

ANDOVER PUBLIC SCHOOLS

www.aps1.net

PreSchool, Elementary & Middle School Enrollment Process

Welcome to the Andover Public Schools. Please find all the registration information and forms needed to complete your registration process. After collecting all required documents and completing the Student Registration packet, please call your child's school to schedule an appointment with the Assistant Principal or School Secretary. Please note you will not be able to meet with any other school personnel until registration is processed. You should expect your child will begin classes within 3-5 school days after your appointment. Thank you for your patience.

STEP 1

- ___ Fill out the attached Elementary/Middle School Student Registration Forms.
- ___ Call your child's school to schedule an appointment.

STEP 2

- ___ Gather the following paperwork and bring it to your meeting. We will make copies of documents for which we require the original to be presented. Please note there are **some forms that need to be notarized**. **All submitted documents should be current and translated to English.**

___ **Original Birth Certificate** (should be translated and notarized if in any language other than English).

___ **Proof of Residency** (you must have the required number of documents from **EACH** of the three (3) categories.

Group A 1 proof from this group	Group B 2 proofs from this group	Group C 1 proof from this group
FOR HOMEOWNERS: <ul style="list-style-type: none"> • Copy of Deed &/or a record of the most recent mortgage payment • Property tax bill and the most recent payment • Copy of settlement statement and a record of the most recent payment. 	FOR HOMEOWNERS & RENTERS: A utility bill dated within the past 45 days or a statement of service showing the service address and connection date from the following list: <ul style="list-style-type: none"> • Cable/Satellite TV bill • Electric bill • Gas bill • Home Telephone Bill (cell phone is NOT acceptable) • Car Insurance bill • Home/renters insurance bill 	FOR HOMEOWNERS & RENTERS: <ul style="list-style-type: none"> • Valid government-issued photo identification that shows the current address; OR Dated within the past year: <ul style="list-style-type: none"> • W-2 form that shows the current address; OR Dated within the past 45 days: <ul style="list-style-type: none"> • Payroll stub that shows the current address; OR • Bank statement that shows the current address.
FOR RENTERS: <ul style="list-style-type: none"> • Copy of current lease and a signed Landlord Living Agreement • Signed Landlord Living Agreement and a record of the most recent rent payment 		

___ **IMMUNIZATION RECORDS** (Should be translated if any language than English).

___ **PREVIOUS SCHOOL RECORDS** Including most recent IEP or 504 plan if applicable. (Must be translated if in any language other than English).

___ **CUSTODY PAPERWORK** (if applicable).

STEP 3

- ___ **ELL Language Screening (if applicable)** If your student speaks more than one language or if English is not his/her first language, a language screening may be required. A member of the ELL team will contact you to arrange the screening.

Office Use Only: Deed/Lease ____ Utility Bill ____ Birth Cert/Passport ____ Custody Paperwork ____
 Medical ____ Student Rec ____ Y.O.G. ____

Form 1

ANDOVER PUBLIC SCHOOLS www.aps1.net

Pre-School, Elementary & Middle School Enrollment Forms Date: _____

STUDENT INFORMATION:

 FIRST NAME (full legal name as it is
 shown on birth certificate)

 FULL MIDDLE NAME

 LAST NAME

 HOME ADDRESS

 APARTMENT COMPLEX

 APARTMENT #

 GRADE ENTERING

GENDER: ____ Male ____ Female

BIRTHDATE: ____/____/____
 Mo Day Year

BIRTHPLACE: _____
 City/Town/State or Country

GUARDIAN/CUSTODIAL INFORMATION - With Whom does the student live:

- ____ Parent 1 ____ Parent 2 ____ Legal Guardian ____ Sibling or Other: _____
- ____ Parent 1 ____ Parent 2 ____ or Grandparent(s) _____

Parent/Guardian 1

Parent/Guardian 2

	Parent/Guardian 1	Parent/Guardian 2
RELATIONSHIP TO STUDENT		
NAME: LAST, FIRST		
HOME ADDRESS		
APARTMENT NUMBER (IF APPLICABLE)		
CITY/TOWN		
STATE/ZIP		
PRIMARY PHONE		
ALTERNATE PHONE		
WORK PHONE		
OCCUPATION		
EMAIL (PRINT CLEARLY)		
CUSTODY STATUS: (IF APPLICABLE)	Parent/Guardian 1 (Please circle)	Parent/Guardian 2 (Please circle)
LEGAL CUSTODY:	Sole Joint/Shared	Sole Joint/Shared None*
PHYSICAL CUSTODY:	Sole: Joint/Shared:	Sole: Joint/Shared: None*

**Note – Access to student records by a non-custodial parent is governed by the provisions of M.G.L. c.71 S34H. Student records will not be released until these provisions are met.*

FORM #1**PER THE DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION, THIS FORM IS REQUIRED TO BE FILLED OUT:**

The DESE needs to collect data on race and ethnicity for every child in the state. Each school district needs to update its current student data to conform to the new federal reporting categories.

The law requires school districts to collect and maintain basic demographic data for each student. This includes information regarding gender, age, ethnicity, national origin and race. The Department uses this information to track demographic trends, to carry out its responsibilities under state law (for example, under the state racial imbalance law) and to ensure that students are receiving equal opportunities. In addition, federal law requires the Department to report such information to the U.S. Department of Education for purposes of monitoring enforcement of civil rights laws.

