

**Middletown Unified School District**  
**20932 BIG CANYON ROAD, MIDDLETOWN, CALIFORNIA 95461**  
**(707) 987-4100 FAX: (707) 987-4105**

Middletown High School  Middletown Middle School  Loconoma   
 Cobb Mountain Elementary  Coyote Valley Elementary

**ENROLLMENT FORM K-12**

Date: \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
City, State Country

If your child was not born in the United States, when did your student first attended school in California?

Date:	School attended:	Grade level:
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If your child attended school outside of California, when did the student first begin attending in California? Date: \_\_\_\_\_

Child's Home Address \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address \_\_\_\_\_

**PRIMARY PARENT(S) OR GUARDIAN(S) WITH WHOM STUDENT RESIDES**

Check one: Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian <input type="checkbox"/>	Check one: Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/>
Name: _____ <small>Last First</small>	Name: _____ <small>Last First</small>
* <input type="checkbox"/> Primary Phone:	* <input type="checkbox"/> Primary Phone:
* <input type="checkbox"/> Cell Phone:	* <input type="checkbox"/> Cell Phone:
* <input type="checkbox"/> Work Phone:	* <input type="checkbox"/> Work Phone:
* Please indicate, by checking the box above, which phone would be best to receive automated messages from school.	
Email Address: _____	Email Address: _____

Has your child ever attended any school in Middletown Unified School District before ?  Yes  No

If Yes, Date of last attendance \_\_\_\_\_ School \_\_\_\_\_ Grade Level \_\_\_\_\_

**CHILD'S ETHNICITY (Please check one):**  Hispanic or Latino  Not Hispanic or Latino

WHAT IS YOUR CHILD'S RACE? (Please check up to five racial categories) The above part of the question is about the ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> 100 American Indian or Alaskan Native | <input type="checkbox"/> 205 Asian Indian | <input type="checkbox"/> 301 Hawaiian               | <input type="checkbox"/> 400 Filipino/Filipino American |
| <input type="checkbox"/> 201 Chinese                           | <input type="checkbox"/> 206 Laotian      | <input type="checkbox"/> 302 Guamanian              | <input type="checkbox"/> 600 African American or Black  |
| <input type="checkbox"/> 202 Japanese                          | <input type="checkbox"/> 207 Cambodian    | <input type="checkbox"/> 303 Samoan                 | <input type="checkbox"/> 700 White                      |
| <input type="checkbox"/> 203 Korean                            | <input type="checkbox"/> 208 Hmong        | <input type="checkbox"/> 304 Tahitian               |   |
| <input type="checkbox"/> 204 Vietnamese                        | <input type="checkbox"/> 209 Other Asian  | <input type="checkbox"/> 399 Other Pacific Islander |   |

**PARENT EDUCATION LEVEL:** Select the education level of the student's *most highly educated* parent or guardian. Check one.

Not a high school graduate  
 High School graduate

Some College  
 College Graduate

Graduate School/Post Grad Training  
 Decline to state or unknown

**ADDITIONAL ENROLLMENT/PLACEMENT INFORMATION:**

My son/daughter has participated in the following special program (s): Please mark all boxes that apply.					
Special Education	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	English Language Development (ELD)
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Special Day Class (SDC)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	504 Plan
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Resource Specialists Program (RSP)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Other:
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Speech & Language Program	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Specify Other:
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

**OTHER PARENT OR LEGAL GUARDIAN INFORMATION not listed on page 1, if applicable.**

Check if duplicate mailing is authorized to non-custodial parent/legal guardian.

Check one: Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian <input type="checkbox"/>	Check one: Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/>
Name: _____ Last First	Name: _____ Last First
Mailing Address: _____	Mailing Address: _____
City, State, Zip: _____	City, State, Zip: _____
* <input type="checkbox"/> Primary Phone:	* <input type="checkbox"/> Primary Phone:
* <input type="checkbox"/> Cell Phone:	* <input type="checkbox"/> Cell Phone:
* <input type="checkbox"/> Work Phone:	* <input type="checkbox"/> Work Phone:
Email Address:	Email Address:

**OTHER CHILDREN IN THE FAMILY:**

First and Last Name:	School Attending:	Grade:

**HEALTH INFORMATION**

Health Insurance Company:	Policy No.:
Address:	Phone No.:

**PERMISSION FOR MEDICAL RECORDS:**

I/We GIVE consent to the Middletown Unified School District to receive from or send to the doctors listed above any information concerning the health and safety of my child. (Doctors or dentist may also require parent permission to release information.)

