

Official Use Only
SCHOOL ZONE

PUTNAM COUNTY SCHOOLS STUDENT REGISTRATION FORM

(Please Print)

Official Use Only

Today's Date: _____ School: _____ Grade: _____

STUDENT INFORMATION

(Last Name) _____ (First Name) _____ (Middle Name) _____ (Preferred Name) _____ Male Female

Social Security Number _____ Date of Birth _____ Birth City _____ Birth County _____ Birth State _____ Birth Country _____ Mother's Maiden Name: _____

Physical Address: _____ Apt/Lot #: (If applicable) _____ City: _____ State: _____ Zip: _____ Home Phone #: _____ ()

Mailing Address: Same as above Apt/Lot #: (If applicable) _____ City: _____ State: _____ Zip: _____

Ethnicity: African American American Indian and Alaska Native Asian Hispanic Native Hawaiian/Other Pacific Islander White

Native Language _____ First Language Spoken _____ What language is spoken at home? _____ What language is spoken most often? _____ What language is read at home? _____

Transportation: AM Bus PM Bus # of Miles from home _____ Bus # _____ Car Rider Walker SAC Daycare Bus

Previous School Attended: _____ District: _____ State: _____

MEDICAL INFORMATION

What special services, if any, did student receive last year? _____ List: _____

Will student receive medication at school? Yes No List: _____

Allergies? Yes No List: _____

List any other medical conditions: _____

EMERGENCY INFORMATION

Who has custody of student? Mother Father Both Parents Other: _____

Who does student live with? Mother Father Both Parents Other: _____

Mother			Father		
Name:			Name:		
()	()	()	()	()	()
Home phone #	Cell phone #	Work phone #	Home phone #	Cell phone #	Work phone #
Employer:			Employer:		
Parent/Guardian Email:			Parent/Guardian Email:		

SIBLING INFORMATION

Name	School	Grade	Name	School	Grade

LOCAL EMERGENCY CONTACTS

Local Emergency Contact (other than Parent or Guardian):	Relationship:	Home phone #	Cell phone #	Work phone #
		()	()	()
		()	()	()
		()	()	()

Parent/Guardian signature: _____ Date: _____

Homeless Survey: Where does your child stay at night? (Please check one.)
 Home/apt. owned or rented by parent/guardian With relative or friend (family does not have residence) In a shelter
 In a motel In an automobile A campsite In inadequate housing (i.e. no electricity, running water, etc.)
 Other housing (please explain) _____ Revised 03/15/11

Putnam County School District School-Parent Compact

Dear Parent/Guardian:

We value your role in working to help your child achieve high academic standards. The following is an outline of some of the ways you and school staff can build and maintain a partnership to share the responsibility for supporting your child's learning.

School's Responsibility:

- Provide high quality curriculum and learning materials
- Provide you with assistance in understanding academic achievement standards and assessments and how to monitor your child's progress
- Provide opportunities for ongoing communication between you and teachers through, at a minimum:
 - annual parent-teacher conferences,
 - frequent reports regarding your child's progress, and
 - opportunities to talk with staff, volunteer in class, and observe classroom activities.

Parent's Responsibility:

- Encourage your child to attend school regularly
- Encourage your child to show positive school behavior
- Review your child's homework
- Monitor television watching and encourage positive use of your child's extracurricular time
- Volunteer in your child's school and classroom if time or schedule permits
- Attend parent-teacher conferences and participate, when appropriate, in decisions relating to the education of your child.

Please review this School-Parent Compact with your child. This School-Parent Compact may be discussed with you during a parent-teacher conference as it relates to your child's school progress.

Thank you for your support and involvement in your child's education. Please contact the person listed below for more information.

Name: _____ Title: _____

Telephone Number: _____ Email Address: _____

Please sign and date below to acknowledge that you have read and received this information and return the entire form to your child's teacher.

