

**HEBER-OVERGAARD UNIFIED SCHOOL DISTRICT NO. 6
STUDENT REGISTRATION**

DATE: _____ SCHOOL YEAR: _____ GRADE _____

	LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME
STUDENT INFORMATION			

PREFERRED NAME	DATE OF BIRTH	PLACE OF BIRTH (State & Country)

STUDENT RESIDENCE _____

Gender: M F

Both Parts **MUST** be answered

Part 1: Ethnicity (choose one) <input type="checkbox"/> Hispanic/Latino – A person who is Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. <input type="checkbox"/> Not Hispanic/Latino	Part 2: Race (Choose one or more regardless of Ethnicity) <input type="checkbox"/> American Indian or Alaska Native (A person having origins in any of the original peoples of North, South and Central America) <input type="checkbox"/> Asian (A person having origins in any of the original peoples of the Far East, South East Asia, or the Indian subcontinent.) <input type="checkbox"/> Black or African American (A person having origins in any of the black racial groups of Africa.) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (A person having origins Hawaii, Guam, Samoa, or other Pacific Islands.) <input type="checkbox"/> White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)
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Student Primary Home Language

1.	What is the primary language used in the home regardless of the language spoken by the student?
2.	What is the language most often spoken by the student?
3.	What is the language that the student first acquired?

	RELATIONSHIP (circle One)	TITLE	LAST NAME	FIRST NAME
PARENT/GUARDIAN INFORMATION	Father Stepfather Guardian	Mother Stepmother Other	Mr. Mrs. Dr. Ms.	

PLEASE CIRCLE		PLEASE CIRCLE	
Legal Custody?	YES	NO	Student Resides Here?
Ok to Pick-up?	YES	NO	Contact Allowed?
Should Receive School Mail?	YES	NO	Person Responsible for Student?
			YES NO

MAILING ADDRESS (Please include City)	LOCATIONAL ADDRESS (Please include City)

HOME PHONE	EMPLOYER	WORK PHONE	OTHER PHONE (Specify)

	RELATIONSHIP (circle One)	TITLE	LAST NAME	FIRST NAME
PARENT/GUARDIAN INFORMATION	Father Stepfather Guardian	Mother Stepmother Other	Mr. Mrs. Dr. Ms.	

PLEASE CIRCLE		PLEASE CIRCLE	
Legal Custody?	YES	NO	Student Resides Here?
Ok to Pick-up?	YES	NO	Contact Allowed?
Should Receive School Mail?	YES	NO	Person Responsible for Student?
			YES NO

MAILING ADDRESS (Please include City)	LOCATIONAL ADDRESS (Please include City)

HOME PHONE	EMPLOYER	WORK PHONE	OTHER PHONE (Specify)

EMAIL ADDRESS - _____

FERPA attached _____

HEBER-OVERGAARD UNIFIED SCHOOL DISTRICT NO. 6 STUDENT REGISTRATION

Has the student ever attended a school in this District? Y N	
If Yes, which school?	
Date Withdrawn	
Special Custody Considerations:	Paperwork? Y N

Has the student ever been enrolled in a Special Education Program or does the student have any handicapping condition that would affect performance in a regular program? If Yes, please explain	Y	N
Does your child have a current 504 Accommodation Plan?	Y	N
Does your child have a current IEP?	Y	N
Please indicate if your child has been enrolled in any of the following: <input type="checkbox"/> Chapter I <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Resource <input type="checkbox"/> Gifted		

To the best of my knowledge, the information I have provided on this form is accurate and true. I hereby certify that I am the parent (with legal custody, if separated or divorced) or legal guardian of my student:	
_____	Print Student Name
Signature of Parent/Guardian	Date

Student Residency – The McKinney-Vento Homeless Education Assistance Improvement Act 42 U.S.C. 11435

1. Is your current address a temporary living arrangement? Yes No
2. Is this temporary living arrangement due to loss of housing or economic hardship?
 Yes No

If YES, Please fill out supplemental form

Domicilio del estudiante – Ley: Act 42 U.S.C. 11435: McKinney-Vento (información sobre estudiantes que no tienen domicilio.)

1. ¿Su dirección actual es temporánea? Sí No
2. ¿Es esta situación temporánea por pérdida de su casa o por otra dificultad económica? Sí No
 Si responde que "Sí", hay que llenar otra forma para proveer más información. Gracias.

