in violation of copyright laws.
5. Disruption of the work of other users.
6. Destruction, modification, abuse or unauthorized access to network hardware, software and files.

Security

System security is protected through the use of passwords. Failure to adequately protect or update passwords could result in unauthorized access to student files. To protect the integrity of the system, the following guidelines shall be followed:

1. Students shall not reveal their passwords to another individual.
2. Users shall not use a device that has been logged in under another employee account.
3. Any user identified as a security risk or having a history of problems with other technology systems may be denied access to the network.
4. User credentials shall be issued by the Information Technology department.

Consequences for Inappropriate Use

The student shall be responsible for damage to the equipment, systems, and software resulting from deliberate or willful acts. Damage will be determined at the discretion of the Superintendent or designee.

Illegal use of the network; intentional deletion or damage to files of data belonging to others; copyright violations; and theft of services may be reported to the appropriate legal authorities.

General rules for behavior and communications apply when using the Internet, in addition to the stipulations of this policy. Loss of access and other disciplinary actions may be consequences for inappropriate use.

Vandalism may result in cancellation of access privileges. Vandalism is defined as any malicious attempt to harm or destroy data of another user, Internet or other networks; this includes but is not limited to uploading or creating computer viruses.

Copyright

The illegal use of copyrighted software by Students is prohibited. Any data uploaded to or downloaded from the network shall be subject to fair use guidelines.

To the greatest extent possible, users of the network will be protected from harassment and unwanted or unsolicited communication. Any network user who receives threatening or unwelcome communications shall report such immediately to a teacher or an administrator. Network users shall not reveal personal information to other users on the network, including chat rooms, e-mail, Internet, etc.

CIPA (Children's Internet Protection Act) compliant software is used for filtering in the Wattsburg Area School District.

Internet safety measures shall effectively address the following:

1. Control access by minors to inappropriate matter on the Internet and World Wide Web.
2. Safety and security of minors when using electronic mail, chat rooms, and other forms of direct electronic communications.
3. Prevention of unauthorized online access by minors, including “hacking” and other unlawful activities.
4. Unauthorized disclosure, use, and dissemination of personal information regarding minors.
5. Restriction of minors’ access to materials harmful to them.
6. Monitoring the online activity of minors.
7. Educate minors about appropriate online behavior, including interacting with other individuals on social networking websites and in chat rooms, cyberbullying awareness, and response.

Policy Requirements

Students have a responsibility to promptly report any Acceptable Use Guideline violations to the appropriate teacher or building principal.

Students who encounter inappropriate materials by accident should immediately report it to their teacher or building principal.

Students

Students, grades K-4, are required to have a parent or guardian sign the Network/Internet Acceptable Use Policy (AUP) permission form upon entrance to the school building, at promotion from building to building, or after revision of this policy

Students, grades 5-12, as well as their parent or guardian are required to sign the Network/Internet Acceptable Use Policy (AUP) permission form upon entrance to a school building, at promotion from building to building, or after a revision of this policy.

[252 - Pupils - Network-Student Internet Acceptable Use Attachment.docx \(16 KB\)](#)