

Integrated Arts and Technology High School Compact

It is important that families and schools work together to help students achieve high academic standards through a process that includes teachers, families, students and community representatives, the following are agreed-upon roles and responsibilities that we as partners will carry out to support student success in school and in life.

STAFF PLEDGE

I agree to carry out the following responsibilities to the best of my ability:

- Teach classes through interesting and challenging lessons that promote student achievement.
- Endeavor to motivate my students to learn.
- Have high expectations, and help every child to develop a love of learning.
- Communicate regularly with families about student progress.
- Provide a warm, safe, and caring learning environment.
- Provide meaningful, daily homework assignments to reinforce and extend learning.
- Participate in professional development opportunities that improve teaching and learning and support the formation of partnerships with families and the community.
- Actively participate in collaborative decision making and consistently work with families and my school colleagues to make schools accessible and welcoming places for families and that help each student achieve the school's high academic standards.
- Respect the school, students, staff, and families.

STUDENT PLEDGE

I agree to carry out the following responsibilities to the best of my ability:

- Come to school ready to learn and work hard.
- Bring necessary materials, completed assignments, and homework.
- Know and follow school and classroom rules.
- Communicate regularly with my parents and teachers about school experiences so that they can help me to be successful in school.
- Limit my TV watching and, instead, study or read every day after school.
- Respect the school, classmates, staff, and families.

PARENT PLEDGE

I agree to carry out the following responsibilities to the best of my ability:

- Provide a quiet time and place for homework, and monitor TV viewing.
- Discuss your child's homework and reading assignments every day. Ask your child meaningful questions about his/her school day and assignments.
- Ensure that my child attends school every day, gets adequate sleep, regular medical attention, and proper nutrition.
- Regularly monitor my child's progress in school.
- Participate at school in activities such as school decision making, volunteering, and/or attending parent-teacher conferences.
- Communicate the importance of education and learning to my child.
- Respect the school, staff, students, and families.

Student _____ Parent/Guardian _____

Teacher _____ CREW # _____



Student Pledge for the use of a District Mobile Computing Device

The Rochester City School District employs the use of several different Mobile Computing Devices such as iPads, laptops, and Chromebooks. A student may be issued any one of these devices. This pledge is intended to apply to all such computing devices assigned to a student.

- I will take good care of my personal computing device and know that I will be issued the same one each year.
- I will be the sole user of my personal computing device.
- I will know where my personal computing device is at all times.
- I will charge my personal computing device's battery daily.
- I will engage in responsible communication with fellow students, teachers and others while using this device.
- I will use my personal computing device in ways that are appropriate and educational.
- I will keep food and beverages away from my personal computing device since they may damage it.
- I will notify my teacher(s) or helpdesk of the need to repair my personal computing device.
- I will keep my personal computing device free of decorations and markings.
- I will keep the serial number on my personal computing device clear for helpdesk service and reference.
- I will follow the policies outlined the RCSD Internet Use Policy.
- I will immediately tell my CREW teacher if my device is damaged, lost, or stolen.
- I understand that a police report will be filed in case of theft, vandalism, and other acts.
- I understand that I may be responsible for all damage or loss caused by neglect or abuse.
- I agree to return my personal computing device, sleeve and power cords in good working condition at the end of the school year or if I transfer to another school.
- I understand that my personal computing device is subject to inspection at any time without notice and remains the property of the Rochester City School District.

I agree to the stipulations set forth above, the Acceptable Use Policy, and the Personal Computing Device Handbook.

RCSD device assigned to me:

____ iPad ____ Laptop ____ Chromebook ____ Other: _____

Serial Number: _____

Student Name (Please Print): _____

Student Signature: _____ Date: _____

Parent Name (Please Print): _____

Parent Signature: _____ Date: _____

I understand my personal computing device and accessories must be returned at the end of each school day. Students who leave early, withdraw, are suspended or expelled, or terminate enrollment for any other reason must return their individual personal computing device to the main office immediately.