STUDENT CONTACT INFORMATION SHEET SCHOOL YEAR _____ GRADE _____

STUDENT NAME	
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PARENTS' NAME(S)	
MAILING ADDRESS	
STREET ADDRESS	
HOME PHONE	

DAD'S WORK		PHONE:
MOM'S WORK		PHONE:

	LAST NAME	FIRST NAME
EMERGENCY CONTACT		

RELATIONSHIP (Circle One)	PLEASE CIRCLE	PHONE
Grandma Grandpa Aunt Uncle Neighbor Friend	Ok to Pick-up? YES NO	

MEDICAL INFORMATION – EMERGENCY TREATMENT

Occasionally we have students who come to the Nurse's Office during school hours with complaints of illness or injury. According to School District Policy and under guidelines by Arizona Department of Health Services, the District is required to have written parent/guardian permission to administer **any type** of medication. This includes both over-the-counter and prescription medication.

Please complete the following to authorize the Nurse's Office to administer Tylenol, antibiotic ointment or cough drops when indicated to your child. Also, complete the following in order to permit school personnel to seek emergency medical treatment for your child in the event of a medical emergency.

STUDENT NAME:	DOB:	GRADE:
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CURRENT MEDICAL CONDITION:

KNOWN MEDICAL ALLERGIES (Please List):

LIST ANY DAILY MEDICATIONS:

CHILD'S PHYSICIAN:	PHONE:
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I give permission for my child _____ to be transported in case of emergency and to be medically treated if I am unable to be contacted.

Parent/Guardian

Phone

Date

Family Physician

Phone

State of Arizona
Department of Education
Office of English Language Acquisition Services
**Primary Home Language Other Than English (PHLOTE)
Home Language Survey**
(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. **What is the primary language used in the home regardless of the language spoken by the student?** _____
2. **What is the language most often spoken by the student?** _____
3. **What is the language that the student first acquired?** _____

Student Name _____ Student ID _____
Date of Birth _____ SAIS ID _____
Parent/Guardian Signature _____ Date _____
District or Charter _____
School _____

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.

1535 West Jefferson Street, Phoenix, Arizona 85007 • 602-542-0753 • www.azed.gov/oelas

Dear Parents,

Keeping you informed is a top priority at the Heber-Overgaard School District. That's why we have adopted the **SCHOOL MESSANGER** Notification Service which will allow us to send a telephone or e-mail message to you providing important information about school events or emergencies. We anticipate using **SCHOOL MESSANGER** to notify you of school delays or cancellations due to inclement weather, as well as remind you about various events, including report card distribution, parent-teacher conferences, open house, field trips, and more. In the event of an emergency at school, you can have peace of mind knowing that you will be informed immediately by phone.

The successful delivery of information is dependent upon accurate contact information for each student, so please make certain that we have your most current phone numbers and email address. If this information changes during the year, please let us know immediately.

Please return the form below to the school secretary. Note that the primary phone number will be called for standard and emergency calls; the emergency numbers will only be used in an emergency, and all will be dialed simultaneously. Thank you for your cooperation and if you have any questions, please don't hesitate to contact us.

We are very excited to incorporate **SCHOOL MESSANGER** as a tool to improve parent communication and look forward to having the ability to deliver real time information to you and provide awareness of all the great events that take place within the school.

Sincerely,

Leadership TEAM for Heber-Overgaard Schools:

Ron Tenney

Reed Porter

Jim Maner

**Heber Overgaard USD #6
PO Box 820
Heber, AZ 85928**

DATE: _____

PREVIOUS: _____
SCHOOL _____

REQUEST FOR AND RELEASE OF INFORMATION

STUDENT: _____

BIRTHDATE: _____

GRADE: _____

Please send the following information:

- Arizona SAIS number (If student is from an Arizona school)
- Grade records through withdrawal date
- Last Report Card
- Explanation of your grading system
- Record of Immunizations
- Copy of Birth Certificate
- Standardized test records
- Discipline Records
- Special Education Records, including I.E.P.

