

# ELIZABETH HIGH SCHOOL



*"A Commitment to Excellence"*

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Dear Parent/Guardian:

Welcome to Elizabeth High School! In order to enroll your student, you will need to provide the following documents at the time of your appointment with the counselor:

## ***REQUIREMENTS FOR REGISTERING A STUDENT***

**Proof of Residency** – Copies of a residential building contract, a deed of trust, a real estate buyer contract, a contract for lease/rent (with a recent utility bill), or a most recent utility bill that has your name and physical street address on it. A driver's license cannot be accepted as proof of residency because the Motor Vehicle Division does not require a proof of residency.

**Birth Certificate** (copy only)

**Transcript** – The most recent **transcript and withdrawal grades** from the previous school of attendance.

**Immunization Record** – All students must be fully immunized as dictated by Colorado State Law in order to attend a public or private educational institution. Proof of immunization **must** be provided.

**504 Plan or IEP** – All students who are identified as being on a 504 Plan or in Special Education will need to bring a current copy of their 504 Plan or IEP (Individual Education Plan).

The custodial parent/guardian is the individual authorized to sign documents and enroll the child. Individuals sharing custodial responsibilities as outlined in court documentation must provide a copy of the custodial paperwork. In the event you are not the birth parent of the child enrolling, you must bring the **original document outlining custody or guardianship, or a Power of Attorney (For Guardianship)** (this form can be obtained from the Counseling Office).

Presentation of these documents at the enrollment interview is **MANDATORY** and will expedite your child's admission to EHS. If you have any questions, please contact our office at 303-646-1767.

Sincerely,

EHS Counseling Department

# ELIZABETH HIGH SCHOOL



"A Commitment to Excellence"

## RELEASE OF RECORDS

DATE: \_\_\_\_\_

GRADE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

NAME OF LAST SCHOOL ATTENDED: \_\_\_\_\_

SCHOOL'S MAILING ADDRESS (city & state required): \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_ FAX NO.: \_\_\_\_\_

Please forward student records to Elizabeth High School Counseling Office. Student records should include **ALL** of the following (unless indicated otherwise):

- Official transcript (signed & sealed)/report cards
- Immunization/medical records
- Scholastic, achievement, test scores
- Teacher/counselor observations
- Physician, hospital, psychological, special education information
- Discipline report
- Attendance record (for current year)
- Birth Certificate
- Any individualized plans (IEP, 504, Gifted IEP)

If you have any questions, please feel free to call the Counseling Office at (303) 646-1767.  
Thank you.

Send all information to:

**Elizabeth High School**  
**ATTN: Counseling Office**  
**P.O. Box 660**  
**Elizabeth, CO 80107**  
**Fax Number – (303) 646-1698**

I hereby state that I have legal custodial rights for this student, and as such, give permission for the release of all information relating to this student.

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

\_\_\_\_\_  
Date

# ELIZABETH HIGH SCHOOL



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## DISCLOSURE STATEMENT

STUDENT'S NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ HOME PHONE NO.: \_\_\_\_\_

LAST SCHOOL ATTENDED: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

1. Has your child ever been enrolled in a Special Education program? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what services did he/she receive? \_\_\_\_\_

2. Is your child under the care of a specialist (i.e. medical doctor, vision/hearing specialist, psychologist, psychiatrist, speech/language specialist)? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Does your child have any known physical disabilities? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

4. Is your child on medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

5. Has your child ever been suspended? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Name of school involved: \_\_\_\_\_  
City & State: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Has your child ever been expelled? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Name of school involved: \_\_\_\_\_  
City & State: \_\_\_\_\_ Phone No.: \_\_\_\_\_

To the best of your knowledge, the above information is correct.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# ELIZABETH HIGH SCHOOL



"A Commitment to Excellence"

## AFFIDAVIT OF PROOF OF RESIDENCY ELIZABETH C-1 SCHOOL DISTRICT

### PROPERTY OWNER/LESSOR

I, \_\_\_\_\_ (print full name) hereby affirm that I  
own, rent/lease (circle one) the property at:

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

City/Zip/State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Student Name(s): \_\_\_\_\_

\_\_\_\_\_, as residence(s) of stated property.

Attached to this document is Proof of Residency: (At least one of the following is required.)