This change will be made to comply with the Federal Office of Management and Budget (OMB) revisions to the standards for classification of Federal data on race and ethnicity announced in the Federal Register Notice of October 30, 1997.

ETHNICITY: (select one)	RACE: (select one or more)	ALIEN REG. NUMBER: _____
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> American Indian/Alaskan Native	
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Asian	
	<input type="checkbox"/> Black	
	<input type="checkbox"/> Hawaiian/other Pacific Islander	
	<input type="checkbox"/> White	
	<input type="checkbox"/> I choose not to answer	

LOW INCOME STATUS

The student meets ANY ONE of the following definitions of low income:

1. The student is eligible for free or reduced price lunch; or
2. The student receives Transitional Aid to Families benefits; or
3. The student is eligible for food stamps.

00 Student is not low income as defined above
 01 Student is low income as defined above

MIGRANT STATUS

An indication of whether an individual or a parent/guardian accompanying an individual maintains primary employment in one or more agricultural or fishing activities on a seasonal or other temporary basis and establishes a temporary residence for the purpose of such employment.

00 Not a migratory child-A child whose parents/guardians are not migrant workers.
 01 Currently a migratory child.

EMERGENCY IMMIGRANT EDUCATION PROGRAM STATUS

To be eligible for the Emergency Immigrant Education Program, a student must

1. Not have been born in any State AND
2. Not have completed 3 full academic years of school in any state.

00 Student is not eligible for the Emergency Immigrant Education Program
 01 Student is eligible for the Emergency Immigrant Education Program.

If student is eligible, the Country of Origin is _____

FORM #1**LIMITED ENGLISH PROFICIENCY**

Limited English Proficient Students are defined as children who were

1. Not born in the US whose native tongue is a language other than English and who are incapable of performing ordinary class work in English or
2. Born in the United States of non-English speaking parents and who are incapable of performing ordinary class work in English.

00 Student who is capable of performing ordinary class work in English.

01 Student who is not capable of performing ordinary class work in English.

ENGLISH LANGUAGE LEARNERS PROGRAM

An indication of the type English Language Learners Program a student is enrolled as of the time of reporting.

00 Not enrolled in an English language learner program at any time during the current school year.

01 Sheltered English immersion – receiving instruction in English with modifications.

02 Two-way bilingual – receiving instruction in English & another language.

03 Other bilingual education

04 LEP student whose parent/guardian has consented to opt out of ELL programs in district

Parent/Guardian Signature

Date

FORM #2 (CERTIFICATION OF ADDRESS *)

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Affidavit of Residency (Homeowners)

I/we, the undersigned parent(s) or legal guardian(s) of _____, hereby certify as follows:

1. I/we reside at _____
Home Address – Apartment Number – Andover, MA - Telephone: Home/Cell
2. I/we wish to enroll/continue the enrollment of the above named student in the Andover Public Schools for the _____ school year.

I/we understand that pursuant to Massachusetts law and Andover Public Schools Committee policy, students who actually reside in the Town of Andover may attend the Andover Public Schools and students who do not actually reside in the Town of Andover may not attend the Andover Public Schools, unless a policy exception applies. I/we hereby acknowledge that no such policy exception applies to the above-named student.

3. I/we hereby certify that the above named student resides with me at the Andover Massachusetts address shown on this form.
4. I/we acknowledge that I am/we are required to notify the Principal/Assistant Principal of the above student's school, in writing, of any change in said student's address within five (5) calendar days of such change of address and to provide new proof of residency pursuant to the Andover Public Schools Admission policy, as amended on 12/4/2014.
5. I/we understand that this affidavit will be relied upon by the Andover Public Schools for the purpose of determining the above student's eligibility to attend the Andover Public Schools on the basis of residency. If said student is enrolled in the Andover Public Schools based upon the information contained in this affidavit and it is subsequently determined that the student does not actually reside in Andover, I/we understand that the student's enrollment in the Andover Public Schools may be promptly terminated and I/we may be held jointly and severally liable to the Andover Public Schools for the student's tuition for the full academic year.
6. I/we further certify that I am/we are the parent(s) or legal guardian(s) of the above student.

Signed under the pain and penalties of perjury on this _____ (Day) _____ (Month) _____ (Year)

Parent/Guardian 1

Parent/Guardian 2

***** NOTARIZED DOCUMENT REQUIRED ONLY FOR ALL NEW REGISTRATIONS *****

Notary Public:

County: _____, State: _____ personally appeared and subscribed and sworn before me, this, _____ day of _____, 20 _____.

This information contained in this legal affidavit is subject to verification by a residency investigator.

**For Official Use Only: New Enrollments-Group A, B & C proofs needed plus notarized form;
*Cert of Address: Grades 6 and 9th only: Group B proofs needed – utility bill must be w/in past 45 days***

FORM #2A: "TENANT @WILL"

**ANDOVER PUBLIC SCHOOLS www.aps1.net
Affidavit of Residency by Owner/Lessee**

Instructions:

Any applicant for the Andover Public School System, who cannot produce a property deed or lease, must ask must ask the **owner or lessee of the property** where the applicant lives to complete and sign this legal affidavit. It is the **responsibility of the applicant (not the person who completes this affidavit) to attach a record or recent rent payment**, unless this affidavit affirms in #3 below that the tenancy does not require payment or rent.