Mail or fax to:

Mountain Meadows Primary	Capps Middle School	Mogollon Jr. High	Mogollon High School
Attn: Elwanda Reidhead	Attn: Shirley Heeringa	Attn: Paula Hunt	Attn: Paula Hunt
PO Box 40	PO Box 820	PO Box 297	PO Box 297
Overgaard, AZ 85933	Heber, AZ 85928	Heber, AZ 85928	Heber, AZ 85928
(928)535-4622x4000	(928)535-4622x3000	(928)535-4622x2000	(928)535-4622x2000
FAX (928)535-5146	FAX (928)535-5146	FAX (928)535-5146	FAX (928)535-5146
elwanda.reidhead@h-oschools.org	shirley.heeringa@h-oschools.org	paula.hunt@h-oschools.org	paula.hunt@h-oschools.org

I acknowledge notification of this transfer of records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a non-school third party without my consent.

Signature of student/parent/guardian

Date

HEBER-OVERGAARD UNIFIED SCHOOL DISTRICT # 6

NOTIFICATION BY PARENTS OF PUPIL'S ABSENCE FROM SCHOOL
(ARS 15-807)

According to Arizona Revised Statutes 15-807 *it is the responsibility of the parent/guardian* to notify the school in which the pupil is enrolled prior to or at the time of any absence of the pupil.

If the student is not in attendance at school and the school has not been notified, reasonable effort will be made to contact parents/guardian by phone.

By law the School District is required to ask for a telephone number where either parent can be contacted for purposes of attendance and that the school be *notified promptly of any change in telephone numbers.*

Parent/Guardian

Date

Phone

EMERGENCY SCHOOL CLOSINGS

Occasionally it will be necessary to close school because of excessive illness or extreme bad weather conditions, etc. When such occurs, word will be disseminated as quickly as possible through the available media, including the radio stations in Show Low and Holbrook. If possible, information will be sent home in writing in advance of such closing.

Should the emergency be declared after school has begun for the day, students will be transported to their regular bus drop areas, unless specifically requested otherwise by the parents. Parental approval to remain with another family, etc. must be in writing and in the student's folder.

Please provide the following information:

Should an emergency occur, and school is dismissed early, and students have already been transported to the schools, my child _____ is hereby authorized to:

[] Go directly home as he/she would on any other day.

[] Go to the home of _____
Name

Address

Phone

[] Remain at the school until picked up by parents, but not later than 5:00pm of the date of emergency.

Signature of Parent/Guardian

Date

Daytime Phone

CORPORAL PUNISHMENT PERMISSION FORM

Heber-Overgaard Unified School District No. 6 policy JKA, allows the use of corporal punishment.

Regulation JKA-R reads as follows:

Corporal Punishment

In determining whether to use corporal punishment, the following considerations should be taken into account: the seriousness of the offense, the attitude and past behavior of the student, the age and strength of the student, and the availability of equally effective nonphysical means of discipline.

Corporal punishment may not be administered for academic deficiency or conduct not related to the school.

Corporal punishment must be approved by the school administrator. Corporal punishment may be administered by the school administrator or by educationally certified employees designated by the school administrator. One adult employee of the school shall be present to witness the spanking.

There must be at least 30 minutes lapse time between the referral and the decision to and administration of corporal punishment.

Parental/Guardian permission slips approving corporal punishment must be on file prior to administering corporal punishment. A parent/guardian of the student shall be notified prior to administering corporal punishment and will be invited to witness the administration of the punishment.

Corporal punishment will be administered by spanking the buttocks, no more than three (3) times, of a student with a flat-surfaced paddle that will cause no more than temporary pain and not inflict permanent damage to the body. No other form of corporal punishment is authorized.

.....
I have read regulation JKA-R and understand that I have the right to choose whether or not corporal punishment may be used in disciplining my child(ren).

[] I hereby **authorize** the use of corporal punishment under the conditions outlined in regulation JKA-R for the following children:

[] I **do not** wish for corporal punishment to be administered to the following children:

Signature of Parent/Guardian

Date

Daytime Phone

This authorization is valid as long as said child(ren) are attending Heber-Overgaard School District. It may be revoked at any time by submitting a new form to the appropriate school official(s).

**PARENT/GUARDIAN CONSENT FOR
OVER THE COUNTER AND NON PRESCRIPTION
MEDICATION ADMINISTRATION DURING SCHOOL HOURS**

Dear Parent or Guardian:

There are certain procedures to be followed should it be necessary for your child to be given over the counter medications during school hours. Please review and sign this document and return it to school as soon as possible.