- \_\_\_\_\_ Warranty Deed/Deed of Trust (dates, addresses, and signatures must be present).
- \_\_\_\_\_ Closing papers with current operational local telephone number and/or utility contract or bill.
- \_\_\_\_\_ Lease or rental agreement with a utility contract or bill under the lessee's name.
- \_\_\_\_\_ Notarized co-residency form with letter from the resident family attached.

\*\*\*\*\*

### WARNING

*A person commits perjury in the second degree if, with an intent to mislead a public servant in the performance of his/her duty, he/she makes a materially false statement, which he/she does not believe to be true. Perjury in the second degree is a class 1 misdemeanor punishable by a minimum sentence of six months imprisonment, or \$500.00 fine, or both, up to a maximum sentence of 24 months imprisonment, or \$5,000.00 fine, or both. Colorado Revised Statutes, §§ 18-8-503, 18-1-106.*

*Under penalty of perjury, I affirm that all information given above is true and current. I further understand and agree that if it is later determined that we are not legal residents of Elizabeth School District C-1, such student(s) will be withdrawn immediately from Elizabeth High School. I further agree to pay Elizabeth High School any and all applicable tuition charges which may be due, together with the cost of collection, including reasonable attorney's fees.*

\_\_\_\_\_  
Signature of Property Owner/Lessor

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

# ELIZABETH HIGH SCHOOL



"A Commitment to Excellence"

## AFFIDAVIT OF CO-RESIDENCY

### PROPERTY OWNER/LESSOR

I, \_\_\_\_\_ (print full name)  
hereby affirm that I own, rent/lease (circle one) the property at:

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

The family listed below is residing with me until \_\_\_\_\_ (date), and is using my address to establish residency for the purpose of enrollment in Elizabeth High School. I agree to notify Elizabeth High School Office when the family is no longer living at my residence.

### CO-RESIDENT INFORMATION

Parent/Guardian \_\_\_\_\_ (print full name)

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

(Print first, middle initial, last name)

Student \_\_\_\_\_

Student \_\_\_\_\_

Student \_\_\_\_\_

### **WARNING**

A person commits perjury in the second degree if, with an intent to mislead a public servant in the performance of his/her duty, he/she makes a materially false statement, which he/she does not believe to be true. Perjury in the second degree is a class 1 misdemeanor punishable by a minimum sentence of 6 months imprisonment, or \$500.00 fine, or both, up to a maximum sentence of 24 months imprisonment, or \$5,000.00 fine or both. *Colorado Revised Statutes, Sec. 18-8-503, 18-1-106.*

Under penalty of perjury, I affirm that all information given above is true and current. I further understand and agree that, it is later determined that one or more students enrolled with this Affidavit of Co-Residency are not legal residents of Elizabeth School District C-1, such students will be withdrawn immediately from Elizabeth High School. I further agree to pay Elizabeth High School any and all applicable tuition charges which may be due, together with the cost of collection thereof, including reasonable attorney's fees.

\_\_\_\_\_  
*Signature of Property Owner/Lessor*

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

\_\_\_\_\_  
*Signature of Co-Resident Parent/Guardian*

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

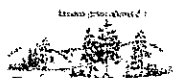
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

NOTARY PUBLIC \_\_\_\_\_

My commission expires \_\_\_\_\_

**STUDENT HEALTH INFORMATION**

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



STUDENT NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

HEALTH CONCERNS	YES	NO	MEDICATION (name/dosage)	RESTRICTIONS/ MEDICAL EQUIPMENT	DESCRIPTION/COMMENTS
<b>Asthma/Respiratory</b> (Please fill out the Asthma intake form if your child has Asthma)					
<b>Severe Allergies</b>				Foods, Latex, Insects, Nuts, Medications?	Type of Reaction:  Date of last Reaction:
<b>Diabetes</b>				Equipment:  Pump:	
<b>Head Injury</b>					Date of injury:
<b>Seizures/Neurological Conditions/Migraines</b>					Type of last episode:  Date of last episode
<b>Heart /Blood Conditions</b>					
<b>Muscle/Joint/Bone</b>					
<b>Skin Conditions</b>					
<b>Bladder/Kidney</b>					
<b>Stomach/Intestines</b>					
<b>Immune Conditions</b>					
<b>Hearing/Ear Concerns</b>					
<b>Vision/Eye Concerns</b>					
<b>Growth/Developmental Concerns</b>					
<b>Emotional/Behavioral/ Attention Concerns</b>					
<b>Accidents/Injuries</b>					
<b>Other Health Concerns</b>					

If your child needs to take medication while at school, please provide a "Permission to Give Prescription Medication at School" form filled out by your child's physician.