My name is: _____ and I hereby depose and certify as follows:

1. I am the owner/lessee of the property located at _____ in the Town of Andover.
2. _____, who is the parent or legal guardian of _____, leases or subleases this property as their principal residence from me, without a written lease, in a tenancy at will, from month to month.
3. Check one.

_____ I have received within the last thirty (30) days rental payment for the lease or sublease of these premises.

_____ Alternatively, I hereby state that the party named above resides with me at the address above with no payment of rent.

I agree that if the Andover Public Schools investigate and find these statements to be false, that I may be responsible for repayment of any tuition or educational costs due to the Andover Public Schools for the education of the above referenced children. I agree that if the tenants listed above move out of the dwelling listed above, that I will notify the Andover Public Schools of this change of residence.

Signed under the pain and penalties of perjury on this _____ (Day) _____ (Month) _____ (Year)

Signature Printed Name

Printed
Address: _____

***** NOTARIZED DOCUMENT REQUIRED FOR ALL NEW REGISTRATIONS *****

Notary Public: _____

County: _____, State: _____ personally appeared and subscribed and sworn before me, this, the _____ day of _____, 20 _____.

This information contained in this legal affidavit is subject to verification by a residency investigator.

For Official Use Only: Receipt of most Recent Rent Payment _____ (if applicable)

FORM #2B: RENTERS OR LESSEES

ANDOVER PUBLIC SCHOOLS www.aps1.net

Affidavit of Residency/Landlord Living Agreement (to be filled out by owner/landlord)

***** ANDOVER PUBLIC SCHOOLS WILL ALSO ACCEPT A SIGNED LETTER ON THE
LANDLORD'S COMPANY LETTERHEAD STATING THE PARENT(S) AND CHILDREN LIVING IN THEIR
APARTMENT/CONDOS - IN LIEU OF SIGNING THIS PAGE *****

To: Andover Public Schools

From: _____

Address: _____

Phone # _____

I hereby certify and swear under oath that I am the legal owner/renter of the property at:

I also certify and swear that (name of parent(s)/guardians):

_____ and

their children (names): _____

are my tenants and live at the above address.

I agree that if the Andover Public Schools investigate and find these statements to be false, that I may be responsible for repayment of any tuition or educational costs due to the Andover Public Schools for the education of the above referenced children.

I agree that if the tenants listed above move out of the dwelling listed above, that I will notify the Andover Public Schools of this change of residence.

Signed under the pain and penalties of perjury on this _____
(Day) Month (Year)

Signature

Printed Name

***** NOTARIZED DOCUMENT REQUIRED FOR ALL NEW REGISTRATIONS *****

Notary Public: _____

County: _____, State: _____ personally appeared and subscribed and sworn before me, this, the _____ day of _____, 20 _____.

This information contained in this legal affidavit is subject to verification by a residency investigator.

For Official Use Only:
Current Lease or Landlord Living Agreement and most recent Rent Payment _____

ANDOVER PUBLIC SCHOOLS

Student Services Office

Rita Casper, MBA, RN, NCSN
Director of Nursing Services



(978) 247-7042
E-mail: rcasper@aps1.net

Dear Parents/Guardians:

The Andover Public Schools are required, by the Mass. Department of Public Health, to perform the following screenings annually:

Hearing:	Grades Pre K, KG, 1, 2, 3, 7, 10
Vision:	Grades Pre K, KG, 1, 2, 3, 4, 5, 7, 10
Height and Weight/Body Mass Index (BMI):	Grades 1, 4, 7, 10
Postural screening:	Grades 5, 6, 7, 8, 9

If the results do not fall within the appropriate guidelines for hearing, vision and scoliosis screening, we will contact you and recommend further follow-up with your child's physician. We recognize that some parents/guardians may prefer to have the screening performed by a physician. For your child to be exempt from screening in school, please provide the following documentation as soon as possible.

Hearing and Vision: copy of the screening results from the physician for the current school year.
Postural screening: copy of the screening results from the physician for the current school year or documentation that the student is under care for scoliosis for the current school year.

Body Mass Index (BMI) calculations are determined by measuring height and weight in Grades 1, 4, 7 and 10.

Parents and legal guardians must provide a written request to the school clinic if they do not wish their child to participate in this program.

The Department of Public Health SBIRT screening (Screening with Brief Intervention and Referral for Treatment) will take place during this school year for students in select middle school and high school grades. **Parents and legal guardians must provide a written request to the school clinic if they do not wish their child to participate in this brief written survey.**

Please note: screenings will commence after the 2nd week of school in September.

We will ensure privacy and confidentiality during the screening procedures. Guidelines may be found at the following website: <http://www.mass.gov/dph/regs/reg105cmr200.pdf>

Note: A current physical must be on file for **all new students** and those entering Pre-K, KG, grades 3, 7 and 10 and individuals 18-22 years old participating in specialty programs.

HEALTH REQUIREMENTS

FOR NEW STUDENTS ENTERING ANDOVER PUBLIC SCHOOLS
STUDENT SERVICES36 BARTLET STREET, ANDOVER, MA 01810
TEL: 978/247-7052 FAX: 978/247-7092

Welcome to the Andover Public Schools. The Massachusetts Department of Public Health requires that a student may enter school only after the following requirements are met:

- **Health History** completed by parent/guardian prior to enrollment
- **Physical Examination** performed and signed by a US health care provider completed within one year prior to entry.
- **Lead level and vision screening** completed before entry to kindergarten. Your health care provider is required to test your child's vision. Please have your PCP include the results with the immunization records or physical exam.
- **Immunization documentation** must be translated and is required before entry. Dates must include month and year and in some cases, exact day may be necessary to fully establish your child's immune status. (schedule below)

Please arrange to meet with your school nurse to plan for any special health care needs or for the administration of any essential medications or procedures that are prescribed during the school day.

