

Enrollment Checklist

Enrollment packet and all required records/documents must be turned in to complete registration

The following forms must be completed from the Enrollment Packet:

- 1 ___ Student Enrollment Form
- 2 ___ Home Language Survey
- 3 ___ Louisiana Student Residency Questionnaire Form
- 4 ___ Parent/Student Contract
- 5 ___ Health Information
- 6 ___ Special Programs Information
- 7 ___ Student Records Release Authorization
- 8 ___ Chromebook Permission Form

The following records are required (17-19, if applicable):

- 9 ___ Student withdrawal form (due at end of 2020-2021 school year)
- 10 ___ Final report card & attendance record (due at end of 2020-2021 school year)
- 11 ___ Latest State Test Scores
- 12 ___ Most recent discipline records
- 13 ___ Birth Certificate
- 14 ___ Social Security Card
- 15 ___ Photo identification of at least one parent/guardian
- 16 ___ Up to date Immunization record
- 17 ___ Proof of residency (electricity bill, etc)
- 18 ___ Custody documentation (if applicable)
- 19 ___ Exceptional Student Services Documentation - IEP (if applicable)
- 20 ___ 504 - IAP and Supporting Documents (if applicable)

STUDENT ENROLLMENT FORM

For Office Use Only	Documents	Initial		
	Birth Certificate		Grade Applied For	
	Social Security Card		Date Received	
	Immunization Records		Special Ed (circle)	Yes No
	Proof of Residence		Exact Date Enrolled	

LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		ETHNICITY <input type="checkbox"/> AMERICAN INDIAN/ALASKAN <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER <input type="checkbox"/> BLACK, NOT OF HISPANIC ORIGIN <input type="checkbox"/> HISPANIC <input type="checkbox"/> WHITE, NOT OF HISPANIC ORIGIN
BIRTHDATE	COUNTRY OF BIRTH	SOCIAL SECURITY #	CURRENT GRADE ENROLLED (Last Year)		
MM/DD/YYYY		- - - - -	GRADE APPLIED FOR		
STUDENT LIVES WITH: (CHECK ONE)		<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH <input type="checkbox"/> OTHER			

PREVIOUS SCHOOLS ATTENDED DURING THE PAST THREE YEARS (START WITH THE MOST RECENT)				
SCHOOL LAST ATTENDED	YEARS ATTENDED	DATE OF LAST ATTENDANCE (MONTH/YEAR)	DISTRICT NAME	PHONE
				() - - - - -
PREVIOUS SCHOOL ATTENDED	YEARS ATTENDED	DATE OF LAST ATTENDANCE (MONTH/YEAR)	DISTRICT NAME	PHONE
				() - - - - -
PREVIOUS SCHOOL ATTENDED	YEARS ATTENDED	DATE OF LAST ATTENDANCE (MONTH/YEAR)	DISTRICT NAME	PHONE
				() - - - - -

HAS APPLICANT EVER SKIPPED A GRADE? (CIRCLE ONE)	YES NO	WHICH GRADE(S) AND WHY?	
HAS APPLICANT EVER BEEN RETAINED? (CIRCLE ONE)	YES NO	WHICH GRADE(S) AND WHY?	
HAS APPLICANT EVER BEEN EXPELLED, SUSPENDED, OR ASKED NOT TO RETURN TO A SCHOOL? (CIRCLE ONE)	YES NO	IF YES, PLEASE EXPLAIN:	
HAS APPLICANT APPLIED TO KST BEFORE (CIRCLE ONE)	YES NO WHEN: _____	HAS STUDENT EVER ATTENDED KST? (CIRCLE ONE)	YES NO WHEN: _____

PARENT(S)/GUARDIAN INFORMATION					
FATHER'S INFORMATION	LAST NAME	FIRST NAME	MIDDLE NAME	OCCUPATION	EMPLOYER
	HOUSE NO.	STREET			CITY ZIP
	PHONE: HOME	CELLULAR	PAGER	WORK	E-MAIL
() - - - - -	() - - - - -	() - - - - -	() - - - - -		

MOTHER'S INFORMATION	LAST NAME	FIRST NAME	MIDDLE NAME	OCCUPATION	EMPLOYER	
	HOUSE NO.	STREET				ZIP
	PHONE: HOME	CELLULAR	PAGER	WORK	E-MAIL	
	() - - - - -	() - - - - -	() - - - - -	() - - - - -		

