

***NEW Student Enrollment:**

- Questionnaire Form
- Language Survey Form
- Records Request Form
- Out of District Form (Springer, Miami, Raton, Red River, Questa, Maxwell, Taos, Mora, etc)
- Enrollment Packet
- Free/Reduced Lunch Application

In Addition, the school needs:

- Birth Certificate (Parent should have original birth certificate and we make a copy)
- Immunization Records
- Custodial Paperwork (If any)

***CURRENT Student Enrollment:**

- Enrollment Packet
- Free/Reduced Lunch Application

Cimarron Municipal Schools
Enrollment & Emergency Medical Authorization Form

Last Name _____ First Name _____ Gender M F

Legal Last Name _____ Legal First Name _____ Legal Middle Name _____

Grade Level _____ Home Room Teacher _____ Special Education Y N

Date of Birth _____ Birth City/State _____

Ethnicity: Please Circle One Asian Afro-American Caucasian Hispanic Native American

Home Phone _____ Student Cell Phone: _____

Mailing Address _____ City, State, Zip _____

Physical Address _____ City, State, Zip _____

Is this address any of the following: Y N If Yes, please mark all that apply.
Motel/Hotel RV Park Campground Emergency/Transitional Shelter Other Temporary Housing
(Including living with another family)

Transportation: Please Circle One

Walker Car Rider Bus Rider Bus Number: _____

Pick up Location: _____ Drop Off Location: _____

Parents/Guardians:

Name _____ Home Phone _____

Address (If different) _____ Cell Phone _____

Employer _____ Work Phone: _____

Migrant Worker: Y N Email address _____

Lives with Student: Y N Military Service (Active, Reserve, Guard): Y N

Name _____ Home Phone _____

Address (If different) _____ Cell Phone _____

Employer _____ Work Phone: _____

Migrant Worker: Y N Email address _____

Lives with Student: Y N Military Service (Active, Reserve, Guard): Y N

Emergency Contacts: (people who are authorized to pick up your child from school)

Name _____ Relation _____ Phone # _____

Name _____ Relation _____ Phone # _____

Medical History

Please indicate if student has had or is currently under treatment for any of the following conditions. Give year or age when problem occurred.

<u> </u> Asthma	<u> </u> Meningitis
<u> </u> Diabetes	<u> </u> Migraine Headaches
<u> </u> Seizures	<u> </u> Use of contact lenses?
<u> </u> Ear/Hearing Problems: (type) _____	
<u> </u> Emotional Problems: (type) _____	
<u> </u> Heart Problems: (type) _____	
<u> </u> Hepatitis: (type) _____	
<u> </u> Other: _____	
<u> </u> Allergies? To what? _____	
<u> </u> Muscular Weakness or Paralysis	
<u> </u> Bleeding Disorder: (type) _____	
<u> </u> High Blood Pressure	
<u> </u> Infectious Diseases: (type) _____	
<u> </u> Tetanus Shot: (type) _____	
<u> </u> Reactions to Medicine or Injections? _____	
<u> </u> Hospitalized for Serious Illness, Surgery or Accident? _____	
<u> </u> Long Term Medication? _____	
<u> </u> Have you ever been informed of the need to be on antibiotic therapy prior to dental treatment? If yes, identify required therapy. _____	
<u> </u> Please add any problems not listed _____	

TO GRANT CONSENT

In case of an emergency involving my child and I cannot be reached, I hereby give consent to transport my child to the following medical care providers and hospital, and authorize these providers and hospitals to give any reasonable and customary medical and health care deemed necessary:

Doctor _____ **Phone** _____

Dentist _____ **Phone** _____

Hospital _____ **Phone** _____

Insurance Company _____ **Policy #** _____

If, for any reason, the above listed cannot be reached, I authorize appropriate transport and medical care of my child to any appropriate medical care provider, hospital or medical facility. This authorization does not cover major surgery unless one other doctor/dentist concur to the need.

Nothing in this section shall be construed to impose liability on any school official or school employee who, in good faith, attempt to comply with this section. It is understood that I will be financially responsible for all emergency care.

PLEASE FILL OUT CONSENT FOR "OVER THE COUNTER" MEDICATION ADMINISTRATION

CIMARRON MUNICIPAL SCHOOLS

A Legacy of Excellence

Board of Education

Ronald Anderson, President; Bret Wjer, Vice-President; Annie Lindsey, Secretary; Nancy Hooker, Member;
Matthew Gonzales, Member; Adán Estrada, Superintendent

OPEN ENROLLMENT

ATTENDANCE APPLICATION

File this application at the School District office

Student's name _____
Last First M.I.