\_\_\_\_\_  
Parent/Guardian Signature\_\_\_\_\_  
Contact Phone #\_\_\_\_\_  
Date

Please contact the District Nurse if you like to discuss any of the above information (303-646-6730)



**ELIZABETH C-1 SCHOOL DISTRICT**  
**NON-PRESCRIPTION MEDICATIONS**  
**PERMISSION FORM: 20\_\_\_\_\_ - 20\_\_\_\_\_**

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Weight: \_\_\_\_\_

This form is required before over-the-counter medications can be administered at school. No medication will be given unless absolutely necessary. This form needs to be completed yearly.

Please initial or check each over-the-counter medication for which you give your permission for your child to have at school, then sign below.

	Yes	No
1. Acetaminophen Regular Strength (Tylenol or Generic Substitute) (If the problem persists you may be asked to come get your child)	_____	_____
2. Antibiotic Ointment or cream (Neosporin or generic substitute)	_____	_____
3. Oral Diphenhydramine (Benadryl or generic substitute for allergy or common cold symptoms)	_____	_____
4. Topical Benadryl or Hydrocortisone cream or generic substitute	_____	_____
5. Calcium Carbonate (Tums or Generic Substitute)	_____	_____
6. Ibuprofen (Advil, Motrin or generic substitute) (If the problem persists, you may be asked to come get your child) child has a fever of 101 or above, will be asked to come get your child)	_____	_____
7. Saline Eye Drops (Liquid Tears or generic substitute)	_____	_____
8. Cough drops (Only ages 6 and older)	_____	_____
9. Sunscreen and hand lotion	_____	_____

These over the counter medications have been approved by a local physician and we have his/her authorization to administer them during the school year with parent/guardian permission. Dosages will be determined according to manufacturer's recommendations. **If this form is not returned to school, your child will not be given any of these medications. Please indicate if your child has an allergy or untoward side effect to a specific generic or brand name medication.** Please contact your school's office staff or health aide with questions.

Allergies/side effects:

\_\_\_\_\_

Additional comments:

\_\_\_\_\_

I have carefully read the information above and hereby authorize the school nurse or designee to administer the above medications during the current school year.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## PERMISSION TO GIVE PRESCRIPTION/HOMEOPATHIC MEDICATIONS AT SCHOOL

The school nurse is required by Colorado State Law to have this form signed by a parent/guardian and the student's healthcare provider before any prescription or homeopathic medication may be given at school.

For safety reasons, parents/guardians are requested to bring the medication directly to the health office. If medication cannot be delivered to the health office by the parent/guardian, please contact the health office to make other arrangements. Prescription meds must be in the original pharmacy labeled container that includes the student's name, medication name, dosage, administration directions & provider's name. New forms must be completed with any changes in medication, dose or time to be given. Parent/guardian agrees to pick up expired or unused medication within 1 week of notification or it will be destroyed.

**TO BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER WITH PRESCRIPTIVE AUTHORITY:**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Route: \_\_\_\_\_ To be given at the following time(s): \_\_\_\_\_

Purpose of medication: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Side effects that need to be reported (including adverse reactions): \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Signature of Health Care Provider with Prescriptive Authority \_\_\_\_\_ License Number \_\_\_\_\_

Print Name of Health Care Provider w/Prescriptive Authority \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**ATTENTION PRESCRIBERS: If this RX is for a rescue inhaler or epi pen:**

- ☐ This student has been instructed by the healthcare provider in the proper use of this medication and the student is capable of carrying and self-administering this medication. \_\_\_\_\_

Signature of Health Care Provider

By signing this document, I give permission for the nurse or nurse designee to administer this medication as prescribed. Should the nurse have any concerns about this order, I give my permission for this Health Care Provider to share information about this medication's administration with the Registered Nurse

Parent/Guardian Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

**THIS FORM MUST BE RESUBMITTED AT THE BEGINNING OF EVERY SCHOOL YEAR.**



# ELIZABETH HIGH SCHOOL



"A Commitment to Excellence"