OTHER: PERSON WITH WHOM STUDENT LIVES	LAST NAME	FIRST NAME	MIDDLE NAME	RELATIONSHIP	NUMBER OF YEARS STUDENT HAS LIVED WITH THIS PERSON:	
	HOUSE NO.	STREET			CITY	ZIP
	PHONE: HOME	CELLULAR	PAGER	WORK	E-MAIL	
	() - - - - -	() - - - - -	() - - - - -	() - - - - -		
	OCCUPATION			EMPLOYER:		

NAMES OF ALL BROTHERS AND SISTERS UNDER 18 YEARS OF AGE						
LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	GENDER	SCHOOL	GRADE

HOW DID YOU LEARN ABOUT KST?	
<input type="checkbox"/> BROCHURE, FLYER, HANDOUT <input type="checkbox"/> INTERNET	<input type="checkbox"/> OUTDOOR SIGN <input type="checkbox"/> FRIEND <input type="checkbox"/> WALK-IN <input type="checkbox"/> ADVERTISEMENT _____ <input type="checkbox"/> NEWSPAPER _____ <input type="checkbox"/> OTHER: _____

PLEASE CIRCLE
<p>I <input type="checkbox"/> AGREE / <input type="checkbox"/> DISAGREE TO ALLOW MY CHILD'S PHOTOGRAPHS/VIDEO RECORDING TAKEN AND/OR NAMES PUBLISHED TO BE USED FOR KENILWORTH SCIENCE AND TECHNOLOGY CHARTER SCHOOL PUBLICITY PURPOSES. I UNDERSTAND THAT THE PHOTOS AND THE NAMES MAY BE USED FOR DISPLAY, PUBLICATION, VIDEO, WEBSITES, OR BY OTHER MEDIA, SUCH AS LOCAL NEWSPAPERS AND/OR TELEVISION STATIONS. I ALSO AGREE THAT THIS PERMISSION WILL HAVE NO TIME LIMITATIONS.</p> <p>I <input type="checkbox"/> AGREE / <input type="checkbox"/> DISAGREE TO ALLOW MY CHILD TO PARTICIPATE IN ALL ATHLETIC EVENTS AT KENILWORTH SCIENCE AND TECHNOLOGY CHARTER SCHOOL, WITH THE UNDERSTANDING THAT THE PARENT/GUARDIAN IS RESPONSIBLE FOR ANY MEDICAL COSTS INCURRED IN THE EVENT OF AN INJURY.</p>

HAS THE STUDENT EVER BEEN EXPELLED, SUSPENDED, OR ASKED NOT TO RETURN TO A SCHOOL? YES NO

IF YES, WHEN and WHY?: _____

I/WE, THE UNDERSIGNED, HEREBY CERTIFY THAT, TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF, THE ANSWERS TO THE FOREGOING QUESTIONS AND STATEMENTS MADE BY ME/US IN THIS APPLICATION ARE COMPLETE AND ACCURATE. I/WE UNDERSTAND THAT ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS OF FACTS MAY RESULT IN REJECTION OF THIS APPLICATION OR FUTURE DISMISSAL OF THE APPLICANT. I AND MY CHILD AGREE TO FOLLOW THE RULES OF KENILWORTH SCIENCE AND TECHNOLOGY CHARTER SCHOOL AS STATED IN THE STUDENT HANDBOOK.

NOTICE: FALSIFYING INFORMATION ON THIS FORM IS A VIOLATION OF THE LAW. VIOLATION MAY RESULT IN PROSECUTION

SIGNATURE OF MOTHER: _____ DATE SIGNED: _____ LOUISIANA DRIVER'S LICENSE NO : _____

DATE OF BIRTH OF MOTHER MONTH:____ DAY:____ YEAR:____

SIGNATURE OF FATHER: _____ DATE SIGNED: _____ LOUISIANA DRIVER'S LICENSE NO : _____

DATE OF BIRTH OF FATHER MONTH:____ DAY:____ YEAR:_____

SIGNATURE OF LEGAL GUARDIAN: _____ DATE SIGNED: _____ LOUISIANA DRIVER'S LICENSE NO : _____

DATE OF BIRTH OF LEGAL GUARDIAN MONTH:____ DAY:____ YEAR:_____

PERSON(S) AUTHORIZED TO PICK UP YOUR CHILD

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

Kenilworth Science and Technology Charter School does not discriminate in admissions based on gender, national origin, ethnicity, religion, disability, academic, artistic, or athletic ability or the district the child would otherwise attend.