Current grade _____ Birth date _____ Home phone _____

Work phone _____ Message phone _____

Parent's name _____

Last First M.I.

Home address _____

Street City Zip

(P.O. Box is not acceptable as an address)

E-mail address _____

The above-named student: resides outside the School District but
within NM; or
 resides within the School District

Present school of attendance

School _____ District _____

City _____ County _____

Request assignment to _____ School

Is the above-named student:

Yes No Expelled or long-term suspended from any school or school
district within the last twelve (12) months?

Yes No Subject to expulsion or long-term suspension from a school or
school district within the last twelve (12) months?

Yes No N/A In compliance with a condition of disciplinary
action in any school or school district within the last twelve (12) months?

Note: The following conditions apply to the open-enrollment program:

1. An attendance application must be completed and submitted on or before May 30.
2. Enrollment is subject to the capacity limit established for the school and/or its grade levels.
3. On or before June 1, the parent or legal guardian will be notified in writing whether the application has been accepted, rejected, or placed on a waiting list.
4. Transportation for the student shall be the responsibility of the parent or legal guardian.
5. Providing false information on this form may result in the application being denied or admission being revoked.

The signatory affirms that the student will abide by the rules, standards, and policies of the school and the District if enrolled.

Signature of Parent or Legal Guardian

Date

FOR DISTRICT USE ONLY . DO NOT WRITE BELOW THIS LINE

Student number _____ **Date stamp** _____
Filing Date

Accepted Placed on waiting list Principal _____
Date

Rejected - Reason for rejection _____

Copies sent by school to applicant and Superintendent's office.

Date sent _____

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Board of Education

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Matthew Gonzales, Member; Adán Estrada, Superintendent

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STUDENT RECORDS

DESIGNATION OF DIRECTORY INFORMATION

During the school year, District staff members may compile non-confidential student directory information specified below.

According to state and federal law the below-designated directory information may be publicly released to educational, occupational or military recruiting representatives without your permission. If the Board permits the release of the below-designated directory information to persons or organizations who inform students of educational or occupational opportunities, by law the District is required to provide the same access on the same basis to official military recruiting representatives for the purpose of informing students of educational and occupational opportunities available to them, unless you request in writing that the school not to release the student's information without your prior signed and dated written consent. *If you do not object to the release of any and all of the below-designated information in writing, then the District must provide military recruiters, upon request, directory information containing the student's names, addresses and telephone listings.*

If you *do not* want any or all of the below-designated information about your son/daughter to be released to any person or organization without your prior signed and dated written consent, you must notify the District in writing by checking off any or all of the rejected information, signing the form at the bottom of this page, and returning it to the Principal, within two (2) weeks of receiving this form. If the School District does not receive this notification from you within the prescribed time, *it will be assumed that your permission is given* to release your son's/daughter's designated directory information.

TO: Principal

I *do not* want **any or all** the information I have below concerning (student's name) _____ designated as directory information and released to any person or organization without my prior signed and dated written consent:

- Name Address
- Telephone listing Electronic mail address
- Date and place of birth
- Dates of attendance Grade level
- Honors and awards received Major field of study
- Enrollment status (e.g., part time or full time)
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Most recent educational agency or institution attended

(Parent/guardian signature)

(Date)

CIMARRON MUNICIPAL SCHOOLS

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Authority to Transfer Education Records

Please forward the official school records indicated below, for:

Child's Name: _____ Date of Birth: _____ Grade: _____

Please provide mailing information from your former school so we may obtain records:

Name of School Last Attended: _____

Address: _____

Phone No: _____ Fax No: _____

Date: _____

Signature of Parent or Legal Guardian
(By law, parental signature is not required.)

- Official Transcripts
 Withdrawal Grades
 Discipline Records
 Medical Records
 IEP or 504 Plan (If applicable)
 Test Results/PARCC/SBA/EOC/Competency Exams
Other: _____

We have read this consent form and understand its implications, and therefore, we agree to release the above information to:


Mail To:
Cimarron High School
Attn: Registrar
165 N. Collison Ave.
Cimarron, NM 87714
Phone: 575-376-2241

Email Special Education Records to:
Elaina Cortez, Special Education Secretary
ecortez@cimarronschools.org

Please Fax or Email Unofficial Transcript to:
Fax: 575-376-2428 Email: crobinson@cimarronschools.org

In making this request, the undersigned does agree that the information received shall be used only by the professional school staff assigned to work with the student in his educational program, and will not release information to any other party without written consent of the parent.

