

PARENT & STUDENT ACKNOWLEDGEMENT FORM

This form is to acknowledge that you and your school age child have read and understand the Essex County Public Schools Code of Student Conduct and Code of Student Attendance Handbook, and Press Release Permission.

We require that you review this entire code of conduct handbook with your child. You and your child must sign this form below and return it to school.

PLEASE COMPLETE AND RETURN THIS FORM TO YOUR CHILD’S SCHOOL IN (1) ONE WEEK FROM FIRST DAY OF SCHOOL.

Print Child’s Name

Parent Signature

_____ Date: _____

Child’s signature _____

Grade _____

Teacher Name _____ Room# _____

School Name _____

Press Release Permission Information:

(Check the box below only if you do not approve.)

_____ I **do not** approve that my child picture is published for school related promotions.

ACCEPTABLE COMPUTER USE AGREEMENT

Student's Agreement

I have read the Acceptable Computer System Use Agreement, as

written, and understand fully and agree to follow the principles and guidelines it contains. If I did not understand the meaning of part of it, I asked an adult to explain it to me. I agree to follow these rules at all times.

Student Name: _____

Student Signature: _____

Date _____

Parent's Agreement

As the parent or guardian of this student, I have read the Acceptable Computer System Use Agreement as written. I understand that computer access at school for students of the Essex County School Division is provided for educational purposes only. I understand that employees of the school system will make every reasonable effort to restrict access to all controversial material on the Internet, but I will not hold them responsible for materials my son or daughter acquires or sees as a result of the use of the Division's computer system. I have discussed the terms of this agreement with my student.

I grant permission for my student to use the computer system in accordance with the Essex County School Division’s policies and regulations and for the School Division to issue an account for my student.

Parent/Guardian Signature _____

Parent/Guardian Name _____

(Please Print)

Date _____

SCHOOLMESSENGER NOTIFICATION SYSTEM

Our School uses the School Messenger Notification System to provide timely communication to parents and staff members on matters such as attendance, general interest activities and campus and district

emergencies. School Messenger automatically pulls one primary number from our Student Information System. The number pulled will be the primary contact number used during student enrollment. Built inside of School Messenger is the optional “Contact Manager”. Contact Manager is an online activation program that allows you to add additional phone numbers, email, and SMS text messaging options. Here you may select additional numbers and ways in which you prefer to be contacted. You may also review messages you may have missed. The account information and instructions to sign up for a School Messenger account will be sent home on September 12th, 2016. After this date you may also retrieve this information by calling the school’s main office.

Parent Responsibility

If your primary number or emergency contact information changes throughout the year, you must still notify your child’s school office of the changes. School Messenger will not know about these changes unless you inform the school office.

Opt-Out

If you wish to opt out of School Messenger Notification System please fill out the form below and deliver to your child’s school office.

School Messenger Opt-Out Form

As the Parent / Guardian of _____, I wish to opt out of the School Messenger Notification System.
Phone Numbers to Opt Out:

Parent / Guardian Name (Print): _____

Parent / Guardian Signature: _____

Date: _____

ECPS BRING YOUR OWN DEVICE AGREEMENT

The ECPS Bring Your Own Device Acceptable Use Policy will apply to

the following device(s) :

| | Type of Device | Serial Number |
|----------|----------------|---------------|
| Device 1 | _____ | _____ |
| Device 2 | _____ | _____ |
| Device 3 | _____ | _____ |

_____My child will not be bringing a device to school at this time

Student Agreement

I, the undersigned, as a student of Essex County Public Schools, have reviewed the ECPS Bring Your Own Device Acceptable Use Policy. I understand that any violation of the policy may result in revocation of technology privileges, and possible further disciplinary action.

Student Name _____

Date _____

Signature _____

I, the undersigned legal guardian, have reviewed the ECPS Bring Your Own Device Acceptable Use Policy.

My child _____ is also aware of the terms and conditions.

Parent/Guardian Name _____

Date _____

Signature _____