Special Programs

Please complete the following questions, so that we can be best prepared to support your child on the first day of school.

Does your child have any of the following? Please check yes or no.	Yes	No
Gifted or Talented IEP (Students with a gifted or talented IEP will have undergone testing and evaluation to determine their need for enrichment services.) If yes, please list the area(s) in which they have been identified as gifted and/or talented _____		
Special Education IEP (Students with a Special Education IEP will have undergone testing and evaluation to determine their need for support services. These students may be receiving Inclusion, Resource, Self-Contained, and or Speech Services.) If yes, please list their exceptionality here _____ If yes, please circle the support services your child qualifies for: Inclusion Resource Self-Contained Speech Occupational Therapy Physical Therapy Counseling Adaptive Physical Education Other _____		
Section 504 Plan/IAP (Students with a Section 504 plan, also known as an IAP, have accommodations to support their academic, emotional or physical needs.) If yes, please list their disability here _____		
If you checked yes to any of the boxes above, does your child require <u>supports to access their physical environment</u> such as wheelchair accessible materials or an enlarged screen to view school work? If yes, please specify the necessary supports here _____		

If you checked "yes" in any of the boxes above, please submit a copy of the IEP or IAP/504 plan.

Does your child require English Language Services? Please check yes or no.	Yes	No
English Language Services (Students who require English Language Services typically live in a home where English is not the primary language. Students can test out of these services after scoring proficient on the ELPT test.)		

Primary/Home Language Survey for All New Incoming Students

Survey should be completed by parents or guardians of
ALL new incoming students K-12.

Student Information:

First Name: _____ Date of Birth: _____
Last Name: _____ Date Entered US School: _____

Questions for Parents or Guardians	Response
What is the most common language(s) spoken in your home?	
Which language did your child learn first?	
Which language does your child use most often at home?	
In what language do you most often speak to your child?	
What language does your child use with friends?	

Has your child received ESL/EL services previously? Yes No

In what language would you prefer to receive information from the school? _____

Parent's or Guardian's Signature

Date

Louisiana Student Residency Questionnaire Form

(Form Must Be Included In School Enrollment Packet)

Date: _____ LEA: _____ School Name: _____
 Student Name: _____ ID#: _____ Gender: Male / Female
 Address: _____ Telephone Number: _____
 Last School Attended: _____ Current Grade: _____ Date of Birth: _____
 Parent / Guardian / Adult Caring for Student: _____ Relationship: _____

Disclaimer: This questionnaire is intended to address the McKinney-Vento Act. Your child may be eligible for additional educational services through Title I Part A, Title I Part C Migrant, Individuals with Disabilities Education Act (IDEA) and/or Title IX, Part A, Federal McKinney-Vento Assistance Act, 42 U.S.C.11435. Eligibility can be determined by completing this questionnaire. It is illegal to knowingly make false statements on this form. If eligible, students are to be immediately enrolled in accordance with Bulletin 741, section 341.

- ☐ YES ☐ NO Is the student's address a temporary living arrangement? (Note: If this is a permanent living arrangement or the family owns or rents their home, sign under item 9 and submit form to school personnel.)
- ☐ YES ☐ NO Is the temporary living arrangement due to loss of housing or economic hardship?
- ☐ YES ☐ NO Does the student have a disability or receive any special education-related services? (Check one)
- Where is the student currently living? (Check all that apply.)

- ☐ In an emergency/transitional shelter.
- ☐ Temporarily with another family because we cannot afford or find affordable housing.
- ☐ With an adult that is not a parent or legal guardian, or alone without an adult.
- ☐ In a vehicle of any kind, trailer park or campground without running water/electricity, abandoned building or substandard housing.
- ☐ Emergency Housing (i.e. FEMA Trailer or FEMA Rental Assistance)
- ☐ In a hotel/motel. ☐ Other specific information: _____

- ☐ YES ☐ NO Does the student exhibit any behaviors that may interfere with his or her academic performance?
- Would you like assistance with uniforms, student records, school supplies, transportation, other?
(Describe): _____
- ☐ YES ☐ NO Migrant – Have you moved at any time during the past three (3) years to seek temporary or seasonal work in agriculture (including Poultry processing, dairy, nursery, and timber) or fishing?
- ☐ YES ☐ NO Does the student have siblings (brothers or sisters)? Note: Use back of page if more space is needed.
 Name _____ School _____ Grade _____ DOB _____
 Name _____ School _____ Grade _____ DOB _____
 Name _____ School _____ Grade _____ DOB _____
- The undersigned certifies that the information provided above is accurate.