School: **Cimarron High School** Authorized Person: _____

FOR DISTRICT USE ONLY		District:	School:	
 NEW MEXICO PUBLIC EDUCATION DEPARTMENT LANGUAGE USAGE SURVEY ~for parent or guardian to complete~				
The purpose of this survey is to ensure that your child receives the highest quality education and services to which he or she is entitled. The information you provide will be used only to assist the school in making program decisions. You will complete this form only once in your child's educational career.				
Student's Name:		Date of Birth:	Grade Level:	
Answer each question by marking either the YES or NO box.			YES	NO
1. Does the student use a language(s) other than English with his/her family and friends?				
2. Do you use a language(s) other than English with the student?				
3. Does the student understand when someone communicates with him/her in a language other than English?				
4. Does the student read in a language(s) other than English?				
5. Does the student write in a language(s) other than English?				
6. Does the student interpret for you or anyone else in a language(s) other than English?				
7. If you answered YES on one or more of questions 1-6, what language(s) other than English does the student use most frequently at home? Choose up to three.				
<input type="checkbox"/> American Sign Language (ASL) <input type="checkbox"/> Arabic <input type="checkbox"/> Cantonese <input type="checkbox"/> Diné <input type="checkbox"/> French <input type="checkbox"/> Greek <input type="checkbox"/> Hmong <input type="checkbox"/> Jicarilla Apache <input type="checkbox"/> Italian		<input type="checkbox"/> Keres <input type="checkbox"/> Khmer <input type="checkbox"/> Korean <input type="checkbox"/> Mescalero Apache <input type="checkbox"/> Mandarin <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Somali <input type="checkbox"/> Spanish		<input type="checkbox"/> Tiwa <input type="checkbox"/> Tewa <input type="checkbox"/> Towa <input type="checkbox"/> Vietnamese <input type="checkbox"/> Zuni <input type="checkbox"/> Other _____
OTHER QUESTIONS				
8. Is the student transferring from another state, district, or school? If yes, please provide location and name of school:				
9. Has the student received schooling/education in a language(s) other than English? If YES, which language(s)?				
10. In what language do you prefer to receive communication from the school?				
11. In what language would you prefer to communicate with school staff?				
12. Is there anything else we should know about how to best serve your child?				
Signature of Parent or Guardian:			Date:	
Translator:		Language:		Date:

Sólo para uso del distrito:	District:	School:
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**ENCUESTA DEL USO DEL IDIOMA
DEPARTAMENTO DE EDUCACIÓN PÚBLICA DE NUEVO MÉXICO**

~ padres o tutores deben llenar ~

El propósito de esta encuesta es asegurar que su hijo/hija reciba una educación de la más alta calidad, y los servicios que tiene el derecho de recibir. La información que usted proporcione será utilizada solamente para ayudar a la escuela a tomar decisiones programáticas. Responderá a este formulario solamente una vez en la trayectoria de educación de su hijo/hija.

Nombre del estudiante:	Fecha de nacimiento:	Nivel/Grado:
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Responda a cada pregunta marcando la casilla bajo SÍ o NO	SÍ	NO
1. ¿Usa el/a estudiante otro idioma(s) además del inglés con su familia o sus amigos?		
2. ¿Usa usted otro idioma(s) además del inglés con el estudiante?		
3. ¿Comprende el estudiante cuando alguien se comunica con él o ella en un idioma además del inglés?		
4. ¿Lee el/a estudiante en otro idioma(s) además del inglés?		
5. ¿Escribe el estudiante en otro idioma(s) además del inglés?		
6. ¿Le interpreta o traduce el estudiante a usted o a alguna otra persona en otro idioma(s) además del inglés?		