ADMINISTRATION OF NON PRESCRIPTION MEDICATION

Non prescription medications or over the counter medications (such as Tylenol or Cough Drops) may be administered to students who have written permission from parents/guardians.

**Homeopathic and naturopathic medications will not be administered at school
Homeopathic and naturopathic remedies are not FDA approved for use and are therefore not considered for use as over the counter medications.**

A Parent/Guardian consent for permission to administer Over the Counter Medications must be signed and on file with the school nurse. Non prescription medications will be given in a dosage consistent with the child's weight and/or age as indicated on the medication package.

I have read and understand the above and I request that designated school personnel assist my child, _____ by administering him/her the over the counter medications he/she needs.

PARENT/GUARDIAN'S PERMISSION:

Signature of Parent/Guardian

Printed Name

Date



Heber-Overgaard Schools

"Home of the Mustangs"SM

P.O. Box 820 Heber, Arizona 85928

Phone 928-535-4622 Fax 928-535-5146

www.heberovergaardschools.org

Dear Parent /Guardian,

The Heber-Overgaard Unified School District's School Health Services program supports your student's academic success by promoting health in the school setting. One way that we can provide care for your student is by performing the health screenings as mandated by the State of Arizona.

During the school year, the required hearing and vision screenings will be completed at school for all newly entering students and all students in Pre-School, Kindergarten, Grades 1, 3, 5, 7, 9, and any student with an IEP. If a student failed a screening the previous year, or there is no record of a hearing or vision screening on file, a screening will be required and completed.

A letter will be sent home if your student needs follow-up with your health care provider. The information obtained from these screenings is preliminary only and does not constitute a diagnosis.

Please call the school's Health Office if you have any questions and/or concerns.

School Nurse: Marsha Nine Phone: 928-535-4622 Ext: 3040

SCREENING CONSENT FORM

_____ I give permission for my child to participate in the hearing and vision screening program provided by HOUSD.

_____ I **DO NOT** give permission for my child to participate in the hearing and vision screening program provided by HOUSD.

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Print Child's Name: _____

Phone Number: _____ Email: _____

CAPPS MIDDLE SCHOOL

BIRTH CERTIFICATE ACKNOWLEDGEMENT

Date: _____

Dear Parent or Guardian:

The 1987 Arizona Legislature passed a law designed to help trace the location of any child who is reported missing. For schools to comply with this law, A.R.S. 15-828 (Arizona Revised Statute) requires that you, the parent or guardian of the child you are enrolling in Capps Middle School, provide **one** of the following to this school office:

1. A certified copy of the child's birth certificate
2. Other reliable proof of the child's identity and age, and a notarized affidavit explaining the inability to provide a copy of the birth certificate.
3. A letter from the authorized representative of an agency having custody of the child certifying that the child has been placed in the custody of the agency as prescribed by law.

This information must be provided no later than 30 days from the student's enrollment.

I understand the requirement for a certified copy of my child's birth certificate within 30 days.

Student Name: _____

Parent / Guardian Name (print): _____

Signature: _____ Date: _____

Office Use Only

Follow-Up Contact:

Form Received By: _____

Date: _____ By: _____

Date: _____

Date: _____ By: _____

ADMISSION OF RESIDENT STUDENTS

ARIZONA RESIDENCY DOCUMENTATION FORM

Student _____ School _____

School District or Charter Holder _____

Parent/Legal Guardian _____

As the Parent/Legal Guardian of the Student, I attest that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

_____ Valid Arizona driver's license, Arizona identification card or motor vehicle registration

_____ Valid Arizona Address Confidentiality Program (ACP) authorization card

_____ Real estate deed or mortgage documents

_____ Property tax bill

_____ Residential lease or rental agreement

_____ Water, electric, gas, cable, or phone bill

_____ Bank or credit card statement

_____ W-2 wage statement

_____ Payroll stub

_____ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona

_____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

_____ Temporary on-base billeting facility (for military families)

_____ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit. (JFAA-EB)

Signature of Parent/Legal Guardian

Date

**ADMISSION OF RESIDENT STUDENTS
STATE OF ARIZONA AFFIDAVIT OF SHARED RESIDENCE**

Student Name: _____

Parent/Legal Guardian Name: _____

School Name: _____

School District or Charter Holder: _____

Name of Arizona Resident: _____

I, (resident name) _____, swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me: _____