Parent/Guardian Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

OFFICE USE ONLY				
Student ID #	Student Name	Date Distributed	Faculty Name	Faculty ID #

PUTNAM COUNTY SCHOOLS PROTECTION OF PUPIL RIGHTS AMENDMENT (PPRA)

The Protection of Pupil Rights Amendment (PPRA) (20 U.S.C. § 1232h; 34 CFR Part 98) applies to programs that receive funding from the U.S. Department of Education (ED). PPRA is intended to protect the rights of parents and students in two ways;

- It seeks to ensure that schools and contractors make instructional materials available for inspection by parents if those materials will be used in connection with an ED-funded survey, analysis, or evaluation in which their children participate; and
- It seeks to ensure that schools and contractors obtain written parental consent before minor students are required to participate in any ED-funded survey, analysis, or evaluation that reveals information concerning:
 1. Political affiliations;
 2. Mental and psychological problems embarrassing to the student and his/her family;
 3. Sex behavior and attitudes;
 4. Illegal, anti-social, self-incriminating and demeaning behavior;
 5. Critical appraisals of other individuals with whom respondents have close family relationships;
 6. Legally recognized privileged or analogous relationships, such as those of lawyers, physicians, and ministers; or
 7. Income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program).

Parents or students who believe their rights under PPRA may have been violated may file a complaint with ED by writing the Family Policy Compliance Office. Complaints must contain specific allegations of fact giving reasonable cause to believe that a violation of PPRA occurred.

For additional information or technical assistance, you may call (202) 260-3887 (voice). Individuals who use TDD may call the Federal Information Relay Service at 1-800-877-8339. Or you may contact us at the following address:

**Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202-4605**



PUTNAM COUNTY
SCHOOL SYSTEM



ENGAGE INSPIRE ACHIEVE

VITAL - Virtual Instruction to Accentuate Learning

Student Enrollment information

Last name:	
First Name:	
New Gmail Email:	
Birthdate:	
Street Address:	
City, State, ZIP:	
Student Cell Number:	
Student IEP?	
Student ID:(PowerSchool or Social Security #)	Last
Gender:	
Race:	
Graduation Year:	
Is this your 1st online class:	
Computer Access:	
Special Ed/504/Gifted:	
Eligible for Free/Reduced Lunch	
Reason for Enrollment:	
Course Requested: <i>Grade?</i>	
Parent/Guardian Name:	
Relationship to Student:	
Parent Email:	
Parent Phone Number:	
Payment Amount and Check #	

VITAL Program Letter of Agreement

This document serves as a letter of agreement between the Putnam County School District, the student, and the student's parent regarding participation in the Virtual Instruction to Accentuate Learning (VITAL) Program for credit.

As a student participating in a Putnam County supported eLearning opportunity, I understand and agree to the following:

- I understand it is my responsibility to continue working in my online course if I am suspended from school and I do not have computer/internet access at home, it is the responsibility of either my parents or myself to provide access to a public library or some other means of gaining internet access. All policies concerning attendance and participation in VITAL courses apply during suspensions of any type.
- I understand it is my responsibility to make up work missed due to absence within one week of my return to school.
- I understand for each online course there are a minimum number of assignments that must be completed each week. Repeated failure to submit the minimum number of assignments on a weekly basis will result in my removal from the course and a failing grade assigned to my transcript. If I drop the course after completing 50% of the class (4.5 weeks of a nine week course, 3 weeks in the summer) or fail to take the final exam, Putnam County Schools will issue a failing grade for my final grade.
- I understand I am expected to log into my online course at least five times a week, spread throughout the week, unless otherwise indicated by the instructor and your homework is to be completed by the assigned deadlines. If work is going to be late, it is my responsibility to contact the instructor.
- I understand I may be dropped from the program if no evidence of coursework or teacher contact is made within the first seven (7) class days (five (5) days in summer school).
- I understand if I am working on my course on campus, I am required to conform to the expectations for all students at the given campus site as defined by the school handbook including student dress code.
- I understand that if I withdraw from the course after the 18th class day (5th class day in summer school) or if I am dropped from the course for lack of participation, I forfeit course fees and I may not be allowed to take a VITAL online course in the future. I will only be permitted to repeat a course I withdraw or am dropped from if I pay the full costs of the course.
- I understand in order to drop a course by the 18th day (5th day of summer school) I must notify the onsite facilitator at my school. I will then receive a 50% refund of course fees. I further understand that if I choose to drop after the 18th day of class, I will receive NO REFUND of course fees for any reason.
- I agree to attend the school's VITAL orientation for my class whether it be for the regular school year or the summer period.
- I will observe the rules and netiquette and understand certain standards are expected of me when taking an online course. Inappropriate use of the internet and inappropriate language or messages will not be tolerated. I understand the Google Gmail account I am issued is monitored. After a third offense of this policy, I will be removed from the course with no refund of any type.
- I will read my course syllabus prior to beginning my online class and not the course objectives, policies, assessments, and all due dates.
- If taking the course during a school period in an assigned lab, I will attend each day and work on my courseware according to the assignments and pacing guide of the course supplied by my online teacher. If I am taking the course outside of the lab setting at my school, it is my responsibility to meet with the onsite facilitator and keep he/she updated with the progress of my class.