Yes  No

Student's Physician: \_\_\_\_\_  
 Doctor Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's Dentist: \_\_\_\_\_  
 Dentist Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>HEALTH PROBLEMS: Check all that apply.</b>			
Asthma	<input type="checkbox"/>	Physical Limitations	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Seizure Disorder	<input type="checkbox"/>
Ear Problems (History of)	<input type="checkbox"/>	Vision Loss Right <input type="checkbox"/> Left <input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Hearing Loss Right <input type="checkbox"/> Left <input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Heart Problem	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Wears Glasses	<input type="checkbox"/>	For close work <input type="checkbox"/> For distance only <input type="checkbox"/> At all times <input type="checkbox"/>	
Wears Hearing Aide	<input type="checkbox"/>	Right ear <input type="checkbox"/> Left ear <input type="checkbox"/>	
Description and date of serious injuries, operations, or physical handicap:			

**ALLERGIES:**

Please check all that apply.

None <input type="checkbox"/>	Animals <input type="checkbox"/>	List specific item(s) student is allergic to:
Food <input type="checkbox"/>	Insects <input type="checkbox"/>	Describe allergic reaction or treatment:
Drugs <input type="checkbox"/>	Bee Sting <input type="checkbox"/>	

**Current Medications:  yes  No**

If yes, Name of Medication (s)	Dosage	Time Taken	Purpose

**EMERGENCY MEDICAL AUTHORIZATION**

I am the parent/guardian of the above named, student, in case I am unable to be reached during any emergency I hereby authorize a representative of the school, pursuant to the provisions of Family Code Section 6910, to act as any agent to consent to the giving of any and all medical, dental, hospital or surgical care to the above named student to the above named student.

On \_\_\_\_\_ at \_\_\_\_\_, California.  
 Date City

Parent/Guardian Signature (s) \_\_\_\_\_.

## EMERGENCY CONTACTS

Every attempt will be made to reach the parent/guardian with whom the student resides, at home or at work. Please provide up to 4 additional contacts if the parent/guardian cannot be reach in case of an emergency.

EMERGENCY CONTACT #1		EMERGENCY CONTACT #2	
Name:		Name:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Relationship:		Relationship:	

EMERGENCY CONTACT #3		EMERGENCY CONTACT #4	
Name:		Name:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Relationship:		Relationship:	

### MEDIA PERMISSION

- I GIVE permission for my student to be observed, interviewed, photographed and/or filmed when a representative of the media had been permitted by the principal or designee to be on campus.  Yes  No
- I GIVE permission for my student to be observed, interviewed, photographed and/or filmed by the school staff to be used for teacher/parent education and growth.  Yes  No

I have reviewed this five-page document and to the best of my/our knowledge the information contained herein is true and complete.

The undersigned declares under penalty of perjury that they are the parents or legal guardians of the above named student and grant the above authorizations.

Please check the appropriate box, if applicable.

Please check the appropriate box, if applicable.

Co-parent is deceased.

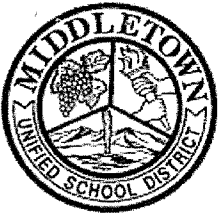
Parent has sole legal custody. Please submit to the school a copy of the court order authorizing sole custody.

### PRIMARY PARENT OR GUARDIAN

Date

Print

Sign



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**PROOF OF RESIDENCE FOR ENROLLMENT**

I am the parent or legal guardian of \_\_\_\_\_, and -OR-  
 \_\_\_\_\_  
 (Please print name (s) of child(ren))

I, \_\_\_\_\_  
 (Your name if you are a student, 18 years old or older - please print)

wish to enroll said child(ren)/myself in Middletown Unified School District. I understand that California law provides for children whose parent./legal guardian lives or resides/an adult student resident in the District to enroll in the District. I reside at the following street address that I believe to be in the Middletown Unified School District.