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH (MDPH)

IMMUNIZATION REGULATIONS

REQUIRED FOR SCHOOL ENTRY

	Preschool/PK	K - Grade 4	Grades 5-6	Grades 7-12
Hepatitis B	3 doses	3 doses	3 doses	3 doses
DTaP/DPT/DT/Td ¹	≥ 4 doses	≥ 4 doses	≥ 4 doses plus	≥ 4 doses plus 1 Tdap booster
Polio ²	≥ 4 doses	≥ 4 doses	≥ 4 doses	≥ 4 doses
Hib	1-4 doses	--	--	--
MMR ³	1 dose measles 1 dose mumps 1 dose rubella	2 doses measles 2 doses mumps 2 doses rubella	2 doses measles* 1 doses mumps* 1 doses rubella	2 doses measles 2 doses measles 2 doses rubella
Varicella ³	1 dose	2 doses	2 doses	2 doses

¹ Five doses unless 4th dose was given after 4th birthday, then only 4 doses.

² Four doses unless 3rd dose was given after 4th birthday, then only 3 doses.

³ Measles and Varicella vaccinations must have been given on or after 1st birthday.

***Two doses of MMR and two doses Varicella or MMRV combined is recommended.**

(Physician verification of disease or serologic proof of immunity is acceptable.)

The Andover Public Schools are required by MDPH to perform the following screenings annually:

- Hearing: Grades Pre K, KG, 1, 2, 3, 7, 10
- Vision: Grades Pre K, KG, 1, 2, 3, 4, 5, 7, 10
- Height and Weight/Body Mass Index (BMI): Grades 1, 4, 7, 10
- Postural screening: Grades 5, 6, 7, 8, 9
- SBIRT screening- one high school grade and one middle school grade. Grades to be determined June 2017 for the following school year.

Andover Public Schools
HEALTH HISTORY FORM

FORM #3

To be completed by Parent/Guardian

Date: _____ School: _____ Grade: _____

Name: _____
 First Name Middle Name Last Name

Birth Date: Month: _____ Day: _____ Year: _____

Birthplace: _____
 City/Town (Mandatory) State Country

Street Address: _____ Home Telephone: _____
Parents' Business telephone: _____

For any of the questions listed below - if additional space is needed, please use the back of this form.

FAMILY HISTORY – PARENT AND SIBLINGS:

Parent: _____ Pertinent Medical History: _____
Parent: _____ Pertinent Medical History: _____

Siblings Name/Grade Pertinent Medical History:

1) Child Developmental History (Dates)

Sat Alone _____ Spoke in short sentences _____
Crawled _____ Was toilet trained – Day _____ Night _____
Walked _____ Dressed Self _____

2) Any history of serious accident/illness/surgery:

If yes, please explain:

3) Any hospitalization? ____ Yes ____ No Please explain:

4) Does your child have any allergies? ____ Yes ____ No ____ Type and Treatment

List any medications your child takes both at home or in school _____

HEALTH STATUS

Has the student had any of the following? *If additional space is needed, please use the back of this form.*

	When/Date	Treatment (specify if current)
Asthma	_____	_____
Bladder/Kidney conditions	_____	_____
Congenital Conditions	_____	_____
Diabetes	_____	_____
Dizziness/Fainting	_____	_____
Gastro-intestinal Complaints	_____	_____
Headaches/Migraine	_____	_____
Heart Concerns	_____	_____
Nose Bleeds	_____	_____
Painful Joints	_____	_____
Seizures	_____	_____
Skin conditions	_____	_____
Neurological Disorders	_____	_____
ADD/ADHD	_____	_____
Anxiety	_____	_____
Bipolar	_____	_____
Depression	_____	_____
Emotional	_____	_____
Other	_____	_____

Does the student wear glasses/contact lenses? _____

Does the student wear hearing aids or use other assistive devices? _____

Can your child participate in full school activities including physical education, recess and fieldtrips? If no – please explain _____

MEDICAL CARE

Primary Care Physician _____ Telephone # _____

Special Consultant _____ Specialty _____ Telephone # _____

Dentist/Clinic _____ Telephone# _____

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

**Andover Public Schools
Home Language Survey**

Massachusetts Department of Elementary and Secondary Education regulations require that all schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken at home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering questions. Thank you for your assistance.

STUDENT INFORMATION:

			M F
FIRST NAME (full legal name as it is shown on birth certificate)	FULL MIDDLE NAME	LAST NAME	GENDER
	____/____/____	____/____/____	
COUNTRY OF BIRTH	DATE OF BIRTH (MM/DD/YYYY)	DATE FIRST ENROLLED IN ANY US SCHOOL	

SCHOOL INFORMATION:

____/____/____		
START DATE IN NEW SCHOOL (MM/DD/YYYY)	NAME OF FORMER SCHOOL AND TOWN	CURRENT GRADE

QUESTIONS FOR PARENTS/GUARDIANS

What is the native language(s) of each parent/guardian? (circle one)

(Parent 1/Parent 2/Guardian)

Which language(s) are spoken with your child? (include relatives-grandparents, uncles, aunts, etc. – and caregivers)

(seldom/sometimes/often/always)

(Parent 1/Parent 2/Guardian)

What language did your child first understand and speak?