Location of my residence: _____

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- _____ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- _____ Valid Arizona Address Confidentiality Program (ACP) authorization card
- _____ Real estate deed or mortgage documents
- _____ Property tax bill
- _____ Residential lease or rental agreement
- _____ Water, electric, gas, cable, or phone bill
- _____ Bank or credit card statement
- _____ W-2 wage statement
- _____ Payroll stub
- _____ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

State of Arizona
County of Navajo

The foregoing was acknowledged before me this ____ day of _____, 20____,

By _____.

My Commission Expires _____

Notary Public

Heber-Overgaard USD #6 Notification of Rights under FERPA

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age ("eligible students") certain rights with respect to the student's education records. These rights are:

(1) The right to inspect and review the student's education records within 45 days of the day the School receives a request for access.

Parents or eligible students should submit to the School Principal a written request that identifies the records they wish to inspect. The School official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

(2) The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.

Parents or eligible students who wish to ask the School to amend a record should write the School Principal, clearly identify the part of the record they want changed, and specify why it should be changed. If the School decides not to amend the record as requested by the parent or eligible student, the School will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

(3) The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.

One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the School as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the School board; a person or company with whom the School has contracted as its agent to provide a service instead of using its own employees or officials (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks.

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

Upon request, the School discloses education records without consent to officials of another school district in which a student seeks or intends to enroll.

(4) The right to consent to disclosure of directory information; Information contained in an education record of a student that generally would not be considered harmful or an invasion of privacy if disclosed. It includes, but is not limited to, the student's name, address, telephone listing, electronic mail address, photograph, date and place of birth, gender, dates of attendance, grade level, enrollment, participation in officially recognized activities and sports, weight and height of members of athletic teams, honors and awards received, and most recent education agency or institution attended.

A student may request that all or a portion of this information not be released by filing a written request to that effect with the school office. Requests to withhold directory information must be filed annually with the school office.

(5) The right to file a complaint with the U.S. Department of Education concerning alleged failures by the School District to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:

HEBER OVERGAARD UNIFIED SCHOOL DISTRICT INTERNET RESPONSIBLE USE AGREEMENT

The District's Responsible Use Policy ("RUP") is to allow all employees, volunteers and currently enrolled students (defined as "user") to use computers and the network for educational purposes, research and communication. This agreement prevents unauthorized disclosure of or access to sensitive information that is the property of the Heber Overgaard Unified School District including, but not limited to, student records and personnel files. This agreement further prevents unlawful online activities including bullying, gambling, and searching for, saving or dispensing pornography.

Every student needs skills and knowledge to succeed as effective citizens, workers and leaders. The 21st century learning environment includes all types of resources and computing devices. Digital resources and web 2.0 tools may include blogs, wikis, other online applications, and communication applications for email, social networking, instant messaging, video conferencing, and other forms of direct electronic communications. Students have access to computing devices including, but not limited to, desktop computers, laptops, ebooks, ipods, chrome books, cell phones, or other digital devices. The use of computer applications, online resources and devices support the Heber Overgaard Unified School District curriculum and standards.

The District complies with the Children's Internet Protection Act ("CIPA") and uses technology protection measures to block or filter, to the extent practicable, access of visual depictions that are *obscene, pornographic, and harmful to minors* over the network. The District reserves the right to monitor users' online activities and to access, review, copy, and store or delete any electronic communication or files and disclose them to parents, guardians, teachers, administrators or law enforcement authorities as it deems necessary. Users should have no expectation of privacy regarding their use of District property, network and/or Internet access or files, including email. This agreement complies with all laws associated with blocking content that is dangerous or inappropriate for minors.

