Technical College High School, Pennock's Bridge Campus Student and Parent/Guardian Signature Check List 2015/2016

Parents/guardians and students are asked to initial each item as appropriate and return this Check List to the student's teacher along with the <u>forms required to be returned</u>, as noted below.

P/G	Student	I CHS, Pennock's Bridge Cam I acknowledge the 2015-2016 To understand that it is my respons and become familiar with its con	CHS, Pennock's Bridge Sibility to read this handb	Student Handbook has been reviewed with me. I also ook, on line or by copy available in the main office,
P/G	Student	Student Driving/Riding I acknowledge that I have receiv	red a copy of the 2015-20	s and Regulations on Student Discipline and 216 TCHS, Pennock's Bridge, policies on: Attendance ons on Student Discipline and Student Driving/Riding
	_	Educational Support Groups		
P/G		I grant permission for my child t	o participate in educatio	nal support groups at TCHS, Pennock's Bridge.
P/G	2	I do NOT grant permission for n Bridge.	ıy child to participate in	educational support groups at TCHS, Pennock's
		Forms required to be retur	<u>rned</u> :	
P/G	Student	CCIU Acceptable Use Policy a l acknowledge that I have receiv responsibility to read this policy	ed a copy of the CCIU A	cceptable Use Policy. I also understand that it is my hits contents.
P/G		Photo/Video Permission/Release I acknowledge that I have received		oto/Video Permission/Release form.
P/G	_	Home Language Survey I acknowledge that I have receive	ed and completed the Ho	me Language Survey.
P/G	Student	Health Summary and Emerger I acknowledge that I have received	icy Contact ed and completed the He	alth Summary and Emergency Contact form.
		Student Name (please print)	A 1 12 110	CTE Program
		Student Signature		Date
		Student Email Address (print)	ž/	
		Parent/Guardian Signature		Date
		Parent/Guardian Email Address	s (print)	
		Home Phone	Cell Phone	Work Phone

CHESTER COUNTY INTERMEDIATE UNIT ACCEPTABLE USE POLICY USER CONTRACT

Please P	rint:	
	User's Last Name	First Name and Middle Initial
below are	the terms of this contract to which y	ounty Intermediate Unit is a privilege and not a right. Listed ou must agree before you have access to and utilization any of these terms, access to the information service may ciplinary action.
	TERM	S AND CONDITIONS
Persona	Responsibility	
terms ma measure administr sent or re	by result in the loss of Internet privile; s. I also agree to report any known o rator. Misuse may exist in many form	of this contract. I understand that any violation of these ges, appropriate legal action, and other disciplinary or suspected misuse of the Internet to the building as and shall include, but not be limited to, any message(s) ography, unethical or illegal requests, racism, sexism, a this contract.
All the Procedu	ne rules of conduct described in the C res apply when using the Internet.	CCIU Acceptable Use Policy and CCIU Discipline
I hav	e read the Personal Responsibility s	ection, and I understand and agree to the terms.
User's S	ignature:	Date:
Accepta	bie Use	
County I	of the Internet must be in agreement ntermediate Unit. I am personally re a Internet. I understand and agree to	with the educational goals and objectives of the Chester sponsible for following these guidelines at all times when the following:
A. B. C. D.	prohibited. This includes, but is no material, or material protected by the The sale of any commercial productions.	at or service is prohibited. Interpretation of the control of the
l am laws, an	aware that the inappropriate use of d that I can be prosecuted for violation	the Internet can be a violation of local, state and federal ng those laws.
I hav	ve read the Acceptable Use section,	and I understand and agree to the terms.
t Jear's le	alliale:	

NETWORK ETIQUETTE AND POLICY

The user is expected to follow the generally accepted rules of network etiquette. These rules include, but are not limited to, the following:

- · Be polite.
- Never send or encourage others to send abusive messages.
- Use appropriate language. Remember that the user is a representative of his/her school.
 What is written can be viewed world-wide! Never swear, use offensive or obscene words, or any other inappropriate language.
- Privacy. Users should never reveal their names, home addresses and personal phone numbers or the names, addresses and phone numbers of any other person.
- Electronic mail. Electronic mail (e-mail) is not guaranteed to be private. Messages relating to, or in support of, illegal activities must be reported to the building administrator.
- Disruptions. Users must not disrupt the computer network in any way.