7. ¿Si respondió **SÍ** a una o más de las preguntas 1-6, ¿cuál(e)s idiomas además del inglés usa el estudiante con más frecuencia en casa? Escoja hasta tres:

<input type="checkbox"/> árabe <input type="checkbox"/> cantonés <input type="checkbox"/> diné <input type="checkbox"/> español <input type="checkbox"/> francés <input type="checkbox"/> griego <input type="checkbox"/> hmong <input type="checkbox"/> italiano <input type="checkbox"/> jemer	<input type="checkbox"/> Jicarilla apache <input type="checkbox"/> keres <input type="checkbox"/> coreano <input type="checkbox"/> lengua de señas americana (ASL) <input type="checkbox"/> mandarín <input type="checkbox"/> mescalero apache <input type="checkbox"/> portugués <input type="checkbox"/> ruso <input type="checkbox"/> somali	<input type="checkbox"/> tewa <input type="checkbox"/> tiwa <input type="checkbox"/> towa <input type="checkbox"/> vietnamés <input type="checkbox"/> zuni <input type="checkbox"/> Otros _____
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OTRAS PREGUNTAS

8. ¿Se traslada el estudiante de otro estado, distrito o escuela?
Si este es su caso, favor de proveer la ubicación y el nombre de la escuela:

9. ¿Ha recibido el estudiante instrucción escolar en otro(s) idioma(s) además del inglés? ¿Si la respuesta es sí, cuál idioma(s)?

10. ¿En cuál idioma prefiere recibir información de la escuela?

11. ¿En cuál idioma prefiere comunicarse con los empleados de la escuela?

12. ¿Hay algo más que deberíamos saber para servir mejor a su hija/hijo?

Firma del padre o tutor:	Fecha:
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Traductor/intérprete:	Idioma:	Fecha:
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CIMARRON MUNICIPAL SCHOOLS

125 N. COLLISON AVE.. CIMARRON NM, 87714
(575) 376-2445 (800) 539 5680 (575) 376-2442-FAX

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Board of Education

Ronald Anderson, President; Bret Wier, Vice-President; Annie Lindsey, Secretary; Nancy Hooker, Member; Matthew Gonzales, Member; Adán Estrada, Superintendent

Student Insurance

As parent/guardian of _____, I understand that my child will require insurance to participate in Athletics, extra-curricular activities, and field trips.

I **do** have insurance for my child. (Insurance card is attached)

I **will** enroll my child in the School Insurance Program. (Next page)

I **do not** have insurance and I have signed the Statement of Financial Responsibility Form. (Below)

Signed _____ Date _____

Statement of Financial Responsibility

There are activities and trips in which we would like our child _____ to participate. Because we do not carry insurance and have chosen not to purchase school insurance, we hereby release Cimarron Municipal Schools and all other entities connected with Cimarron Municipal Schools of any and all liability.

Parent Signatures: _____ Date: _____

_____ Date: _____

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RE: Student Injuries and Insurance

Dear Parent (s):

Your child's school district **does not** provide medical insurance coverage for school accidents. This means that **you are responsible** for the medical bills if your child gets hurt during school activities. The accompanying student accident/health insurance plans are offered to help you pay those bills.

Many coverage options are available. The Student Health Care and High Option 24-Hour Accident plans are especially recommended for those students with no other insurance because they provide the most help when injuries occur. Student Health Care covers illness as well as injury, 24 hours a day. **We strongly recommend the high option plans for students participating in interscholastic sports.**

If your child does have other health coverage, student insurance may also be used to help pay those eligible charges not covered by other insurance (i.e. deductibles and co-payments). Also, the student insurance plans allow you to take your child to any doctor or hospital you choose.

Please read your brochure carefully. If you have any questions, please call the plan administrator, Meyers-Stevens & Toohey & Co., Inc., at (800) 827-4695, or (949) 348-0656. Bilingual representatives are available for parents who need assistance in Spanish.

(In order to document your having been notified of this matter, please sign and complete the bottom of this form and send it back to school with your child immediately.)

Sincerely,

Cimarron Municipal Schools

As parent/guardian of _____, I understand that the School District **does not** provide medical insurance for the student injuries but does make voluntary student insurance available.

I need to request the information on this program.

I **will** enroll my child in the program
program

I **will not** enroll my child in the

Signed _____

Date _____

**Cimarron High School
Chromebook Handbook Acknowledgment**

The Cimarron High School Chromebook Handbook can be accessed from our district website:

www.cimarronschools.org

Click on the "Cimarron High School" tab and then the "Chromebook Handbook" button located on the right hand side of the webpage.

If you need a hard copy of the student handbook, please call the school office.

.....
Please Return the signed statement to the school office for record.