FIELD AND WALKING TRIP MEDICAL CONSENT FORM FOR _____ SCHOOL YEAR

Parents/guardians must complete and return this form to the school nurse at least 7 days before the first field trip or walking trip of each school year and update this form if their child's medical condition changes

Student Name	Date of Birth
Street Address with Zip Code	Doctor's Name
Home Telephone	Doctor's Telephone Number
Insurance Carrier's Name	Insurance Identification Number

STUDENT'S HEALTH STATUS

Does your child have any **current** health problems? (Please check all that apply and tell us about them):

- | | |
|--|--|
| <input type="checkbox"/> Allergies (that requires emergency medicine) | <input type="checkbox"/> Asthma/Breathing problems |
| <input type="checkbox"/> Cardiac (Heart) problems | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Bones or Joints |
| <input type="checkbox"/> Bee sting (that requires emergency medicine) | <input type="checkbox"/> Other problems? _____ |

Please tell us more about the problem(s) _____

MEDICINES

****The school nurse must have a *current* doctor's order for medicine on file in order for your child to take medicine on the trip. Please contact your child's school nurse to make sure all medical forms are completed.**

Medication that needs to be taken on the Field Trip: _____

_____ (initials) My child doesn't need any medication on field trips for this school year.

I give permission to a physician or hospital to secure proper treatment including (but not limited to) medications, injections, anesthesia or surgery for my child as named above.

This health information is accurate and correct insofar as I know. My child has permission to engage in all activities except as noted above. In the event that I cannot be reached in an emergency, I authorize the school and/or its agents to authorize the treatment recommended by the health care provider available to render treatment. This authorization shall also extend to and include hospitalization for first aid where/when necessary. I understand that I will be responsible for the cost of all medical treatment render in connection with the trip.

Parent / Guardian Signature Date

For School Nurse Use Only

No Concerns _____ Needs nurse to attend _____ No doctor orders/note _____ See nurse 24/48hrs before trip _____
 Students Ability to Administer Medication: _____ Self-administration _____ Non-Self administration _____
 Medical/Emergency Care Plan: _____ Yes (if so please provide plan) _____ No _____

Parent input: _____

Nurse signature Date

This form is the property of the Rochester City School District ("RCSD") and should not be used if the school field trip is not authorized and approved by the RCSD. It may not be modified and must be completed in full to be processed and approved.

This form is available on the WEB at <http://www.rcsdk12.org> on the "Health Services Forms for Parents" link.
SNS/Field Trip - Emergency Medical Info

ROCHESTER CITY SCHOOL DISTRICT
INTERNET ACCEPTABLE USE AGREEMENT FORM
(Rochester City School District Policy # 4526)

All Rochester City School District Internet users are required to complete and sign an Internet Use Agreement Form, and to abide by its terms and conditions and those in District Policy 4526. The District does not authorize any use or access to the Internet not conducted strictly in compliance with its policy.

Term of Agreement: Once signed by a User, or in the case of a student under the age of eighteen (18) signed by a parent or guardian, this form will remain in effect as long as the user is assigned to the same school or building, or until the User (or for student under 18, the parent or guardian) revokes the agreement by giving notice, in writing, to the Principal of the school, or Department Head in any District building other than a school. Prior versions of this Consent remain valid.

I. User's Agreement.

I have read and understand the District's Internet Acceptable Use Policy and will abide by its terms and conditions. I further understand that any violation of the rules is unethical, and that any use of the Internet which violates federal or state laws may constitute a punishable criminal or civil offense. Should I commit any violation of policy or of law, my access privilege may be revoked and disciplinary action and/or appropriate legal action may be taken.

USER'S SIGNATURE: _____ DATE: _____

SCHOOL OR BUILDING OFFICIAL: _____ DATE: _____

II. Parent/Guardian Consent (For Student under Eighteen)

As Parent/Guardian of the student named above, I have read and understand the terms and conditions for Internet access, and give my child permission to participate. I understand and agree that my child and I may be responsible for any violations of federal or state law, and that the District does not warrant or represent that the student can or will be completely protected from access to Internet sites I may find objectionable. In consideration of the privilege of using the District's network and having access to the public networks available through the Internet, I release the District, its officers, employees and operators, and any institutions with which they are affiliated from any and all claims and damages of any nature whatsoever arising from my, or my child's use, access, or inability to use the system, including without limitation the types of damages identified in the District's policy and regulations. I understand that this consent will remain in force unless and until I give written notice of revocation to the School, or until my child registers in a different school.

_____ I give my permission to issue Internet access for my child, and certify that the information contained on this form is correct.

_____ I do not give my permission for my child to access the Internet through the District's network.

Parent/Guardian (Signature): _____

(Print Name): _____

Date: _____

H:\Board of Education\EXHIBIT 4526 Internet Consent form.doc



STUDENT OPT-OUT FORM FOR 2017-18 SCHOOL YEAR ONLY

To Parents, Guardians, and Students 18 or Older:

Some student information, including images of your child, can be shared without your consent. If you are concerned about protecting the privacy of your Rochester City School District student, please read this letter carefully. **You must complete a new form for the 2017-2018 school year.**

U.S. military recruiters, colleges, and outside agencies that work with our schools may request directory information on students. Information that the District may share with these groups include the student's name, address, phone number, date and place of birth; major field of study; height and weight of members of athletic teams; dates of attendance; degrees and awards received; photographs; and the name of the previous school the student attended.