(seldom/sometimes/often/always)

Which language do you use most with your child?

Which other languages does your child know?(circle all that apply)

_____ speak/ read/ write

Which languages does your child use? (circle one)

(seldom/sometimes/often/always)

_____ speak/ read/ write

Will you require written information from school in your native language? (circle one)

Yes No

(seldom/sometimes/often/always)

Will you require an interpreter/translator at Parent-Teacher meetings? (circle one)

Yes No

Parent/Guardian Signature:

X

TODAY'S DATE (MM/DD/YYYY)

For Office Use Only

Instructions:

1. Refer student to ESL teacher if questions 1-6 indicate a primary language other than English.
2. Note the following before filing form: _____ Date of referral to ESL teacher. (Please provide ESL teacher with a copy of this form.)
3. File Home Language Survey form in student's cumulative folder.
4. ESL teacher please use back of survey form to note any relevant comments from student's classroom teacher(s).

ACCEPTABLE USE POLICY-TECHNOLOGY

I. Purpose

- A. The primary purpose of the technology program is to provide access for students and employees of the Andover Public Schools to the system and network, including access to external networks, for educational purposes. Educational purposes shall be defined as classroom instruction and activities, career and professional development, and high quality self-discovery activities of an educational nature.
- B. The system and network also is intended to facilitate financial and personnel management; to increase communication among students, staff, and parents; to enhance productivity through the more efficient and economical dissemination of information; and to provide access to electronically stored information for educational research purposes.
- C. The system and network is to be utilized to provide information to students and staff and to the community, including parents, governmental agencies, and businesses. Whenever possible and practical, electronic communications, including electronic mail (Email) and Internet Web pages, shall be used in place of paper communications. An exception to the foregoing rule applies to student records. Information concerning a specifically identifiable student which is of importance to his/her educational process shall ordinarily not be the subject of Email communication. In the event that Email is used in such circumstances, a hard copy shall be printed out and maintained in the "temporary record" as defined in 603 CMR 23.02.

II. Availability

- A. The superintendent or designee shall implement, monitor and evaluate the district's system and network for educational and administrative purposes. Access to the system and network, including external networks, shall be made available to employees and students for educational and administrative purposes and in accordance with administrative regulations and procedures. The district will provide opportunities for training to users in the proper use of the system and network. Principals or their designee will ensure that training is provided to users on appropriate use of electronic resources. The district will provide each user with copies of the Acceptable Use Policy and Regulations and Procedures. Principals or their designee will be responsible for disseminating and enforcing policies and enforcing procedures in the building(s) under their control.
- B. Access to the system and network is a privilege and is not a right or entitlement. All users shall be required to acknowledge receipt and understanding of all administrative regulations and procedures governing use of the system and network and shall agree in writing to comply with such regulations and procedures. Access will be granted to permanent employees and to students with a signed access agreement. Access will be granted to substitutes, contractors, and student teachers with a signed access agreement and with the principal's signature. Principals or their designee will ensure that all users complete and sign the applicable access agreements. Noncompliance with applicable regulations and procedures may result in suspension or termination of user privileges and other disciplinary actions consistent with the policies of the Andover Public Schools. Violations of law may result in criminal prosecution as well as disciplinary action by the Andover Public Schools. Upon a user's withdrawal, transfer, or graduation from the Andover Public Schools or upon a user's termination/departure from employment with the Andover Public Schools, any and all Email accounts of that user shall be promptly closed.

III. Acceptable Use

- A. The Superintendent or designee shall develop and implement administrative regulations, procedures, and user agreements, consistent with the purposes and mission of the Andover Public Schools as well as with law and policy governing copyright. Teachers, staff members, and volunteers who utilize school information technology for instructional purposes have a duty to supervise use by students and to ensure that students' use is consistent with their access agreements and with the Andover Public Schools' Acceptable Use Policy.

IV. Monitored Use/No Expectation of Privacy

- A. Emails and other uses of electronic resources of the Andover Public Schools system and network by students and employees shall not be considered confidential and are the property of the Andover Public Schools. Copies of all information created, sent or retrieved are stored on the computer network's back-up files. These files may be monitored or reviewed at any time by designated staff to ensure appropriate use for instructional and administrative purposes, as well as to ensure proper use of resources and to conduct routine network maintenance and upgrading.. The issuance and use of passwords is to protect the user's information from access by other users and by third persons but shall not create any expectation of privacy with respect to the Andover Public Schools' access to such information.
- B. The Andover Public Schools recognizes that appropriate so-called "electronic classrooms" and similar sites operated by third-party vendors or hosts are acceptable instructional tools and learning environments for students and teachers. Because activities which occur on such sites do not take place on the Andover Public Schools' system and network, however, a condition of such use is that all users' passwords for accessing such sites or any subsites thereon must be provided to the Principal or designee. Failure to do so will be considered a violation of the Andover Public Schools' Acceptable Use Policies and appropriate penalties thereunder will be administered.
- C. The Andover Public Schools reserves the right to report to law enforcement authorities any activities involving the use of the system and network which in the judgment of the Andover Public Schools may involve illegality or may present or reveal a danger to the safety and welfare of persons. The Andover Public Schools will cooperate fully with any investigation by law enforcement authorities which concerns use of the system and network.