\_\_\_\_\_  
 (Please print YOUR name)

Property Address \_\_\_\_\_ Rent \_\_\_ Own \_\_\_ Other \_\_\_

Landlord's Name and Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Your home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

I understand that District officials may require proof that I am the parent or legal guardian of the child(ren) or that I am the adult student identified on this form, and that I also must show proof that I reside at the address given on this form.

**A. If you own the property in which you reside, you must supply:** (must be original documents).

1. County tax bill or escrow papers showing residence property address.
2. One utility bill (ex. water, garbage, PGE, phone) bills mailed to you at that address.

**B. If you rent the property in which you reside, you must supply:** (must be original documents).

1. An official Rental Agreement that includes the address of the property, the starting date of residency, landlord's name and phone number along with a copy of your receipt or cancelled check reflecting your most recent rent payment.
2. One utility bill (ex: water, garbage, PGE, phone) mailed to you at that address.

**C. If you live with another family or live in temporary housing (motel, campground),** please complete the McKinney Vento form from the registration packet.

**DECLARATION OF PERSON FILLING OUT FORM** (for parts A and B)

I declare under penalty of perjury that my child(ren)/I sleep at least three school nights per week in the home of the person named above and that the information provided by me, or others, is true and complete to the best of my knowledge, and that this declaration was executed on \_\_\_\_\_ (date), at \_\_\_\_\_, CA. In accordance with State Compliance I have provided required documentation as proof of residence for enrollment of these students.

Should information come to the attention of the District, indicating that false or unreliable evidence of residence has been supplied, and an investigation determined that the student resides outside the District, I am aware that my student(s)/I will be dropped from enrollment and will be required to transfer to his/her resident school district. I will immediately notify the District if I or my student(s) move from this address.

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_

Address and Proof of Residency Verification by: \_\_\_\_\_ Date: \_\_\_\_\_

## REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

**PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN**

CHILD'S NAME—Last

First

Middle

BIRTH DATE—Month/Day/Year

ADDRESS—Number, Street

City

ZIP code

SCHOOL

**PART II TO BE FILLED OUT BY HEALTH EXAMINER**

**HEALTH EXAMINATION**

**NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.**

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
TB Risk Assessment and Test, if indicated	/ /
Blood Test (for anaemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

**IMMUNIZATION RECORD**

**Note to Examiner:** Please give the family a completed or updated yellow California Immunization Record. **Note to School:** Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DTaP/DTp/DTTd (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

**PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and**

**RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN**

**RESULTS AND RECOMMENDATIONS**

Fill out if patient or guardian has signed the release of health information.

- Examination shows no condition of concern to school program activities.
- Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

Please check this box if you **do not** want the health examiner to fill out Part III.

Signature of parent or guardian

Date

Name, address, and telephone number of health examiner

Signature of health examiner

Date

*If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.*

## McKinney-Vento Act Residency and Educational Rights Information

(questionnaire must be completed for each student)

The McKinney-Vento Homeless Assistance Act was created with the goal of ensuring the enrollment, attendance, and success of homeless children and youth in school.

The McKinney-Vento Act provides certain rights for homeless students. This includes waiving certain requirements such as proof of residency when students are enrolling and allowing eligibility for certain services, such as free textbooks.

When families and students find themselves in transition due to their housing situation, it is important that they know their rights regarding education. If students meet the requirements as stated in the McKinney-Vento Act (42 U.S.C 11431 et seq., Title VII, Subtitle B), their rights are as follows:

- Students may attend their school of origin or the school where they are temporarily residing.
- Students must be provided a written statement of their rights when they enroll and at least two additional times per year.
- Students may enroll without school, medical or similar records.
- Students have a right to transportation to school.
- Students must be provided a statement explaining why they are denied enrollment or any other services.
- Students must receive services, such as transportation, while disputes are being settled.
- Students are automatically eligible for Title I services. *Educational services for which the homeless student meets eligibility criteria including services provided under Title I of the Elementary and Secondary Education Act or similar State or local programs, educational programs for students with limited English proficiency.*

According to the U.S. Department of Education, people living in the following situations are considered homeless:

- Doubled up with family or friends due to loss of housing or economic hardship
- Living in motels and hotels for lack of other suitable housing
- Runaway and displaced children and youth – Unaccompanied Youth
- Homes for unwed or expectant mothers for lack of a place to live
- Homeless and domestic violence shelters
- Transitional housing programs
- The streets
- Abandoned buildings
- Public places not meant for housing
- Cars, trailers (does not include mobile homes intended for permanent housing), and campgrounds
- Awaiting foster care
- Migratory children staying in housing not fit for habitation

**Please complete the form on the reverse side of this document and return to your school office.**

Questions may be directed to your Principal, Superintendent, or Wendy Gattoni, Healthy Start Coordinator (707) 987-4100 ext. 8117.

