

2017/18 PARENT/STUDENT HANDBOOK AGREEMENT

Student Name: _____

Parent Name: _____

Grade: _____

Homeroom Teacher Name: _____

Students in 2nd - 8th grades, please initial below:

____ As a student of Calvary Christian School, I have completely read the school's handbook. I understand that if I violate this Policy, I [or the parent(s)/legal guardian(s)] will be liable for damages and am subject to appropriate disciplinary process, up to and including expulsion from Calvary Christian School.

____ I will follow and obey the rules and guidelines set forth in the handbook by Calvary Christian School and Administration, with God's help, and for His glory.

Parents, please initial below:

____ I agree to and support all of the information in the handbook as set forth by Calvary Christian School and Administration, and will exhort my student to comply with all of the rules and guidelines set forth in the handbook, with God's help, and for His glory. I agree to work with and support the staff/administration of Calvary Christian School in fulfilling the information and requirements in this handbook for the ultimate benefit of my student.

____ I give permission for my child to be photographed and/or videotaped for future promotional materials including website and social media postings for Calvary Christian School. I do so without compensation and with the understanding that these photographs and/or videotaped images will be used exclusively by Calvary Christian School for its publications, website, social media and publicity purposes only. Students will not be identified.

____ I have completely read the Student Computer Acceptable Use Policies (AUP). I understand that if my student violates the AUP Policy, I will be liable for damages and my student(s) is/are subject to appropriate disciplinary process, up to and including expulsion from Calvary Christian School.

____ I understand the risks associated with allowing my child to use the Internet. Furthermore, in signing this policy, I affirm that the school made a reasonable attempt to educate me on the known potential risks of using the Internet and the school's rules and goals of Internet use. I understand that it is not reasonable for Calvary Christian School to directly supervise my student(s) at all times. I agree that when my child is not directly supervised, he or she will obey all school computer use policies, civil and criminal laws. Based on this adequate notice, I agree not to hold the Calvary Christian School and Calvary Church responsible for materials acquired or contacts made on the network. I have reviewed these responsibilities with my child, and he or she clearly understands this acceptable use policy and has agreed to obey all school procedures, civil, and criminal laws.

____ I grant ____ I do not grant permission to the Calvary Christian School to provide network and Internet access at school for educational purposes as directed by staff. *(Please be advised that if you check no your student will not be permitted to use Internet access for research and exploration, but your child will still be instructed through the use of Internet-based educational software deemed vital to your child's educational success.)*

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____



CALVARY

CHRISTIAN SCHOOL

Google Apps for Education Permission Slip

6th-8th Grade Students ONLY

Parent:

Please initial next to the option below that you choose, then sign and date the form.

I agree to allow my student to have a Google Apps for Education account that can be used on any computer connected to the internet. I understand the account is for educational purposes and use must meet the expectations outlined above. Any misuse of the account will be handled exactly as if it were done in school on a school account.

	I agree to allow my student to have a Google Apps for Education account that can be used on any computer connected to the internet. I understand the account is for educational purposes and use must meet the expectations outlined above. Any misuse of the account will be handled exactly as if it were done in school using a school device and network.
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	No, I do not want my student to use the Google Apps for education resources in any form. I understand that my student may not be able to participate fully in all classroom exercises and that I need to provide similar alternatives to meet the needs of my student's coursework.
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Parent Name (print) _____

Parent Signature _____ Date _____

Student - Please initial next to the statement below then sign and date the form:

	I agree to all terms and conditions of the Google Apps for Education policy
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Student Name (print) _____

Student Signature _____ Date _____