User's Initials:	I have read	the Network Eliquette and Policy section, and I understand and agree to the terms.	
	User's Initials:		

SERVICES

The Chester County Intermediate Unit makes no warranties of any kind, whether expressed or implied, for the service it is providing. CCIU will not be responsible for any problems suffered while on the internet. These include, but are not limited to, loss of data as a result of delays or otherwise, non-deliveries, misdeliveries, or service interruptions caused by the Internet or user which include errors or omissions. Use of any information obtained through the Internet is at the user's own risk. CCIU will not accept any responsibility for the accuracy of information obtained through the Internet.

omissions. Use of any information obtained through the Internet is at the user's own risk. CCIU will naceept any responsibility for the accuracy of information obtained through the Internet.
I have read the Services section, and I understand and agree to the terms.
User's Initials:
SECURITY

Security on any computer system is a high priority because there are so many users. If any user identifies a security problem, s/he must notify the building administrator at once without discussing it or showing it to another user. The user must not use another individual's Internet account. Any user identified as a security risk will be denied access to the Internet.

i have read	he Security section, and I understand and agree to the terms	
6		
User's Initials:		

VANDALISM

Vandalism includes any attempt to harm or destroy the computer system, the hardware, the software, or the data of another user or any other agencies or networks that are connected to the Internet. This includes, but is not limited to, the uploading or creation of computer viruses. Any vandalism will result in the immediate loss of computer services, school disciplinary action, and a referral to the appropriate law enforcement agencies.

I have read the Vandalism section, and I understand and agree to the terms.
User's Initials:
TERMINATION The CCIII has the coloright at any time for any recent to terminate any year's account to and the use
The CCIU has the sole right at any time for any reason to terminate any user's access to and the use of the Internet.
PARENT OR GUARDIAN
Students must also have the signature of his/her parent or guardian who has read this contract.
As the parent or guardian of this student, I/we have read this contract and understand that access to and utilization of the CCIU Internet is designed for educational purposes. I/we understand that it is impossible for the CCIU to restrict access to all controversial materials, and I/we will not hold the CCIU responsible for materials acquired on the Internet. I/we also agree to report any known or suspected misuse of the information to the CCIU building administrator. Misuse may exist in many forms and shall include, but is not limited to, any messages sent or received that indicate or suggest pornography, unethical or lilegal solicitation, racism, sexism, inappropriate language, and other issues described in the User Contract.
I/we accept full responsibility for supervision if, and when, my child's use is not in a school setting that may include dial-in access to the school's computer network. I/we hereby give permission for my child to use the Internet and to be issued a school Internet account. I/we certify that the information contained on this form is correct.
Please print the parent's or guardian's full name:
Parent or Guardian Signature:
Date:

/emw 8/20/99



Photo/Video Permission/Release Form

Dear Parent/Guardian:

The Chester County Intermediate Unit Board of Directors safeguards the privacy of its students as provided under federal and state law and obtains all necessary permissions before releasing student information, and is therefore requesting permission to photograph/videotape your child/ward and to identify him/her as stated below.

Please complete the form below and return it to your child/ward's teacher as requested.