Responsible Uses of the HOUSD Computer Network or the Internet

*Accessing the HOUSD Computer Network and the Internet is critical for all HOUSD business functions and student success today. All students must have their parents or guardians sign this agreement and the District will keep it on file in the student records. Once signed, that permission/acknowledgement remains in effect until the student loses the privilege of using the District's network due to violation of this agreement or is no longer enrolled as an HOUSD student; even without signature, all users must abide by this policy. All users (defined in the first paragraph) are required to follow this agreement and report any misuse of the network or Internet to a teacher, supervisor or other appropriate District personnel. If a user is uncertain about whether a particular use is acceptable or appropriate, he or she should consult a teacher, supervisor or other appropriate District personnel. **By using the network, users have agreed to this agreement.***

Unacceptable Uses of the Computer Network or Internet

HOUSD reserves the right to take immediate action regarding activities (1) that create security and/or safety issues for students, employees, school, network or computer resources, or (2) that lacks legitimate educational content/purpose, or (3) other activities as determined by the District as inappropriate activity may include but are not limited to:

- **Violating any state or federal law or municipal ordinance, such as: Accessing or transmitting pornography of any kind, obscene depictions, harmful materials, materials that encourage others to violate the law, confidential information or copyrighted materials;**
- **Criminal activities that can be punished under law;**
- **Selling or purchasing illegal items or substances;**
- **Obtaining and/or using anonymous email sites; spamming; spreading viruses;**
- **Causing harm to others or damage to their property, such as:**
 1. Using profane, abusive, or impolite language; threatening, harassing, or making damaging or false statements about others or accessing, transmitting, or downloading offensive, harassing, or disparaging materials.
 2. Spreading untruths or rumors about individuals or groups of people in e-mail messages or social networking sites.
 3. Deleting, copying, modifying, or forging other user's names, emails, files, or data; disguising one's identity, impersonating other users, or sending anonymous email.
 4. Damaging computer equipment, files, data or the network in any way, including intentionally accessing, transmitting or downloading computer viruses or other harmful files or programs, or disrupting any computer system performance;
 5. Using a District computer to pursue in order to unlawfully access and/or change any information
 6. Accessing, transmitting or downloading large files, printing large documents, including "chain letters" or any type of "pyramid schemes".

- **Engaging in uses that jeopardize access or lead to unauthorized access into others' accounts or other computer networks, such as:**
 1. Using another's account password(s) or identifier(s);
 2. Interfering with other users' ability to access their account(s); or
 3. Disclosing anyone's password to others or allowing them to use another's account(s).
- **Using the network or Internet for Commercial, Political and Religious purposes:**
 1. Personal advertising, promotion or financial gain;
 2. Conducting for-profit business activities and/or engaging in non-government related fundraising or public relations activities such as solicitations or lobbying for religious or political purposes.

Student Internet Safety

1. The student's parent or guardian is responsible for monitoring the minor's use at home or away from school.
2. Students should not reveal personal information about themselves or other persons on the Internet. For example, students should not reveal their name, home address, telephone number, credit card number, or display photographs of themselves or others.
3. Students should not meet in person anyone they have met only on the Internet.
4. Students must abide by all laws, including this Responsible Use Policy and all District policies.

Penalties for Improper Use

The use of District resources is a privilege, **not a right**, and misuse will result in the restriction or cancellation of District provided accounts and/or use of District equipment. Misuse may also lead to disciplinary and/or legal action for both students and employees, up to or including suspension, expulsion, dismissal from District employment, or criminal prosecution by law enforcement authorities. The District will attempt to tailor any disciplinary action to the specific issues related to each violation.

Disclaimer

The District makes no guarantees about the quality of the services provided and is not responsible for any claims, losses, damages, costs, or other obligations arising from use of the network or accounts. Any additional charges a user accrues due to the use of the District's network are to be borne by the user. The District also denies any responsibility for the accuracy or quality of the information obtained through user access. Any statement, accessible on the computer network or the Internet, is understood to be the author's individual point of view and not that of the District, its affiliates, or employees.

I have read and understand, and I will abide by the guidelines of the Responsible Policy of the Heber Overgaard School District.

Date: _____ School: _____
 Student Name: _____ Student Signature: _____
 Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Please return this form to your child's school where it will be entered into the District's Student Information System.

*<http://ifea.net/cipa.html> **<http://www.fcc.gov/cgb/consumerfacts/cipa.html>





Heber Overgaard
School District

Media Release Form

We need student and parent permissions to use a person's photograph, voice, and/or name in various social media projects. We will be highlighting teachers, staff, students, events, and other activities on our Facebook page, Twitter, and Instagram. Please read the following, then date and sign where indicated. Thank you.