Print Parent/Guardian/Adult Caring for Student's Name	Signature	Date
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(Area Code) Phone Number	Street Address	City	State	Zip Code
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Print School Contact Name	Title	Signature	Date
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Homeless Liaison Use Only – Check All that Apply:

☐ Sheltered ☐ Doubled-Up ☐ Unsheltered/FEMA/Substandard ☐ Hotel/Motel Unaccompanied Youth: ☐ YES ☐ NO
School Use Only: ☐ Free or Reduced Price Meals Form submitted/signed ☐ Copy Placed in Student's Cumulative Record

STATE OF LOUISIANA

HEALTH INFORMATION

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN EACH SCHOOL YEAR

PART 1: PARENT OR LEGAL GUARDIAN TO COMPLETE. Parent/Legal Guardian is encouraged to participate in the development of an Individual Health Care Plan if needed. Use additional sheets, if necessary, for further explanation.

Name of School:		Grade:	
Student's Name: Last		Student's Name: First M.I.	
Student's Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	State or Country of Birth:	
Student's Mailing Address:	City:	State:	Zip Code:
Student's Physical Address:	City:	State:	Zip Code:
Name of Mother or Legal Guardian:	Home Phone: ()	Work Phone: ()	Cell Phone: () Employer:
Name of Father or Legal Guardian:	Home Phone: ()	Work Phone: ()	Cell Phone: () Employer:
Name of child's pediatrician or primary care provider:		Names of medical specialists or special clinics caring for your child:	
Parent or Legal Guardian Signature _____ Date _____			
Please check the type of health insurance your child has: <input type="checkbox"/> Private <input type="checkbox"/> Medicaid/LaCHIP <input type="checkbox"/> None If your child does not have health insurance, would you like information on no cost health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
In case of emergency—if parent or legal guardian cannot be reached—contact the following: Name _____ Complete Phone Number () _____			
My child has a medical, mental, or behavioral condition that may affect his/her school day: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please complete Part 2.)			

PART 2: COMPLETE ALL BOXES THAT APPLY TO YOUR CHILD. Parent/Legal Guardian is responsible for providing the school with any medication and may be responsible for providing the school with any special food or equipment that the student will require during the school day. Check with the school nurse to obtain correct medication and procedure forms.

☐ **ALLERGIES**

Allergy Type:

- ☐ Food (list food(s)) _____
☐ Insect sting (list insect(s)) _____
☐ Medication (list medication(s)) _____
☐ Other (list) _____

Reactions: (Date of last occurrence if yes.)

- ☐ Coughing (Date: _____) ☐ Hives (Date: _____) ☐ Rash (Date: _____)
☐ Difficulty breathing (Date: _____) ☐ Local swelling (Date: _____) ☐ Wheezing (Date: _____)
☐ Generalized swelling (Date: _____) ☐ Nausea (Date: _____) ☐ Other (Date: _____)

Currently prescribed medications and treatments:

- ☐ Oral antihistamine (Benadryl, etc.) ☐ Epi-pen ☐ Other _____

☐ **ASTHMA**Triggers: ☐ Environmental (i.e., tobacco, dust, pets, pollen, etc.) (list) _____ ☐ Other (list) _____Does your child experience asthma symptoms with exercise? ☐ No ☐ Yes

Symptoms:

- ☐ Chest tightness, discomfort, or pain ☐ Difficulty breathing ☐ Coughing ☐ Wheezing ☐ Other _____

Currently prescribed medications and treatments: _____

Date of last hospitalization related to asthma _____ Date of last emergency room visit related to asthma _____

Does your child have a written asthma management plan? ☐ No ☐ YesIs peak flow monitoring used? ☐ No ☐ Yes