## ELIZABETH HIGH SCHOOL

### PARKING PERMIT FORM

- Parking permits are available to all eligible students and must be displayed on any vehicle parked in the EHS parking lot.
- Students must park in the designated parking spots. Students are not to park irregularly, and may not block other vehicles.
- **THE STAFF PARKING LOT IS OFF LIMITS TO STUDENTS AT ALL TIMES.**
- Students who park in non-designated areas risk being ticketed and/or towed at the owner's expense, in addition, students are subject to disciplinary action based on the discretion of Campus Security and EHS Administrators. Non-designated areas include, but are not limited to, handicapped areas, teacher lots, bus loop, fields and dirt areas.
- The opportunity to park your vehicle at Elizabeth High School is a privilege, which can be revoked at any time.
- This privilege may be lost by speeding, driving carelessly, or parking improperly.
- **ALL VEHICLES PARKED ON EHS PROPERTY ARE SUBJECT TO RANDOM SEARCHES, AT ANY TIME.**

I, \_\_\_\_\_, agree to abide by the expectations and  
(Student Print Name) responsibilities set forth in this contract.

I understand that failure to do so may result in the loss of my parking privileges.

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

Driver's License #: \_\_\_\_\_

Make/Model/Color of Vehicle

License Plate #

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

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

THE ABOVE INFORMATION MUST BE COMPLETED BEFORE TURNING THIS IN FOR A PERMIT

Office Use Only:

Parking Permit #: \_\_\_\_\_

# ELIZABETH HIGH SCHOOL



*"A Commitment to Excellence"*

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## Locker Assignment Form

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

### Choose one of the following options:

1. \_\_\_\_\_ I will not need a locker.
2. \_\_\_\_\_ I would like to share a locker with \_\_\_\_\_  
-**Both locker assignment forms must be turned in together.**  
-**Locker partners must be of the same grade and gender.**
3. \_\_\_\_\_ I would prefer to not share a locker.



# Program Eligibility Survey



Dear Parents/Guardian,

Our school district receives funding to provide additional support and services for students who qualify for specific programs. Your cooperation in completing this form will assist us to identify eligible students and for our school district to receive supplemental funding. All information is confidential and will not be used for any other purpose.

Parents/Guardian Names: \_\_\_\_\_ Date: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Please list all children in your home from birth to 22 years of age.

Child Name	Date of Birth	Name of School

What year did your family last move? Year: \_\_\_\_\_

Has either parent/guardian worked in, or applied for employment in any of the following areas within the past 3 years? Yes ☐ No ☐

If yes, please mark the appropriate employment areas with an X:

- |                                                                      |                                                       |
|----------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Farming/Ranching                            | <input type="checkbox"/> Hauling Fruits or Vegetables |
| <input type="checkbox"/> Planting/Harvesting Field Crops             | <input type="checkbox"/> Canning                      |
| <input type="checkbox"/> Poultry                                     | <input type="checkbox"/> Orchards                     |
| <input type="checkbox"/> Dairy                                       | <input type="checkbox"/> Greenhouse/Nursery           |
| <input type="checkbox"/> Food Processing Plant                       | <input type="checkbox"/> Tree Processing/Forestry     |
| <input type="checkbox"/> Meat Packing Plant                          | <input type="checkbox"/> Irrigation                   |
| <input type="checkbox"/> Sort/Grade/Sack Vegetables and/or Fruits    | <input type="checkbox"/> Sod Farms                    |
| <input type="checkbox"/> Clean/Prepare/Pack Vegetables and/or Fruits | <input type="checkbox"/> Feed Lots                    |
| <input type="checkbox"/> Seed Packaging                              | <input type="checkbox"/> Hog Farms                    |



# English

Language Acquisition

## Home Language Survey

Federal and State regulations require schools to determine, upon registration in the district, the language(s) spoken and understood by each student. This is in accordance with the English Language Proficiency Act of Colorado and the Office for Civil Rights to assist schools in developing equal opportunities for any student whose dominant language is not English. Thank you for providing this information.