**McKinney-Vento Residency Form**

**Student Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Grade Level** \_\_\_\_\_

The McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act) defines “homeless” as “individuals who lack a fixed, regular, and adequate nighttime residence.” This includes children who “are temporarily sharing the housing of other persons due to the loss of housing or economic hardship.”

*Does not apply; student is not homeless*

**Please check one of the following statements if your family is experiencing temporary homelessness:**

*Living in a shelter, including transitional housing shelters (i.e. The Rise, Stepping Stones); awaiting foster care, etc. Please provide name of shelter: \_\_\_\_\_ and address: \_\_\_\_\_*

*Living on the streets, abandoned buildings, in cars, trailers, campgrounds, public places, housing not fit for habitation--Please provide information regarding area in which student is living: \_\_\_\_\_*

*Living in hotels/motels for lack of other suitable housing – Please list name and address of hotel/motel: \_\_\_\_\_*

*Doubled-up; Temporarily living with family or friends due to lack of adequate housing or financial conditions. Please provide address of where student is living: Address: \_\_\_\_\_*

**Please answer the following if you checked one of the four boxes above:**

How long do you expect to be at this address? \_\_\_\_\_

Are you seeking permanent housing? \_\_\_\_\_

Date student moved to this address: \_\_\_\_\_

Is a parent living in the home with the student? \_\_\_\_\_

If no, with whom is student living? \_\_\_\_\_ Relationship: \_\_\_\_\_

We have read the information provided and indicated our living circumstances above with regard to the McKinney-Vento Act:

\_\_\_\_\_  
Signature of Parent/Guardian/Unaccompanied Youth      Date

Office Use Only:

\_\_\_\_\_ Does Qualify under McKinney-Vento Act      \_\_\_\_\_ Does NOT Qualify

\_\_\_\_\_  
McKinney-Vento Liaison/Appointee Signature      Date



# HOME LANGUAGE SURVEY

Name of Student: \_\_\_\_\_ (Surname / Family Name) \_\_\_\_\_ (First Given Name) \_\_\_\_\_ (Second Given Name)

Age of Student: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

## Directions to Parents and Guardians:

The California *Education Code* contains legal requirements which direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed.

1. Which language did your child learn when he/she first began to talk? \_\_\_\_\_
2. Which language does your child most frequently speak at home? \_\_\_\_\_
3. Which language do you (the parents or guardians) most frequently use when speaking with your child? \_\_\_\_\_
4. Which language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adults) \_\_\_\_\_

Please sign and date this form in the spaces provided below, then return this form to your child's teacher. Thank you for your cooperation.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**MIDDLETOWN UNIFIED SCHOOL DISTRICT**  
**STUDENT USE OF TECHNOLOGY - ACCEPTABLE USE AGREEMENT**

The mission of Middletown Unified School district is to improve learning and teaching through interpersonal communication, student access to information, research, teacher training, collaboration and dissemination of successful educational practices, methods, and materials.

**Right and Responsibilities:** The District will be connected to the internet through the Lake County Office of Education. This connection will provide access to local, national and international sources of information and collaboration vital to intellectual inquiry in a democracy. In return for this access, every digital library user has the responsibility to respect and protect the rights of every other user in our community and on the internet. Students are expected to act in a responsible, ethical and legal manner, in accordance with the District Internet Code of Conduct, the missions and purposes of the other networks they use on the internet, and the laws of the State of California and the United States.

**District Internet Code of Conduct:** The Internet Code of Conduct applies to all users of the District network. It reads: " I will strive to act in all situations with honesty, integrity and respect for the rights of others and to help others to behave in a similar fashion. I will make a conscious effort to be of service to others and to the community. I agree to follow the access, usage, and content rules as stated below."