I have read and understand the Chromebook Handbook. **I also understand that this form MUST be signed and returned to the school office within (10) days.**

As a CHS student, I understand the information provided herein and my responsibility for my education.

Student Signature: _____ **Date:** _____
Student Name (Print): _____

As a parent, I understand the information provided herein and my responsibility to my student and his/her education.

Parent/Guardian Signature: _____ **Date:** _____
Parent/Guardian Name (Print): _____

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Adán Estrada, Superintendent

Cimarron High School Student Handbook Acknowledgment

The Cimarron High School Student Handbook can be accessed from our district website:

www.cimarronschools.org

Click on the “Cimarron High School” tab and then the “CHS Handbook” button located on the right hand side of the webpage.

If you need a hard copy of the student handbook, please call the school office.

.....
Please Return the signed statement to the school office for record.

I have read and understand the Cimarron High School Handbook. **I also understand that this form MUST be signed and returned to the school office within (10) days.**

As a CHS student, I understand the information provided herein and my responsibility for my education.

Student Signature: _____ **Date:** _____
Student Name (Print): _____

As a parent, I understand the information provided herein and my responsibility to my student and his/her education.

Parent/Guardian Signature: _____ **Date:** _____
Parent/Guardian Name (Print): _____

CIMARRON HIGH SCHOOL
EXTRACURRICULAR CODE

These are the rules and regulations that Cimarron High School students will sign and abide by in order to participate in extra-curricular activities. These rules pertain to students at all times.

1. **STUDENTS WILL CONDUCT THEMSELVES WITH CLASS AND SPORTSMANSHIP.**
Misbehavior will not be tolerated at any time or place during school hours or extra-curricular activities. Misbehavior may result in your temporary suspension or expulsion from the team/extra-curricular activity.
2. **PROFANITY IS NOT PERMITTED.**
You are role models and represent your team, your parents, and Cimarron High School. Be proud of yourselves and of your school. Profanity could result in loss of participation.
3. **STUDENTS WILL STRIVE FOR ACADEMIC EXCELLENCE.**
A 70/2.0 GPA is the minimum requirement for participation. We encourage individuals to excel in the classroom and maintain at least an 80/3.0 GPA. All eligibility requirements noted in the Student Handbook apply.
4. **STUDENTS THAT QUIT THE TEAM DURING THE COURSE OF THE YEAR WILL NOT BE REINSTATED THAT SAME SEASON.**
Students are discouraged from moving from one sport to another in the same season. The decision to allow students to move will be made by the coaches of those sports and the principal.
5. **STUDENTS WILL NOT POSSESS OR USE ALCOHOL, TOBACCO, OR DRUGS.**
Students possessing or using alcohol, tobacco, or illegal drugs (this includes any inhalant including e cigarettes) WILL be dropped from the team and may be suspended from the other extra-curricular activities up to 150 school days on the first offense.
6. **STUDENTS ARE LAW ABIDING CITIZENS.**
Students found guilty of a serious crime resulting in law enforcement/probation consequences will be dropped from the team/organization and may be suspended from all extracurricular activities up to 150 school days on the first offense.
7. **FIGHTING AND TRUANCY ARE NOT PERMISSABLE.**
Students found guilty of fighting and/or truancy may be suspended and/or terminated from the team and/or extracurricular activity.
8. **STUDENTS WILL EXHIBIT EXEMPLARY BEHAVIOR ON ACTIVITY BUS TRIPS INCLUDING THE SHUTTLE BUS.**
The first offense may result in the loss of bus privileges.
9. **INSUBORDINATION TOWARDS A TEACHER, COACH, OR ANY SCHOOL PERSONNEL WILL NOT BE TOLERATED.**
Students suspended for such an offense will also be suspended or terminated from the team and extracurricular activities.
10. **STUDENTS WILL NOT RECEIVE A LETTER OR AWARD UNTIL ALL ISSUED EQUIPMENT HAS BEEN RETURNED OR PAID FOR.**
11. **STUDENTS ARE EXPECTED TO RIDE THE ACTIVITY BUS TO AND FROM ALL EVENTS UNLESS THEY HAVE A SIGNED FORM FROM PARENTS/GUARDIANS.**
Students will only be released to parents and guardians (*or other adults with appropriate paperwork on file in the administration office*).