Student's Name: \_\_\_\_\_

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

Country of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's (Guardian's) Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

1. What language or languages did your child use when he/she first began to talk?  
\_\_\_\_\_
2. What primary language does your child speak with you and others at home?  
\_\_\_\_\_
3. What language or languages can your child read? \_\_\_\_\_
4. What language or languages can your child write? \_\_\_\_\_
5. Did your child attend school in another country? \_\_\_\_ YES \_\_\_\_ NO  
If YES: How many years? \_\_\_\_ What grade? \_\_\_\_ Which country? \_\_\_\_\_
6. Was your child ever in a bilingual or English as a Second Language program? \_\_\_\_ YES \_\_\_\_ NO  
If YES: What was the last grade that your child was enrolled in the program? \_\_\_\_\_

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

RE: Original to cum folder  
Copy to ESL teacher

Office use only:  
Primary Language Code: \_\_\_\_\_



## Colorado MEP Occupational Survey

Your child/children may qualify to receive supplemental educational services at no cost, such as tutoring, transportation, school supplies, and other services. Please answer the following questions to assist in determining your child's/children's eligibility. Once completed, please return this form to the school or your Regional MEP Office listed below.

CHILD'S FIRST NAME:	CHILD'S LAST NAME:	BIRTHDATE:
SCHOOL:		GRADE:
PARENT/GUARDIAN NAME:		Do you have more than one child? <input type="checkbox"/> YES <input type="checkbox"/> NO

- 1) In the past three years, has your family moved to another state, city, school district, and/or county?  
☐ YES ☐ NO
- 2) Do you or anyone in your immediate family currently work, or have worked, in the past three years, in any of the following occupations related to agricultural or fishing work?

Mark **YES** and **CIRCLE** all that apply even if the work was only for a short period of time.

☐ YES ☐ NO



**Processing & Packing**  
(fruit, vegetables, chicken, eggs, pork, beef, lamb or other livestock, etc.)



**Agriculture or Field Work**  
(planting, picking, sorting crops, soil preparation, irrigation, fumigation, etc.)



**Dairy & Cattle Raising**  
(feeding, milking, rounding up, etc.)



**Nursery or Greenhouse**  
(planting, potting, pruning, watering, harvesting, etc.)



**Forestry**  
(soil preparation, planting, growing, cutting trees, etc.)



**Fishing & Fish Processing**  
(catching, sorting, packing, transporting fish, etc.)

*If you answered "yes" to the questions above, please continue below. Otherwise, your form is complete.*

HOME ADDRESS:	TODAY'S DATE:	
CITY:	STATE:	ZIP:
TELEPHONE (WITH AREA CODE):		
BEST DAY AND TIME TO CALL:	PREFERRED LANGUAGE:	

*This form and the data recorded within protected to maintain family and child confidentiality. If you have any questions, please contact:*

Centennial BOCES  
2020 Clubhouse Dr.  
Greeley, CO 80634  
970-352-7404 Ext 1116





## Encuesta de Colorado MEP

Sus hijos pueden ser candidatos para recibir servicios suplementarios gratuitos, como tutoría, transporte y útiles escolares, además de otros servicios. Le agradeceríamos responder las siguientes preguntas para poder determinar su elegibilidad. Una vez contestada, envíela a la escuela o a la oficina regional de MEP que se detalla al pie de la página.

NOMBRE DEL MENOR:	APELLIDO DEL MENOR:	FECHA DE NACIMIENTO:
ESCUELA:		GRADO:
NOMBRE DEL PADRE/TUTOR:	Tiene más de un hijo? <input type="checkbox"/> SI <input type="checkbox"/> NO	

- 1) Durante los últimos tres años, su familia se ha cambiado a otro estado, ciudad, escuela, y/o condado?  
☐ SI ☐ NO
- 2) Usted o alguien de su familia directa está trabajando o ha trabajado durante los últimos tres años, en alguna de las siguientes ocupaciones relacionadas con el trabajo agrícola o pesquero?

Marque **SI** y **CIRCULE** todo lo que corresponda, incluso si el trabajo fue por un período corto.

☐ SI ☐ NO



**Procesamiento & Empaquetado**  
(fruta, vegetales, huevos, carne de pollo, cerdo, res, o cualquier otro tipo de ganado, etc.)



**Agricultura o Trabajo de Campo**  
(cosecha, recolección y clasificación de cultivo, preparación del suelo, riego, fumigación, etc.)