V. Liability

- A. The Andover Public Schools shall not be liable for users' inappropriate use of electronic resources or violations of copyright restrictions; for users' mistakes or negligence; for costs incurred by users without express permission in advance from a building administrator; or for any loss or corruption of data resulting from the use of electronic resources. The Andover Public Schools shall not be responsible for ensuring the accuracy or usability of any information found on external networks.

Approved: August 20, 2013
Superintendent of Schools

Dennis Forgue, Chairperson Original filed in the Office of the

SOURCE: Andover

DWLIBDB\272109.1 10089/00

ACCEPTABLE USE POLICY – REGULATION OF USE BY STUDENTS

1. Any and all commercial use of the system/network is prohibited.
2. Copyrighted software or data shall not be placed on the district system/network without permission from the holder of the copyright and the Andover Public Schools Director of Digital Learning and/or Chief Information Officer or his/her designee.
3. All passwords must be kept confidential by the user to whom the password belongs/is assigned. All passwords shall be protected by the user and not shared or displayed. All actions taken under user name and password are the responsibility of the user to whom the user name/password belongs/is assigned.
4. Anyone giving his/her password to another person and the recipient of that password are subject to disciplinary action.
5. Using another person's user account is prohibited.
6. Students completing required course work will have first priority for after hour use of the equipment.
7. Individual users shall, at all times, be responsible for the proper use of accounts issued in their names.
8. The system/network may not be used for illegal purposes, in support of illegal activities, or for any activity prohibited by district policy. This includes, but is not limited to, discrimination; hate crimes; cyberbullying; hazing; harassment; the making of threats or communicating acts of violence; gambling/wagering; and the purchase or sale of alcohol or drugs/controlled substances.
9. Users shall purge electronic information as directed by the Director of Digital Learning and/or the Chief Information Officer, or his/her designee.
10. Users may redistribute copyrighted materials only with the written permission of the copyright holder or designee. Such permission must be specified in the document or in accordance with applicable copyright laws, district policy and administrative procedures.
11. Only the Network Administrator(s) or person(s) with permission from the Director of Digital Learning and/or Chief Information Officer or his/her designee may upload/download public domain programs to the system/network.
12. Any malicious attempt to harm or destroy equipment, materials, data or programs is prohibited. Any attempt to gain unauthorized access to system programs, including but not limited to attempts to override firewalls, any attempt to engage in "hacking", and any attempt to gain unauthorized access to computer equipment is prohibited.

13. Deliberate attempts to degrade or disrupt system performance may be viewed as violations of district policy and/or as criminal activity under applicable state and federal laws. This includes, but is not limited to, the uploading or creation of computer viruses.
14. Vandalism will result in the cancellation of system privileges and will require restitution for costs associated with hardware, software and system restoration.
15. Forgery or attempted forgery is prohibited.
16. Attempts to read, delete, copy or modify the electronic mail of other users or to interfere with the ability of other users or send/receive electronic mail is prohibited.
17. Use of appropriate language is required; swearing, vulgarity, ethnic or racial slurs, and other inflammatory language is prohibited.
18. Pretending to be someone else when sending/receiving messages is prohibited.
19. Transmitting/viewing of the following is prohibited: obscene or sexually explicit material; material which advocates or promotes the use of illegal substances; material which involves advocacy of, instruction in, or access to bombs, weapons, explosives, firearms, incendiary devices, or similar items.
20. Revealing personal information (such as full names, addresses, phone numbers, etc.) is prohibited.
21. Users shall not use the system: to access or download material that is not relevant to approved uses, assignments or school course work/study; for recreational purposes, including but not limited to games/movies/"youtube"/music; or to access "chat rooms" or similar sites.
22. Users shall not use the system to send "chain letters" or "broadcast" messages to lists or individuals or to subscribe to "listserves" or "newsgroups" without prior permission from a teacher or Principal/Assistant Principal.
23. Users shall not use the network or system to proselytize or advocate the views of any individual or non-school organization, including but not limited to political or religious interests, or to raise funds for any non-school-sponsored purpose or organization. Users shall not use the network or system for any communication of the user's personal views on any matter in a manner which represents that they are the views of the Andover Public Schools or which reasonably could be interpreted as making that representation.
24. Users shall not open or forward any Email attachments from any unknown or suspicious sources.
25. Users are required to report immediately to a teacher or to a Principal/Assistant Principal all material which the user encounters on the system which: constitutes a threat of any kind to the safety of any other person; constitutes cyberbullying; or causes the user to feel uncomfortable or unsafe.

26. No privately owned computer(s) and/or computer equipment will be permitted to be Installed and/or operated on the Andover Public Schools' computer network without the express written permission of the Director of Digital Learning and/or the Chief Information Officer. When permission is obtained and as time permits, all privately owned computer(s) and/or computer equipment must be reconfigured and re-imaged by the Andover Public Schools' Technology Network Administrator to conform to the school district's operating system, application software, configuration requirements, and security restrictions.

27. A user who violates district policy or administrative procedures will be subject to suspension or termination of system/network privileges and will be subject to appropriate disciplinary action and/or prosecution. Any user who is uncertain whether his/her activity on the network or system is prohibited by this policy must obtain approval from a teacher or the Principal before engaging in such activity.