Please initial next to your choice.

_____ **Yes - I consent.** I grant permission for my child to participate and appear in video or audio recordings, films, photographs, written articles, or on websites and social media sites. This consent includes the use and editing of my child's image, voice and name in media projects by the Heber-Overgaard School District to print, broadcast or Internet Media outlets, such as newspaper, radio and television stations and news websites. In consideration of the opportunity for my child to participate, I release the Heber-Overgaard School District, including its employees and contractors, from all claims resulting from the use and editing of my child's image, voice or name, and the use, sale, editing and release to media outlets.

_____ **No - I do not consent** to Heber-Overgaard School Districts use of my child's photograph, voice and/or name in various media projects.

Your selection remains valid for all media projects occurring during the school year in which this form is signed. You may change your selection at anytime by completing a new form at your school.

Date: _____
(Day, Month, Year)

Student Name: _____

Student Signature: _____
Parent or legal guardian signature is required if the participant is under 18 years of age.

Parent or legal guardian name: _____

Parent or legal guardian name: _____



Follow us on Instagram
@ Mogollon_Mustangs



Follow us on twitter
@ HOSchools



Follow us on facebook

Parents and Guardians

You can take advantage of our Text Messaging Service

Our school utilizes the SchoolMessenger system to deliver text messages, straight to your mobile phone with important information about events, school closings, safety alerts and more.

You can participate in this free service* just by sending a text message of "Y" or "Yes" to our school's short code number, 67587.

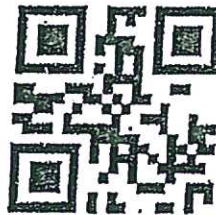
You can also opt out of these messages at any time by simply replying to one of our messages with "Stop".

We recommend saving this short code and Caller ID to the contacts on your phone. This will help prevent any 3rd party call blocking systems from interfering with your receipt of important messages sent by the school or district.


SchoolMessenger is compliant with the Student Privacy Pledge™, so you can rest assured that your information is safe and will never be given or sold to anyone.



**Opt-In from your
mobile phone now!**



**Just send "Y" or
"Yes" to 67587**

 **Information on SMS text messaging and Short Codes:**

Our notification provider, SchoolMessenger, uses a true SMS protocol developed by the telecommunications industry specifically for mass text messaging, referred to as "short code" texting. This method is fast, secure and highly reliable because it is strictly regulated by the wireless carriers and only allows access to approved providers. If you've ever sent a text vote for a TV show to a number like 46999, you have used short code texting.

***Terms and Conditions** – Message frequency varies. Standard message and data rates may apply. Reply HELP for help. Text STOP to cancel. Mobile carriers are not liable for delayed or undelivered messages. Alerts sent over the wireless Public Alerting system are to take precedence over any notifications sent via the short code. See www.schoolmessenger.com/tm for more info.

Student Media-Release Forms

Parent-signed media releases are NOT needed when:

- Photographing or videotaping anonymous student engaged in normal classroom/school activities.
- Photographing, videotaping or interviewing students at events that are open to the public, such as music, theater or athletic events.

Parent-signed media releases are ALWAYS needed when:

- Students are interviewed or will be identified by name/news article.
- An individual student(s) in the focus of the story.
- Photographing, videotaping or interviewing students who are in special education classes/services or certain specialized programs (drug/alcohol, detention/work detail, etc.)
- You feel the photograph; videotape or interview may be used in a negative way.

What to do when the media makes an unscheduled call:

- Principals are encouraged to talk with the media regarding routine events activities.
- School principals may deny the photographing, videotaping and interviewing of students and staff on school grounds if it would disrupt the educational process.
- If the reporter/photographer is behaving poorly, or is pursuing a story that makes you uncomfortable about cooperating with him/her, contact (MMP at 928-535-4622 ext. 4000, Capps at 928-535-4622 ext. 3000, MJHS and MHS at 928-535-4622 ext. 2000)
- In the event of a serious accident or in regards to issues of crimes, child abuse, etc. contact your child's school office at (MMP at 928-535-4622 ext. 4000, Capps at 928-535-4622 ext. 3000, MJHS and MHS at 928-535-4622 ext. 2000)

Un-returned media release forms will be considered a "Yes – I consent". Only forms of "No – I do not consent" need to be turned in.