**Lechería & Cría de Ganado**  
(alimentar, ordeñar, acorralar/arrear, etc.)



**Vivero o Invernadero**  
(cultivar, plantar, podar, regar, cosechar, etc.)



**Silvicultura**  
(preparación del suelo, cosecha y crecimiento, corte de árboles, etc.)



**Pesca & Procesamiento de Pescado**  
(capturar, clasificar, empacar, transportar pescado, etc.)

Si contestó "sí" a las preguntas anteriores, por favor continúe. De lo contrario, su encuesta está completa.

DOMICILIO:	FECHA:	
CIUDAD:	ESTADO:	CODIGO POSTAL:
TELEFONO (CON CODIGO DE AREA):		
DIA Y HORA PARA COMUNICARNOS CON USTED:		IDIOMA PREFERIDO:

Esta encuesta y los datos registrados en la misma están protegidos para mantener la confidencialidad de la familia y los menores.

Si tiene preguntas, comuníquese a:

Centennial BOCES  
2020 Clubhouse Dr.  
Greeley, CO 80634  
970-352-7404 Ext 1116

## Receiving Your Chromebook

- **ESD Parent-Student Chromebook Agreement**

This Chromebook Agreement must be signed before a Chromebook can be issued to the student.

- **Distribution**

Chromebooks are checked out like a textbook and students must return the same Chromebook that they were issued or pay the full replacement cost. Students are required to use their school issued chromebook while at school, and not a personal device.

- **Transfer/New Student Distribution**

All transfers/new students participate in a school orientation and will be able to pick up their Chromebooks from the library. Both the student and parent/guardian must sign the ESD Chromebook Agreement prior to picking up a Chromebook.

## Returning Your Chromebook

- **Graduation**

Students must return their Chromebooks to the library within 1 week of the last day of school or before when appropriate and if no longer needed for class work. Failure to turn in the Chromebook will result in the student being charged the full \$200 replacement cost. The district will also file a report of stolen property with the local law enforcement agency.

- **Transferring/Withdrawing Students**

Students that transfer out of or withdraw from ESD must turn in their Chromebooks to the library prior to their last day of attendance. Failure to turn in the Chromebook will result in the student being charged the full \$200 replacement cost. The district will also file a report of stolen property with the local law enforcement agency.

- **End of year**

9th, 10th, and 11th grade students are expected to keep their assigned Chromebooks with them throughout the summer if they are still a registered student of EHS unless EHS or ESD requires them to be returned for inventory or maintenance/repair purposes.

## **Taking Care of Your Chromebook**

Students are responsible for the general care of the Chromebook they have been issued by the school. Chromebooks that are broken or fail to work properly must be taken to the computer lab technician as soon as possible so that they can be taken care of properly. District-owned Chromebooks should never be taken to an outside computer service for any type of repairs or maintenance. Students should never leave their Chromebooks unsecured.

- **General Precautions**

- No food or drink should be next to Chromebooks.
- Cords, cables, and removable storage devices must be inserted carefully into Chromebooks.
- No personal decoration or labeling.
- Chromebooks should not be used with the power cord plugged in when the cord may be a tripping hazard.
- Heavy objects should never be placed on top of Chromebooks (even inside a backpack)
- Chromebooks must remain free of any decorative writing, drawing, stickers, paint, tape, or labels not placed by EHS/ESD

- **Carrying Chromebooks**

- Always transport the Chromebook with care, in a protective case or pack if possible.
- Never lift Chromebooks by the screen.
- Never carry Chromebooks with the screen open.

- **Screen Care**

- The Chromebook screen can be damaged if subjected to heavy objects, rough treatment, some cleaning solvents, and other liquids. The screens are particularly sensitive to damage from excessive pressure.
- Do not put pressure on the top of a Chromebook when it is closed.
- Do not store a Chromebook with the screen open.
- Do not place anything in the protective case that will press against the cover.
- Make sure there is nothing on the keyboard before closing the lid (e.g. pens, pencils, or disks).
- Only clean the screen with a soft, dry microfiber cloth or anti-static cloth.

- **Barcodes**

- Students may be charged up to the full replacement cost of a Chromebook for tampering with barcodes or labels



## Using Your Chromebook At School

Students are expected to bring a fully charged Chromebook to school every day and bring their Chromebooks to all classes unless specifically advised not to do so by their teacher.