Revised Policy: August 20, 2013
Original Policy: May 20, 2003

Dennis Fogue, ASC Chairperson

SOURCE: Andover

DWLIBDBV272134.1 10089/00

**STUDENT USER AGREEMENT FOR PARTICIPATION IN
AN ELECTRONIC COMMUNICATIONS SYSTEM**

For Teacher Use
New password needed _____
New account needed _____
Sent to: _____
RM/School: _____

For Office Use
Date Received: _____
Returned: _____
LASID _____
Date sent: _____
To: _____
Disabled: _____
Enabled: _____
Initials: _____

User Name: _____

Grade Level: _____ Telephone Number: _____

School: _____ Homeroom: _____

I have read the district's Acceptable Use Policy and Regulation of Use by Students and agree to abide by their provisions. I understand that violation of these provisions may result in disciplinary action including but not limited to suspension or revocation of privileges, suspension or expulsion from school, termination of employment, and criminal prosecution.

Signature: _____

Date: _____

Parent/Guardian Sponsor

I have read the district's Acceptable Use Policy and Regulation of Use by Students. In consideration for the privilege of using the district's system/network, and in consideration for having access to the public networks, I hereby release the district, its operators, and institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use, the system/network, including, without limitation, the type of damage identified in the district's policy and administrative procedures.

Please place your INITIALS in the space provided to the left of the statement(s) of your choice:

_____ I give my permission for my child to participate in the Andover Public School's system/network.

_____ I do not give permission for my child to participate in the Andover Public School's system/network.

Signature of parent/guardian: _____ Date: _____

Print parent/guardian name

SOURCE: Andover

PLEASE RETURN THIS PAGE WITH APPROPRIATE SIGNATURE

Andover Public School District
Agreement for Use of APS-Approved Web 2.0 Tools

Dear Parent/Guardian:

This year your child's teacher(s) may be using online Web 2.0 tools to extend instruction beyond the classroom. These APS-approved tools and their guidelines can be found online at (<http://goo.gl/juLIYe>). Any use of these tools will be part of an educational activity or project.

It will be the student's responsibility to follow the rules of acceptable Internet and computer use (See Technology Policy – IJN DB). It will be the teachers' responsibility to ensure compliance with the Terms of Service for each individual approved online tool.

RULES FOR ACCEPTABLE USE

- At no time will a student give out his/her password – unless it is requested by an APS teacher or administrator.
- Students must understand the use of any approved online tools is for educational purposes only as identified by a teacher. This is NOT a personal account.
- Good online citizenship and netiquette are expectations when using any online tools.

UNACCEPTABLE USES

- Use of this account for any illegal purpose.
- Using another student's account
- Posting specific personal information about yourself or others (last name, address, phone number, etc).
- Downloading or using copyrighted information without proper permission
- Posting or accessing information that is offensive, abusive, obscene, harassing, threatening, damaging to another's reputation, sexually oriented, or illegal
- Gaining unauthorized access to restricted resources or information

CONSEQUENCES FOR UNACCEPTABLE USE

- Restriction of account privileges
- Cancellation of account
- Other disciplinary or legal action in accordance with the Student Code of Conduct and/or laws.

This *Agreement for Use of APS-Approved Web 2.0 Tools* must be renewed each year. Students who use these online tools must also have Internet Permission from a parent and/or guardian.

Andover Public School District
Agreement for Use of APS-Approved Web 2.0 Tools

Student User Agreement for Participation in an Electronic Communications System

Please return *only* this page. *Keep all other pages for future reference.*

Full Name (no nicknames): _____

Grade(s) _____ Telephone Number _____

School _____ Homeroom No. _____ Teacher _____

Parent/Guardian Permission

I have read and understand the cover letter, rules and consequences for using these online tools. I understand that my child will use these tools for educational purposes. I understand that my child will use these tools for educational purposes. I understand that my child will also abide by all APS policies for Internet and computer use. I understand that violation of these rules may result in restriction or cancellation of my child's account or other disciplinary action. Finally, I understand that my child's access to these tools is not private and that my child's account may be monitored.

- Yes, I give my child permission to use APS-approved Web 2.0 Tools according to the tool guidelines.
- No, I DO NOT give my child permission to use APS-approved Web 2.0 Tools according to the tool guidelines.

Parent/Guardian Signature: _____ Date: _____

Student Agreement

I have read and understand the cover letter, rules and consequences for using these Web 2.0 tools. I understand that I will use these tools for educational purposes. I understand that I will use these tools for educational purposes. I understand that I will also abide by all APS policies for Internet and computer use. I understand that violation of these rules may result in restriction or cancellation of my account or other disciplinary action. Finally, I understand that my use of these tools is not private and may be monitored.

Student Signature: _____ Date: _____

Teacher Agreement

I agree to sponsor the above student and to supervise his/her responsible use of APS-Approved Web 2.0 Tools and computers as defined by the APS Acceptable Use Policy and Federal CIPA Guidelines. I understand that I am responsible for monitoring the flow of interaction within these tools. I also understand that this account is only to be used for school-related projects and instruction. I understand that my use of these accounts is not private and that my account may be monitored.