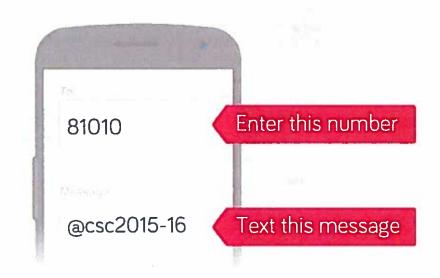
I, the undersigned, hereby grant the Chester County Intermediate Unit Board of Directors and
administration permission to photograph/videotape my child/ward (print child's name)
and to publish his/her photograph/videotape and to identify
him/her while he/she is participating in a Chester County Intermediate Unit program or event.
I understand that I do not have to grant permission and that my child will be able to fully participate
in Chester County Intermediate Unit programs/events and activities.
Please check ALL that apply:
I grant permission to photograph/videotape my child, to identify him/her by name and to identify the CCIU program in which he/she is participating.
I grant permission to publish my child's photograph in CCIU print publications including but not limited to IU Review, CenterPoint, CCIU brochures, CCIU annual report, and general news publications.
I grant permission to have photographs and videotapes containing my child's image and likeness only posted on the Internet.
I do NOT grant permission to photograph/videotape my child.
Parent/Guardian's Signature:
Date:

Mr. Fuchs would like you to join CIS Weekly!



To receive messages via text, text @csc2015-16 to 81010. You can opt-out of messages at anytime by replying, 'unsubscribe @csc2015-16'.

Trouble using 81010? Try texting @csc2015-16 to (484) 334-8487 instead.



*Standard text message rates apply.

Or to receive messages via email, send an email to csc2015-

16@mail.remind.com. To unsubscribe, reply with 'unsubscribe' in the subject line.



WHAT IS REMIND AND WHY IS IT SAFE?

Remind is a free, safe, and simple messaging tool that helps teachers share important updates and reminders with students & parents. Subscribe by text, email or using the Remind app. All personal information is kept private. Teachers will never see your phone number, nor will you see theirs.

Visit remind.com to learn more.

TECHNICAL COLLEGE HIGH SCHOOL Student Health Summary and Emergency Contact Information

Student Name:					DOB:	
Home School:		Grade:Last Tetanus Booster:				
Address:		City:			State:	
Lives with:	both pare	nts 🔲 m	other	father	🔲 guardiar	1
Mother's name		Father's nam	e	Guard	lian's name	
Mother's Hor	ne 🔲 I	Father's Home		☐ Gu	ardian's Home	
Mother's Cell		Father's Cell		Gu	ardian's Cell	
Mother's Wor	rk 🔲 I	Father's Work		☐ Gu	ardian's Work	
Adult you trust t	o make a decision	regarding your s	tudent's health in	n the event you	cannot be reache	ed:
Name:			Daytime pho	ne number:		
						
In the event of ar	allergic reaction	asthma attack m	y child needs:			
□An	Inhaler	☐ Bena	dryl	☐ Ar	ı EpiPen	
Health Problems/	Chronic Illness:					
Allergies:						
Medications:						
My child is covere	ed by health insura	nce Yes	□ No			
Health Insurance	Provider: cal care could be de		Policy n	umber:		
(Emergency medi	cal care could be d	elayed if this infor	mation is not prov	vided)		
Yes, I would like	more information	about CHiP (rec	luced cost health	insurance for	children) 🗌	
ive permission to the s in permission for medi- nnot be contacted						
	for Acetaminopher	ı (generic Tylenol	to be given to my	child \(\square\)	′es □ No	9
I give permission	for Acetaminopher for Benadryl 25 mg	20		_		