- **If a student does not bring his/her Chromebook to school**
  - A student may stop in the library and check out a loaner for the day.
  - Students must have Chromebook prior to the start of class. Tardies will be issued for students who are late due to checking out a loaner Chromebook.
  - A student borrowing a Chromebook will be responsible for any damage to or loss of the issued device.
  - The library will document the number of times a loaner is issued to each student for not having his/her own Chromebook at school and will refer the student to the assistant principal's office on the third occurrence.
  - These incidents may result in disciplinary action.
  - Students that obtain a loaner will be responsible for returning the borrowed device to the library before 3:15 p.m.
  - If a loaner is not turned in by 3:15 p.m., the library will submit a report to the assistant principal's office and they will retrieve the loaner.
- **Chromebooks being repaired**
  - Loaner Chromebooks may be issued to students when they leave their school-issued Chromebook for repair in the library.
  - A student borrowing a Chromebook will be responsible for any damage to or loss of the loaned device.
  - Chromebooks on loan to students having their devices repaired may be taken home.
  - The librarian will contact students when their devices are repaired and available to be picked up.
- **Charging Chromebooks**
  - Chromebooks must be brought to school each day with a full charge.
  - Students should charge their Chromebooks at home every evening.
  - Students should not use their Chromebooks to charge their personal devices such as their cell phones
  - A fully charged Chromebook should last the entire instructional day as long as students do not use it for non-instructional purposes (such as watching YouTube videos during lunch or using their Chromebook to charge their cell phones, etc.)
  - If a student comes to school with a Chromebook low on battery or with the battery discharged completely, they may have an opportunity to charge their devices in their teachers' classrooms on a case by case basis
- **Backgrounds and Themes**

Inappropriate media may not be used as Chromebook backgrounds or themes. The presence of such media will result in disciplinary action.

- **Sound**
  - Sound must be muted at all times unless permission is obtained from a teacher.
  - Headphones may be used at the discretion of the teacher.
  - Students should have their own personal set of headphones for sanitary reasons.
- **Printing**
  - Students will be encouraged to digitally publish and share their work with their teachers and peers when appropriate.
  - Students may set up their home printers with the Google Cloud Print solution to print from their Chromebooks at home. Information about Google Cloud Print can be obtained here: <http://www.google.com/cloudprint/learn/>.
- **Logging into a Chromebook**
  - Students will log into their Chromebooks using their school issued Google Apps for Education account.
  - Only ESD students and staff can log into school Chromebooks.
  - Students should never share their account passwords with others, unless requested by an administrator.
- **Managing and Saving Your Digital Work With a Chromebook**

The majority of student work will be stored in Internet/cloud based applications and can be accessed from any computer with an Internet connection and most mobile Internet devices. ESD may be able provide low-cost/no-cost internet to eligible households, more information will be provided to interested parents.

  - Most work is done via the internet but some can be done in offline mode and synced when the internet is available.
  - Students should always remember to save frequently when working on digital media.
  - The district will not be responsible for the loss of any student work.
  - Students are encouraged to maintain backups of their important work on a portable storage device or by having multiple copies stored in different Internet storage solutions.

## **Using Your Chromebook Outside of School**

Students are encouraged to use their Chromebooks at home and other locations outside of school. A Wi-Fi Internet connection will be required for the majority of Chromebook use, however, some applications, such as Google Docs, can be used while not connected to the Internet.

## **Operating System and Security**

Students may not use or install any operating system on their Chromebook other than the current version of ChromeOS that is supported and managed by the district.

- **Updates**  
The Chromebook operating system, ChromeOS, updates itself automatically. Students do not need to manually update their Chromebooks.
- **Virus Protection**
- Chromebooks use the principle of “defense in depth” to provide multiple layers of protection against viruses and malware, including data encryption and verified boot. There is no need for additional virus protection.

## **Content Filter**

The district utilizes an Internet content filter that is in compliance with the federally mandated Children’s Internet Protection Act (CIPA). All Chromebooks, regardless of physical location (in or out of school), will have all Internet activity protected and monitored by the district. If a website is blocked in school, then it will be blocked out of school. If an educationally valuable site is blocked, students should contact their teachers to request the site be unblocked.

## **Software**

- **Google Apps for Education**  
Chromebooks seamlessly integrate with the Google Apps for Education suite of productivity and collaboration tools. This suite includes Google Docs (word processing), Spreadsheets, Presentations, Drawings, and Forms. All work is stored in the cloud.
- **Chrome Web Apps and Extensions**  
All Chrome applications and extensions are under the control of the district and will be added at the request of the teacher when needed educationally.