☐ DIABETES**Currently prescribed medications and treatments:**

- ☐ Insulin: ☐ Syringe ☐ Pen ☐ Pump
☐ Blood sugar testing
☐ Glucagon
☐ Oral medication(s) List medication(s) _____

Is special scheduling of lunch or Physical Education required? ☐ No ☐ Yes

☐ SEIZURE DISORDER**Type of seizure:**

- ☐ Absence (staring, unresponsive) ☐ Complex Partial ☐ Generalized Tonic-Clonic (Grand Mal/Convulsive)
☐ Other (explain) _____

Physical Education Restrictions: ☐ No ☐ Yes

Medication(s): ☐ No ☐ Yes List medication(s) _____

Date of last seizure _____ Length of seizure _____

☐ OTHER HEALTH CONDITIONS

- ☐ Anemia ☐ ADD/ADHD ☐ Cancer ☐ Cerebral Palsy ☐ Chicken Pox ☐ Cystic Fibrosis
☐ Depression ☐ Digestive disorders ☐ Emotional/Psychological ☐ Juvenile Rheumatoid Arthritis
☐ Hemophilia ☐ Heart condition ☐ Physical disability ☐ Sickle Cell Disease ☐ Skin disorders
☐ Speech problems ☐ Other (explain) _____

Physical Education Restrictions: ☐ No ☐ Yes (explain): _____

Medication(s): ☐ No ☐ Yes List medication(s) _____

Special procedures required (i.e., catheterization, oxygen, gastrostomy care, tracheostomy care, suctioning): ☐ No

☐ Yes (explain): _____

Special diet required (i.e., blended, soft, low salt, low fat, liquid supplement): ☐ No ☐ Yes (explain): _____

Are there anticipated frequent absences or hospitalizations? No Yes

(explain): _____

☐ VISION CONDITIONS

- ☐ Contacts/glasses
☐ Other _____

☐ HEARING CONDITIONS

- ☐ Hearing aid(s)
☐ Other _____

☐ ENVIRONMENTAL ADJUSTMENTS DUE TO A HEALTH CONDITION

Special school environmental adjustments of the school environment or schedule: ☐ No ☐ Yes (explain): _____

(i.e., seizures, limitations in physical activity, periodic breaks for endurance, part-time schedule, building modifications for access)

Special school environmental adjustments to classroom or school facilities: ☐ No ☐ Yes (explain): _____

(i.e., temperature control, refrigeration/medication storage, availability of running water)

Special safety considerations: ☐ No ☐ Yes (explain): _____

(i.e., special precautions in lifting, positioning, special transportation emergency plan, special safety equipment, special techniques for positioning, feeding)

Special assistance with activities of daily living: ☐ No ☐ Yes (explain): _____

(i.e., eating, toileting, walking)

PART 3: SCHOOL NURSE TO COMPLETE if parent/legal guardian indicates medical condition.

School Nurse Signature

Date

Notes:

RETURN COMPLETED FORM TO SCHOOL NURSE/HEALTH OFFICE AS SOON AS POSSIBLE

PARENT/STUDENT CONTRACT

Because you have chosen Kenilworth Science & Technology (KST), we anticipate that you will accept the rights of members of our community and your responsibilities to them. We ask you carefully read over, initial and sign the contracts on this page, and as the year unfolds, do your best to behave in ways that will enhance your own and other's ability to learn.

Student's Commitment

- I will follow the requirements of the KST Student Handbook. **Initial:** _____
- I will set my goal to go to a college. **Initial:** _____
- I will come to class on time with all necessary materials and supplies. **Initial:** _____
- I will come to school every day dressed appropriately in my uniform according to the handbook uniform policy. **Initial:** _____
- I will attend 100% of each class. I am aware that missing 10% of class/school will result in a failing class/grade. **Initial:** _____
- I will not bring any forbidden items to school such as cell phone, mp3 player, etc... I understand that KST has a right to keep the item until the end of school year. School will not be responsible for lost or stolen devices. **Initial:** _____
- I will make good use of class time, asking permission to speak, doing my best on school work, turning in complete assignment and homework on time, and letting others do their work. **Initial:** _____
- I will ask for help, in a courteous way, and at an appropriate time when I need it or do not understand. **Initial:** _____
- I will show careful regard for my property and the property of others, asking permission to borrow others' things and returning them promptly in a good condition. **Initial:** _____
- I will show respect for myself and others, showing consideration for others' rights and feelings, not using profanity, intimidation, threats or uncomplimentary names for myself, fellow students, and all those who work at the school, guests, or families of KST school community. **Initial:** _____
- I will be careful not to hurt myself or others physically by walking safely, not touching others, not fighting, not bringing any contraband to school, and not leaving school grounds without permission. **Initial:** _____