Teacher Signature: _____ Date: _____

Please return this page with appropriate signatures

SIGNATURE PAGE FOR CONSENT FORMS

Student Name: _____ Grade: _____

School: _____

1. STUDENT USER AGREEMENT FOR PARTICIPATION IN AN ELECTRONIC COMMUNICATIONS SYSTEM

Please check the appropriate boxes below and sign:

Yes _____ No _____

**Electronic User Agreement (Grades K-5)
Acceptable Use Policy (AUP Policy #IJNDB)**

Yes _____ No _____

Web 2.0 Agreement (Grades K-8) according to the guidelines

I have read the District's Acceptable Use Policy #IJNDB and Electronic Communication System and Regulation of Use by Students/Web 2.0 and agree to abide by their provisions. I understand that violation of these provisions may result in disciplinary action including but not limited to suspension or revocation of privileges, suspension or expulsion from school, termination of employment, and criminal prosecution.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

2. Andover Public Schools' Student Directory Information

Student 'directory information' (name, dates of attendance, class or grade, participation in officially recognized activities and sports, photographs/videos, membership on athletic teams, degrees, honors and awards, major field of study, and post high school plans) may be released by the Andover Public Schools without the consent of the parent/guardian of the student. However, parents/guardians may opt out of releasing this information.

I indicate that I **DO NOT** want my child's directory information released. Yes _____ No _____

3. Do you wish to participate in a school-based "Family Contact List," which will be distributed to families within your student's school? By default, the family contact list will contain the student's name, grade, classroom, and the contact information listed under Parent/Guardian 1.

I authorize and grant permission for the Andover Public Schools to include my family information in a school-based Family Contact List, and I understand that all families and students attending my son/daughter's school and all school staff may receive and/or have access to the school-based Family Contact List. Yes _____ No _____

4. MEDIA RELEASE

Andover Public Schools (APS) is committed to protecting student privacy. "Student Data" may include, but is not limited to, a student's name, likeness, spoken words, student work, performance or movement – recorded, in any form, including, but not limited to, images, film, recordings, photographs, audio recordings, video recordings or written documents. Parents/guardians have the right to authorize, not authorize and/or limit the release of Student Data in specific contexts.

Please select one of the options below:

By entering into this informed consent and release and granting the permission as detailed below, you release the Andover Public Schools and the School and their respective officers, directors, agents and/or employees from and against any and all liability, loss, damage, costs, claims and/or causes of action arising out of or related to releasing your son/daughter's Student Data as you have authorized below. We are not responsible for unauthorized people's distribution of a child's name, likeness, image, spoken words, student work, learning experiences, performance and movement.

OPTION A: GENERAL MEDIA RELEASE

Authorizing the release of student data for general publicity purposes

I authorize the Andover Public Schools and/or my son/daughter's school to record, film, photograph, audiotape or videotape my child's name, image, likeness, spoken words, student work, performance and movement, in any form (hereinafter collectively referred to as "Works"), and to display, publish, distribute or exhibit these Works or any part thereof for the purpose of and in connection with any material that may be created by the Andover Public Schools and/or the School for the Andover Public Schools and/or the School, including, without limitation, for posting on the Andover Public Schools and/or School's website, newsletters, and social media such as Facebook, LinkedIn, Blogs, and Twitter, any website that has been approved by the Andover Public Schools and/or for broadcasting on television and /or displaying, publishing, distributing or exhibiting such information at community or school-based events (such as a school's open house or a public exhibition of student work or announcement of a student's scholarship, awards, honors and/or post-high school plans or as part of classroom instruction).

By selecting Option 'A' (General Media Release), I grant permission as stated herein and expressly authorize Andover Public Schools and/or the School to use, in whole or in part, my child's name, likeness, image, spoken words, student work, learning experiences, performance and movement in all manner and media, as Andover Public Schools and/or the School determines in their sole discretion. *Andover Public Schools assumes no responsibility for any unauthorized person distributing a child's name, likeness, image, spoken words, student work, learning experiences, performance and movement.*

OPTION B: RELEASE OF STUDENT DATA FOR EDUCATIONAL PURPOSES ONLY

Authorizing the limited release of student data for educational purposes ONLY

I authorize APS and/or my son/daughter's school to use my son/daughter's Student Data for educational purposes and in educational settings including, but not limited to, posting my son/daughter's photo inside of a classroom or school building or school hallway, allowing my son/daughter to participate in recorded school projects, using photos, film or recordings for instructional use or service provision, for creating classroom photo "memory books" for students and their families, for creating classroom newsletters or other such publications for students and their families and/or displaying, publishing, distributing or exhibiting such information at community or school-based events (such as the school's open house or a public exhibition of student work or as part of classroom instruction) or for including my son/daughter in school-wide contexts such as class pictures or school slide-shows.

By selecting 'Option B' (Release of Student Data for Educational Purposes Only),

I grant permission as stated herein and expressly authorize Andover Public Schools and/or the School to use, in whole or in part, my child's name, likeness, image, spoken words, student work, learning experiences, performance and movement for educational purposes. *Andover Public Schools assumes no responsibility for any unauthorized person distributing a child's name, likeness, image, spoken words, student work, learning experiences, performance and movement.*

OPTION C:

I **do not** authorize APS and/or my son/daughter's school to release any of my son/daughter's Student Data for general publicity, educational purposes, social media, websites, school newsletters, and/or blogs.

Please select one of the options above: Option A _____ Option B _____ Option C _____

5. ELEMENTARY ON-LINE STUDENT HANDBOOK www.aps1.net

I have read the approved student handbook online.

Student's

Signature: _____ Date: _____

Parent/Guardian Signature: _____

Date: _____

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