(Student Signature)

(Date)

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(Student Signature)

(Date)

VITAL Student Code of Conduct (Acceptable Use Policy)

Internet access is required for all VITAL students to be able to complete classwork, but access must be used in a responsible, safe, efficient, ethical, and **legal** manner. With expanded access to electronic information, availability of improper material is not uncommon. Content on school computers is filtered, but students may access content via other devices and off campus that is not managed or filtered. It is impossible to control such misuses, but with responsible use, the benefits of the internet as an educational tool outweigh the negatives. We consider parents our partners in teaching responsible internet use.

Please review the following VITAL **expectations** carefully:

- * **Students are responsible for good behavior** on all school provided networks. Devices should always be used in a way that shows consideration and respect. It is illegal to use obscene, profane, threatening, or disrespectful language.
- * We take **integrity and authenticity of student work** very seriously. Do not cut, copy, or plagiarize Internet content or the work of your online classmates. VITAL instructors utilize technologies to check for authenticity of all online work completed. Copying, knowingly allowing others to copy your work, and/or misusing Internet content will result in removal from the course.
- * **It is illegal to create harmful computer viruses** and will be punished to the full extent of the law.
- * **Email is NOT private.** Never say anything via email that you don't mind school officials seeing.
- * **Beware of emails from anyone, particularly adults you do not know,** asking for personal information, attempting to arrange meeting, or engaging in personal contact. Alert your teacher and Onsite Facilitator of any message you receive that is inappropriate or makes you feel uncomfortable.
- * **All emails (gmail) should be class related.** You are given an email to use for your online class work. Please use this email for VITAL online classes only. Do NOT give to other outside of your class. If you are a dual enrollment student using your OWN email, VITAL reserves the right to refuse the use of email addresses that are not fitting for the school environment.
- * **Protect your password.** Keep it secret from everyone except your parents. Keep a copy of your username and password in a safe place in case you forget it.

VITAL and the Putnam County School System administrators will cooperate fully with local, state, or federal officials in any investigation related to any illegal activities conducted through Internet access. In the event there is a claim in which you have violated this policy, you will be provided with notice of the suspected violation and have the opportunity to present an explanation. Any violations will result in removal from VITAL course(s), as well as disciplinary or legal action to the full extent of the law.

Bullying and Harassment

It is an expectation that all VITAL students and employees shall use all equipment and programs for the intended educational purpose. VITAL is committed to protecting its students and employees from bullying, harassment, or inappropriate uses of VITAL computers or programs to participate in bullying behavior. Bullying and Harassment will not be tolerated and shall be just cause for disciplinary action.

Conduct that constitutes bullying or harassment, as defined herein, is prohibited.

Bullying, harassment, cyberstalking is defined as inflicting physical or psychological distress, communicating words, images, or language using electronic mail or social media that causes emotional distress and for which there is no legitimate purpose.

Any action by a student or parent deemed inappropriate will be fully investigated by the appropriate school administrator.

Consequences for students actions that violate the policy on bullying and harassment shall be determined by the administrative staff of VITAL and may include:

- * Student/teacher/parent conference
- * Suspension of email privileges
- * Removal from access to VITAL courses/Expulsion (TCA8 49-6-3401)

If you experience bullying or harassment in any form, please contact your Onsite Facilitator for assistance

AGREEMENT OF PARENT FOR FREE TEXTBOOKS

DATE: _____

I hereby agree that I will be responsible for all free textbooks used by my child or children. I hereby further agree that I will reimburse the Putnam County Board of Education for the amount designated in the Board Policy for the replacement value of any book or books that are badly damaged, destroyed, or lost which my child or children have been issued during this scholastic year at the PUTNAM COUNTY VITAL school and the _____ grade.

Signature of the Parent

Signature of the Student