Parent/Guardian's Commitment

- I/We will make sure that my/our child attends 100% of each class. I am aware that missing 10% of class/school (excused or unexcused) will result in failing class/grade and be subject to truancy by State Law. **Initial:** _____
- I/We will see that my/our child comes to KST every day on time. **Initial:** _____
- I/We will purchase uniforms for my child from KST, and ensure my child abides by the Dress Code according to the handbook uniform policy. **Initial:** _____
- I/We will make sure that my/our child attends after-school programs, such as tutoring or mentoring, and Saturday tutoring/detentions when assigned. **Initial:** _____
- I/We will communicate with teachers and administrators by attending parent conferences and mandatory meetings and by keeping student's contact information up to date. **Initial:** _____
- I/We understand that, it is my/our responsibility to get information about our child's academics, attendance, and discipline on a regular basis from the homeroom teacher or front office. **Initial:** _____

- I/We understand that our child must follow the rules, as set forth in the KST Student Handbook, so as to protect the safety, interest, and the rights of all individuals at school. **Initial:** _____
- I will attend monthly meetings of Parent Teacher Organization (PTO). **Initial:** _____
- I/We will provide volunteer services to the school. **Initial:** _____
- I/We will help my/our child to learn not to fight or bully in school, whatever the circumstances are. **Initial:** _____
- I/We will make sure that my child will be at the bus station before the school bus comes by and if he/she misses the bus, I/We will provide transportation for my/our child to the school. **Initial:** _____
- I/We will provide transportation to and from school for my child, whenever necessary such as after school tutoring, after school detention, Saturday tutoring or Saturday detention. **Initial:** _____
- I/We understand that our child cannot bring any forbidden items to school such as cell phone, mp3 player, etc... I/We understand that KST has a right to keep the item until the end of school year. School will not be responsible for lost or stolen devices. **Initial:** _____
- I/We as parents/legal guardians authorized Kenilworth Science & Technology Charter School, Pelican Educational Foundation, and the Louisiana State University College of Education to use photographs and audio/video/recordings of my child, taken during educational activities and events related to the school and LSU College of Education programs. **Initial:** _____
- I/We release KST of all liability concerning injury while my student is participating in recess or while waiting outside before or after school or while attending field trip. **Initial:** _____
- I/We consent to my child receiving first aid treatment provided by school nurse. **Initial:** _____
- I/We understand that my child must comply with the rules regarding the school Library and Classroom libraries. A child may check 2 books out at a time from the Library for a 2 week (10 day) period of time. I understand a 10 cent late fee is charged per day for book(s) not returned on time. If a book is damaged or lost, the child is responsible for replacing or paying for the cost of the book. **Initial:** _____
- I/we permit my child to use the Library computers containing internet access without my supervision and will not hold KST responsible for the contents of the Internet. I understand that if my child refuses to follow the Computer Guidelines, he or she may be prohibited from future use of the Library computers. **Initial:** _____.

I/We understand that by not fulfilling my/our contractual obligations to the school and to my child, this may result to be taken a disciplinary action according to the KST student handbook.

Together we can make a difference!

Student's Name

Student's Signature

Date

Parent/Guardian's Name

Parent Guardian's Signature

Date



Student Records Release Authorization

Student Information

Student's Full Name: _____

Student's Date of Birth: _____ Home Phone: _____

Student's Address: _____

Prior School Information

Name of Prior School: _____

School's Address: _____

School's Phone: _____ School's Fax: _____

Authorization Signature

Name of Parent/Guardian: _____

Signature: _____ Date: _____

*By my signature above, I give permission to release all records from his/her school to
Kenilworth Science & Technology Charter School*

Send student records to:

School Admission
Kenilworth Science & Technology Charter School
7600 Boone Ave
Baton Rouge, LA 70808
or
Fax to: (225) 767-9061