ADMINISTRATION OF DISCIPLINE IN RESPONSE TO SERIOUS CODE INFRACTIONS WILL BE DECIDED BY THE COACHES/SPONSORS/ATHLETIC DIRECTOR IN COORDINATION WITH THE BUILDING ADMINISTRATOR.

As a team member/parent/guardian, I have read and fully understand the guidelines, which are required for the participation in athletic or extracurricular activities at Cimarron High School.

Cimarron High Student

Parent/Guardian of Student

NOTE: In addition to suspension from the club or team, you will also be subject to school penalties under the section title "Policies and Guidelines for Student Conduct at CHS" and any other contract obligations affiliated with the team or organization.

EXCURSION/FIELD TRIP WAIVER AND MEDICAL AUTHORIZATION

NAME OF SCHOOL: Cimarron Municipal Schools

I hereby give my permission for my child _____ to participate in the **walking field trip within 2 miles of the school** as part of his/her regular school program. **This permission form covers all school days from August 18th, 2017 through May 25th, 2018.** The trip will depart from and return to Cimarron Municipal School at various times depending on the purpose of the destination. All walks will return by no later than **3:40 p.m.** Students will be notified ahead of time if they must bring money or any supplies to complete the designated activity.

I fully understand that my child is to accept all rules and requirements governing conduct during the field trip and that all handbook policies apply. It is understood that any child determined to be in violation or unfulfilling of these behavior standards will receive consequences as indicated by the District policy. **All students must walk to our destination. Students may not ride in a vehicle of any kind.**

I, the undersigned, hereby release and discharge the Cimarron School District, officers, employees, agents, and servants (herein collectively referred to as "District") from all liability arising out of or in connection with the above described field trip or excursion. For the purposes of this agreement, liability means all claims, demands, losses, causes of action, suits, or judgements of any and every kind that I, my heirs, executors, administrators or assignees may have against the District, or that any other person or entity may have against the District, because of any death, personal injury or illness, or because of any loss or damage to property that occurs during the above described field trip or excursion and that results from any cause other than the negligence of the District.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent(s) or participant.

Signature of Parent or guardian

Date

Address

Phone

Signature of Student

Date

Insurance Company

Policy #

***Please provide a copy of your insurance card.**

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Matthew Gonzales, Member; Adán Estrada, Superintendent

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STUDENT AUTOMOBILE USE AND PARKING

ACKNOWLEDGMENT CONCERNING USE OF STUDENT PARKING LOTS

I acknowledge and understand that:

- Students are permitted to park on school premises as a matter of privilege, not of right.
- The District retains authority to conduct routine patrols of student parking lots and inspections of the exteriors of student automobiles on school property.
- The District may inspect the interiors of student automobiles whenever a school authority has reasonable suspicion to believe that illegal or unauthorized materials are contained inside the automobiles.
- Such patrols and inspections may be conducted without notice, without student consent, and without a search warrant.
- A student who fails to provide access to the interior of the car upon request by a school official will be subject to school disciplinary action.

Signature of the Student

Date

Signature of the Parent/Guardian

Date

Signature of the Vehicle Owner

Date

Vehicle license number: _____

CIMARRON MUNICIPAL SCHOOLS

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USE OF TECHNOLOGY RESOURCES IN INSTRUCTION

ELECTRONIC INFORMATION SERVICES USER AGREEMENT

Details of the user agreement shall be discussed with each potential user of the electronic information services (EIS). When the signed agreement is returned to the school, the user may be permitted use of EIS resources.

Terms and Conditions

Acceptable use. Each user must:

- Use the EIS to support personal educational objectives consistent with the educational goals and objectives of the School District.
- Agree not to submit, publish, display, or retrieve any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, or illegal material.
- Abide by all copyright and trademark laws and regulations.
- Not reveal home addresses, personal phone numbers or personally identifiable data unless authorized to do so by designated school authorities.
- Understand that electronic mail or direct electronic communication is not private and may be read and monitored by school employed persons.
- Not use the network in any way that would disrupt the use of the network by others.
- Not use the EIS for commercial purposes.
- Follow the District's code of conduct.
- Not attempt to harm, modify, add/or destroy software or hardware nor interfere with system security.
- Understand that inappropriate use may result in cancellation of permission to use the educational information services (EIS) and appropriate disciplinary action up to and including expulsion for students.