Chester County Technical College High School Resumen De Salud De Estudiante

Nombre de Estudiante	Cumpleaños:	Prog	rama:		
Inicio de la escuela:	Grado: Última ir	nyección contra el te	tano:		
Dirección:					
Vives con:	padres Padre	Madre	Apodera	do	
				<u> </u>	
Nombre de la Madre	Nombre del Padre	Nombre de	lapoderado		
Número de teléfono (casa)	Número de teléfono (casa)	Número de te	léfono (casa)	_	
Número de teléfono (trabajo)	Número de teléfono (trabajo)	Número de te	léfono (trabajo)	_	
Número de su celular	Número de su celular	□Nûmero de :	u celular	-	
•	ue se puede llamar en caso de emerg	gencia y si los padres	*****		
no pueden ser contactados: Nombre:	Numero de teléfon	00:		- 1	
Problemas de salud/ enfermedad cronica: Apunte todas las alergias (comida, medicina, insectos) Describa el tipo de reacción alérgica de la alergia de arriba: Indique todos los medicamentos: Mi niño/a tiene seguro médico: Si No Compañía de seguro: Número de póliza: Si, me gustaría recibir mas información sobre CHiP (una reducción del costo de sus primas mensuales a traves del Mercado of Seguros de Salud)					
Le doy mi permiso al personal de TCHS recibe asistencia medica de emergencia. Il Doy mi permiso a la enfermera escolar para Doy mi permiso a la enfermera escolar para adi	En el caso de emergencia, si sea posi administrar Tylenol mi niño/a. ninistrar Benadryl (para las reacciones a	ble, por favor lleva m		No No	
La informacion provisto e	en este formulario se puede compartir se	gun la necesidad de con Fecha:	oceria.		
CITTIS OF FRUICS A TOOCETROO!		i Colid.			



HOME LANGUAGE SURVEY*

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

School District:		Date:	
School:			
Student's Name:		Grade:	
1. What is/was the student's			
2. Does the student speak a l	anguage(s) other than	English?	
(Do not include languages	learned in school.)		
Yes No			
If yes, specify the language(s):			
3. What language(s) is/are sp			
4. Has the student attended :	any United States scho	ool in any 3 years during	
his/her lifetime?			
Yes No			
If yes, complete the follo	wing:		
Name of School	State	Dates Attended	
Person completing this form (if other	er than parent/guardia	ın):	
Parent/Guardian signature:			

*The school district/charter school/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school/full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school/full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/charter school/full day AVTS in the future.

ENCUESTA DE IDIOMA EN EL HOGAR

La Oficina de Derechos Civiles requiere que los distritos escolares y/o escuelas individualizadas /AVTS identifiquen aquellos estudiantes con proficiencia limitada en el idioma de Inglés, en orden de proveer el progama de instrucción apropiada en este lenguaje para ellos. Pennsylvania ha seleccionado la "Encuesta de Idioma en el Hogar" como método para identificar a los estudiantes que necesiten este prgorama.

Distrito Escolar:	Fe	Fecha:		
Escuela:				
Nombre del Esqualante:		Grado:		
1.	Cuál es o era el primer lenguaj	e del estudiante:		
2.	 El estdudiante habla otro leng 	uaie además del inglés?		
	(no incluya aquellos lenguajes	aprendidos en la escuela)		
Identifique cuál(es) otro	[s] lenguale(s):			
3.	Qué lenguaje(s) se hablan en e	l hogar?		
Identifique cuál(es) otro(s) lenguaje(s): 3. Qué lenguaje(s) se hablan en el hogar? 4. Ha asistido el estudiante a cualquier escuela en los Esta Unidos durante cualesquiera tres años de su vida? Si No				
De ser clerto, favo	or de completar lo sigulente:			
Nombre de la Escuela	Estado	Fechas		
Persona que complete es	ta forma (de no ser padres/guaro	dianes):		
Firma de padres o guadia	nes:	_		

^{*} Los distritos escolares / escuelas individualizadas / AVTS tienen la responsabilidad bajo la ley Federal de servir aquellos estudiantes con limitada proficiencia en el idioma de Inglés y que necesiten servicios instruccionales en Inglés. Tomando en cuenta esta responsabilidad, los distritos escolares/escuelas individualizadas / AVTS reservan el derecho de preguntar por la información necesaria para poder identificar aquellos quienes estan aprendiendo el Inglés, (ELL) Como parte de la responsabilidad de encontrar e identificar, "ELLs" el distrito escolar / escuelas individualizadas / AVTS puede conducir investigaciones o preguntar por información relacionada acerca de los estudiantes que esten activamente matriculados en la escuela, así como estudiantes que se matrículen en el futuro en el distrito escolar / escuelas individualizadas AVTS.