**Usage Guidelines:** The internet user is held responsible for his/her actions and activity within his/her access. Unacceptable uses of the network will result in suspension or revoking of these privileges. Some examples of such unacceptable use are:

1. Using the network for any illegal activity, including violation of copyright or other contracts;
2. Using the network for financial or commercial gain;
3. Degrading or disrupting equipment, software or system performance.
4. Vandalizing the data of another user;
5. Wastefully using finite resources;
6. Gaining unauthorized access to resources or entities;
7. Invading the privacy of individuals;
8. Using an account owned by another user;
9. Posting personal communications without the original author's consent;
10. Posting anonymous messages;
11. Downloading, storing or printing files or messages that are profane, obscene, or that use language that offends or tends to degrade others;
12. Violating the content Guidelines as outlined below.

**Content Guidelines:** Students will be allowed to produce materials for electronic publication on the Internet. Network administrators will monitor these materials to ensure compliance with content standards. The content of student materials is contained by the following restrictions:

1. No personal information about a student will be allowed. This includes home telephone numbers and addresses as well as information regarding the specific location of any student at any given time.
2. All student works must be signed with the student's full name.
3. Individuals in pictures, movies or sound recordings may be identified only by initials (e.g. JOP for John Q. Public). Absolutely no first or last names may appear in reference to individuals in any image, movie or sound recording.
4. No text, image, movie or sound that contains pornography, profanity, obscenity, or language that offends or tends to degrade others will be allowed.
5. NETiquette-Users are expected to abide by the generally accepted rules of network etiquette. These include (but are not limited to) the following"
  - a. Be polite. Do not get abusive in your messages to others.
  - b. Use appropriate language. Do not swear, use vulgarities or any other inappropriate language.

- c. Do not reveal personal addresses, phone numbers, or passwords of students, teachers, administrators, and yourself.
- d. Note that electronic mail (e-mail) is not guaranteed to be private. People who operate the system do have access to all mail. Messages relating to or in support of illegal activities may be reported to the authorities. Illegal activities are strictly forbidden.
- e. Do not use the network in such a way that you would disrupt the use of the network by other users.
- f. All communications and information accessible via the network should be assumed to be private property (i.e. copyrighted)
- g. Hate mail, harassment, discriminatory remarks and other antisocial behaviors are prohibited on the network. Therefore, any messages should not contain profanity, obscene comments, sexually explicit material, expressions of bigotry or hate.
- h. Student subscriptions to Listservs are not allowed.
- i. From time to time, district system administrators will make determinations on whether specific uses of the network are consistent with the acceptable use practice.

**Middletown Unified School District Consent and Waiver Form:** By signing the District Acceptable Use Agreement, the requester and his/her parent(s) or guardian(s) agree to abide by the restrictions outlined in this Agreement policy. The student and his/her parent(s) or guardian(s) should discuss these right and responsibilities. Ultimately, parent(s) and guardian(s) of minors are responsible for setting and conveying the standards that their child or ward should follow. To that end, the District supports and respects each family's right to decide whether or not to apply for Internet access.

The specific conditions and services being offered may change from time to time. The District makes no warranties with respect to Internet service or content. Further, the requester and his/her parent(s) or guardian(s) should be aware that the District does not have control of the information on the Internet nor can it provided barriers to account holders accessing the full range of information available.

Other sites accessible via the Internet may contain material that is illegal, defamatory, inaccurate or potentially offensive to some people. Similarly, while the District supports the privacy of electronic mail, account users must assume that this cannot be guaranteed.

The District believes that the benefits to educators and students from access to the Internet, in the form of information resources and opportunities for collaboration, far exceed any disadvantages of access. We hope you and your student will join us on the Internet.

### ACCEPTABLE USE AGREEMENT

**Student:** I understand and will abide by the above Acceptable Use Agreement. I further understand that any violation of the regulations above is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action may be instituted.

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Parent or Guardian:** As the parent or guardian of this student, I have read the Acceptable Use Agreement, I understand that this access is designed for educational purposes. I recognize it is impossible for the District to restrict access to all controversial materials, and I will not hold the District (or any of its personnel) responsible for materials acquired on the network. Further, I accept responsibility for supervision if and when my child's use of downloaded material is not in a school setting. I hereby give my permission to allow Internet access for my child. I authorize the Middletown Unified School District to enforce the above provisions against my child, on my behalf.

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date