In addition, acceptable use for District employees is extended to include requirements to:

- Maintain supervision of students using the EIS.
- Agree to directly log on and supervise the account activity when allowing others to use District accounts.
- Take responsibility for assigned personal and District accounts, including password protection.
- Take all responsible precautions, including password maintenance and file and directory protection measures, to prevent the use of personal and District accounts and files by unauthorized persons.

Personal responsibility. I will report any misuse of the EIS to the administration or system administrator, as is

appropriate.

I understand that many services and products are available for a fee and *acknowledge my personal responsibility for any expenses incurred without District authorization.*

Network etiquette. I am expected to abide by the generally acceptable rules of network etiquette. Therefore, I will:

- *Be polite and use appropriate language.* I will not send, or encourage others to send, abusive messages.
- *Respect privacy.* I will not reveal any home addresses or personal phone numbers or personally identifiable information.
- *Avoid disruptions.* I will not use the network in any way that would disrupt use of the systems by others.
- *Observe the following considerations:*
 - Be brief.
 - Strive to use correct spelling and make messages easy to understand.
 - Use short and descriptive titles for articles.
 - Post only to known groups or persons.

Services.

The School District specifically denies any responsibility for the accuracy of information. While the District will make an effort to ensure access to proper materials, the user has the ultimate responsibility for how the electronic information service (EIS) is used and bears the risk of reliance on the information obtained.

I have read and agree to abide by the School District policy and regulations on appropriate use of the electronic information system, as incorporated herein by reference.

I understand and will abide by the provisions and conditions indicated. I understand that any violations of the above terms and conditions may result in disciplinary action and the revocation of my use of information services.

Name _____

Signature _____ Date _____
(Student or employee)

School _____ Grade (if a student) _____

Note that this agreement applies to both students and employees.

The user agreement of a student who is a minor must also have the signature of a parent or guardian who has read and will uphold this agreement.

Parent or Guardian Cosigner

As the parent or guardian of the above named student, I have read this agreement and understand it. I understand that it is impossible for the School District to restrict access to all controversial materials, and I will not hold the District responsible for materials acquired by use of the electronic information services (EIS). I also agree to report any misuse of the EIS to a School District administrator. (Misuse may come in many forms but can be viewed as any messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, or other issues described in the agreement.)

I accept full responsibility for supervision if, and when, my child's use of the EIS is not in a school setting. I hereby give my permission to have my child use the electronic information services.

Parent or Guardian Name (print) _____

Signature _____ Date _____

Cimarron Municipal Schools Student Pledge for Chromebook Use

1. I will take good care of my Chromebook.
2. I will never leave the Chromebook unattended.
3. I will never loan out my Chromebook to other individuals.
4. I will know where my Chromebook is at all times.
5. I will charge my Chromebook's battery daily.
6. I will keep food and beverages away from my Chromebook since they may cause damage to the device.
7. I will not disassemble any part of my Chromebook or attempt any repairs.
8. I will protect my Chromebook by only carrying it while in the cover provided.
9. I will use my Chromebook in ways that are appropriate, meet Cimarron expectations and are educational.
10. I will not place decorations (such as stickers, markers, etc.) on the Chromebook. I will not deface the serial number on any Chromebook.
11. I understand that my Chromebook is subject to inspection at any time without notice and remains the property of the Cimarron School District.
12. I will follow the policies outlined in the *Chromebook Handbook* and the *Technology Acceptable Use Policy* while at school, as well as outside the school day.
13. I will file a police report in case of theft, vandalism, and other acts covered by insurance.
14. I will be responsible for all damage or loss caused intentionally or by neglect or abuse.
15. I agree to return the District Chromebook and power cords in good working condition.

I agree to the stipulations set forth in the Chromebook Procedures and Information Handbook; the Cimarron Municipal Schools Acceptable Use Policy; and the Student Pledge for Chromebook Use.

Student Name (Please Print): _____

Student Signature: _____ Date: _____

Parent Name (Please Print): _____

Parent Signature: _____ Date: _____

Individual school Chromebook and accessories must be returned to the grade-level facilitator at the end of each school year. Students who withdraw, are suspended or expelled, or terminate enrollment at Cimarron for any other reason must return their individual school Chromebook on the date of termination.

Chromebook Opt-Out Form

I would like my child to opt out of receiving a Cimarron Municipal School District Chromebook. I understand that my child will be responsible for all assigned work that requires Chromebook use.

Student Name (Please Print): _____

Student Signature: _____ Date: _____

Parent Name (Please Print): _____

Parent Signature: _____ Date: _____