Google Apps for Education & Chromebooks Permission Form

With an ever-evolving technological world around us, we want our students to be prepared and equipped with the skills necessary to be successful in today's society. Kenilworth is offering an online service for its students called Google Apps for Education and the opportunity to use Chromebooks. Google Apps for Education is an internet based group of tools similar to Microsoft Office which will allow students to create and store documents, access information, study, and collaborate with students and teachers through the internet. Students can access Google Apps for Education while at school, but students can also access the online service outside of school from anyplace that they have access to the internet. Google provides Google Apps for Education free to educational institutions such as Kenilworth, and the online service is used by thousands of K-12 schools and major universities throughout the nation. The Google Apps for Education homepage can be found at <http://www.google.com/enterprise/apps/education/>. With the use of these tools, we must also ensure that our students are being safe digital citizens and following school guidelines.

While using the Chromebooks and Google for Education Apps, students should adhere to the following guidelines:

- **Respect Yourself:** I will show respect for myself through my actions. I will select online names that are appropriate. I will use caution with the information, images, and other media that I post online. I will carefully consider what personal information about my life, experiences, or relationships I post. I will not be obscene. I will act with integrity.
- **Protect Yourself:** I will ensure that the information, images, and other media that I post online will not put me at risk. I will not publish my personal details, contact information, or a schedule of my activities. I will report any attacks or inappropriate behavior directed at me while online. I will protect passwords, accounts, and resources.
- **Respect Others:** I will show respect to others by not using electronic ways to antagonize, bully, harass, or stalk people. I will show respect for other people in my choice of websites: I will not visit sites that are degrading to others, pornographic, racist or inappropriate. I will not enter other people's private spaces or areas.
- **Protect Others:** I will protect others by reporting abuse and not forwarding inappropriate materials or communications. I will avoid unacceptable materials and conversations.

*****If your child damages a Chromebook in any way, the parent is responsible for paying a fine of \$50. Should a student owe this fine, they must pay it before receiving their final report card.**

These are the laws and policies that help to protect our students online:

Family Educational Rights and Privacy Act (FERPA): FERPA protects the privacy of student education records and gives parents the rights to review student records. Under FERPA, schools may disclose directory information but parents may request the school not disclose this information. Parents are provided the opportunity annually to opt out of disclosing their student's directory information on the District's Enrollment Form. --FERPA – <http://www.ed.gov/policy/gen/guid/fpco/ferpa>

Children's Online Privacy Protection Act: (COPPA) COPPA applies to commercial companies and limits their ability to collect personal information from children under 13. By default, advertising is turned off for Bloomfield Hills presence in Google Apps for Education. No personal student information is collected by Google for commercial purposes. This permission form allows the school to act as an agent for parents in the collection of information within the school context. The school's use of student information is solely for education purposes. Student information that is "collected" by Google is described as (projects, documents, email, files, username and password). --COPPA – <http://www.ftc.gov/privacy/coppafaqs.shtml>

Child Internet Protection Act (CIPA): The school is required by CIPA to have technology measures and policies in place that protect students from harmful materials including those that are obscene and pornographic. This means that student internet access is filtered.



By signing below, I confirm that I have read and understand the following: Under FERPA and corresponding Louisiana law, a student's education records are protected from disclosure to third parties. I understand that my student's education records stored in Google Apps for Education may be accessible to someone other than my student and KST by virtue of this online environment. My signature below confirms my consent to allow my student's education record to be stored by Google. I understand that by participating in Google Apps for Education, information about my child will be collected and stored electronically. I have read the privacy policies associated with use of Google Apps for Education (<http://www.google.com/a/help/intl/en/edu/privacy.html>).

I understand that I may ask for my child's account to be removed at any time.

_____ YES, I give permission for my child to be assigned a full Kenilworth Google Apps for Education account. This means my child will receive an Google account, access to Chromebooks, Google Docs, Calendar, and Sites.

_____ NO, I do not give permission for my child to be assigned a full Kenilworth Google Apps for Education account. This means my child will NOT receive an account or access to Chromebooks, Google Docs, Calendar, and Sites.

Do you have a reliable internet connection accessible at home? ___Yes ___No

Does your child have a personal computer available at home to do school work? ___Yes ___No

Student Name: (Print) _____

Parent/Guardian Signature: _____

Date: _____

Please sign and return this form with the rest of the enrollment packet.