## **Chromebook Identification**

- **Records**
- The district will maintain a log of all Chromebooks that includes the Chromebook serial number, asset tag code, and name and ID number of the student assigned to the device.
- **Users**

- Each student will be assigned the same Chromebook for the duration of his/her time at ESD. In other words, the Chromebook you are assigned is YOURS for four years, so take good care of it!

## **Repairing/Replacing Your Chromebook**

- **Chromebook repair**  
If your Chromebook is not working notify your teacher and take it to the library for repair.
- **Vendor Warranty**
  - Chromebooks include a one year hardware warranty from the vendor.
  - The vendor warrants the Chromebook from defects in materials and workmanship
  - The limited warranty covers normal use, mechanical breakdown, and faulty construction. The vendor will provide normal replacement parts necessary to repair the Chromebook or, if required, a replacement.
  - The vendor warranty does not warrant against damage caused by misuse, abuse, or accidents.
- **Repair cost**
  - If damage to a Chromebook is due to misuse, vandalism, or neglect, the cost of repair will be the parent's or guardian's responsibility up to \$200 for a full replacement if the Chromebook is in a state of disrepair.

## **No Expectation of Privacy**

- **Students have no expectation of confidentiality or privacy with respect to any usage of a Chromebook, regardless of whether that use is for district-related or personal purposes, other than as specifically provided by law.**  
The District may, without prior notice or consent, log, supervise, access, view, monitor, and record use of student Chromebooks at any time for any reason related to the operation of the District. By using a Chromebook, students agree to such access, monitoring, and recording of their use.
- **Monitoring Software**  
Teachers, school administrators, and the technology department staff may use monitoring software that allows them to view the screens and activity on student Chromebooks.

## **Appropriate Uses and Digital Citizenship**

School-issued Chromebooks should be used for educational purposes and students are to adhere to the ESD Digital Citizenship Agreement at all times. Please read and sign the use agreement below and have your student return it to the office.

Please sign and return ONLY the page below. Keep the above information for your records. Students must have a signed agreement on file in order to be assigned a Chromebook

## **Elizabeth School District Chromebook Use and Digital Citizenship Agreement**

Elizabeth School District believes that the best way to prepare our students for their digital future is to have them practice using online tools appropriately in school. We have monitoring software and filters, but these tools are not perfect guarantees that students will not encounter potentially harmful situations (harassment, inappropriate content, etc.). Our goal is to use potential mistakes as teachable moments to help protect our students against future harmful experiences online.

### **Respect and Protect Yourself**

- I will keep my passwords private and will not share them with my friends.
- I will be conscious of my digital footprint and careful about posting personal information.
- I will only post text and images that are appropriate for school.
- I will be aware of where I save my files so that I can access them where and when I need them. (Examples: Google Docs, network folder, thumb drive, web file locker).
- I will be aware of whom I am sharing my files (keeping them private, sharing with teachers and classmates or posting them publicly).
- I will always log out before leaving a computer.
- I will immediately report inappropriate behavior directed at me to a teacher, librarian, or other adult at school.

### **Respect and Protect Others**

- I will not use computers to bully or harass other people.
- I will not log in with another student's username and password.
- I will not trespass into another student's network folder, documents, files, or profile.
- I will not disrupt other people's ability to use school computers.
- I will not pretend to be someone else and will be honest in my representation of myself.

- I will not forward inappropriate materials or hurtful comments or spread rumors.
- I will immediately report any inappropriate behavior directed at my fellow students to my teacher, librarian, counselor, or other adult at school.

### **Respect and Protect the Learning Environment**

- I will limit my web browsing at school to research similar to that which I would do in class.
- I will not visit inappropriate websites. If inappropriate content comes up, I will immediately close the window or tab.
- I will not play games on school computers without specific teacher instructions.
- I will not send or read instant messages or participate in online forums or chat without specific teacher instruction.
- I will only change background images and screensavers to school appropriate images.
- Honor Intellectual Property
- I will not plagiarize, I will cite any and all use of websites, images, books and other media.
- By signing this agreement, I acknowledge that I have read, understand, and accept the terms of Chromebook Use Agreement. I agree to be financially responsible for the repair or replacement cost should my Chromebook be lost, stolen, or damaged on or off campus.

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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