The law allows parents or guardians, or high school students over 18, to say no to disclosing this information. **If you do not want information shared with any or all of the organizations below, please check the age-appropriate boxes and sign the form below.** Each section is labeled with the appropriate grade level.

You must check "no" in the appropriate box and return this signed form to the main office of your child's school no later than September 15, 2017, if you do not want information disclosed. If no documentation is on file, we will assume that you are granting permission to release directory information and/or photo or video images.

Please complete a separate form for each child

Student Name _____

School _____

Home Address _____

Phone _____

Date of Birth _____ Student ID# _____

DO NOT RELEASE DIRECTORY INFORMATION TO: (check all that apply)

K-12th Graders: **Outside Agencies** **Colleges** **Military Recruiters**

DO NOT RELEASE PHOTOS OR VIDEOS OF MY CHILD:

In addition, the District may use names, photographs, and/or video images of students for publicity purposes. This may include stories published or broadcast by news media, or District communications. Separate photo release forms are not required. You must check the box below to prevent photos/videos from being shared.

K-12th Graders: **Do not release photographs or video images**

By completing, signing and returning this form to the school of the student named, I am directing the Rochester City School District as to my wishes regarding disclosure of directory information and photographs or video image.

(PRINT) Parent or Guardian Name*

(SIGNATURE) of Parent or Guardian

Date

*Students who are 18 years old must sign their own form.



FORMULARIO DE NO PARTICIPACIÓN DEL ESTUDIANTE PARA AÑO ESCOLAR 2017-18 SOLAMENTE

A los Padres, Tutores y Estudiantes de 18 años o Mayores:

Alguna de la información del estudiante, incluyendo imágenes de su hijo(a), puede ser compartida sin su consentimiento. Si le preocupa la protección de privacidad de su estudiante en el Distrito Escolar de la Ciudad de Rochester, favor de leer esta carta cuidadosamente. **Usted debe completar un nuevo formulario para el año escolar 2017-18.**

Los reclutadores militares de los E.U., colegios y agencias que trabajan con nuestras escuelas pueden solicitar información personal de los estudiantes. La información que el Distrito puede compartir con estos grupos incluye el nombre, dirección, número de teléfono, fecha y lugar de nacimiento del estudiante; rama principal de estudio; estatura y peso de miembros de equipos atléticos; fechas de asistencia; grados y premios recibidos; fotografías; y el nombre de la escuela anterior a la que el estudiante asistió.

La ley permite a los padres o tutores, o a estudiantes de la escuela superior mayores de 18 decir no a revelar esta información. **Si usted no quiere que la información sea compartida con alguna o ninguna de las organizaciones de abajo, favor de marcar los encasillados apropiados y firmar el formulario abajo.** Cada sección está identificada con el nivel de grado apropiado.

Usted debe marcar "no" en el encasillado apropiado y devolver este formulario firmado a la oficina principal de la escuela de su hijo(a) no más tarde del 15 de septiembre de 2017 si no quiere que la información sea revelada. Si no hay documentación archivada, asumiremos que usted está otorgando el permiso para revelar la información personal y/o imágenes de foto o video.

Favor de completar un formulario separado para cada hijo(a)

Nombre del estudiante _____

Escuela _____

Dirección residencial _____

Teléfono _____

Fecha de Nacimiento _____ ID# del estudiante _____

NO REVELAR LA INFORMACIÓN PERSONAL A: (marque todas las que se aplican)

Grados K-12mo:

Agencias Externas Colegios Reclutadores Militares

NO REVELAR FOTOS O VIDEOS DE MI HIJO(A):

Además, el Distrito puede utilizar los nombres, fotografías, y/o imágenes de video de los estudiante en todos los grados con propósitos publicitarios. Esto puede incluir historias publicadas o transmitidas por medios de noticia, o comunicaciones creadas por el Distrito. No se requieren formularios separados para revelar fotos. Usted debe marcar el encasillado de abajo para prevenir que las fotos/videos sean compartidos.

Grados K-12mo:

No permita fotografías o imágenes de video

Al completar, firmar y devolver este formulario a la escuela del estudiante mencionado, estoy instruyendo al Distrito Escolar de la Ciudad de Rochester sobre mis deseos relacionados con la revelación de información personal y fotografías o imagen de video.

(IMPRESA) Nombre de Padres o Tutor*

(FIRMA) de Padres o Tutor

Fecha

*Los estudiantes que tienen 18 años de edad pueden firmar su propio formulario.