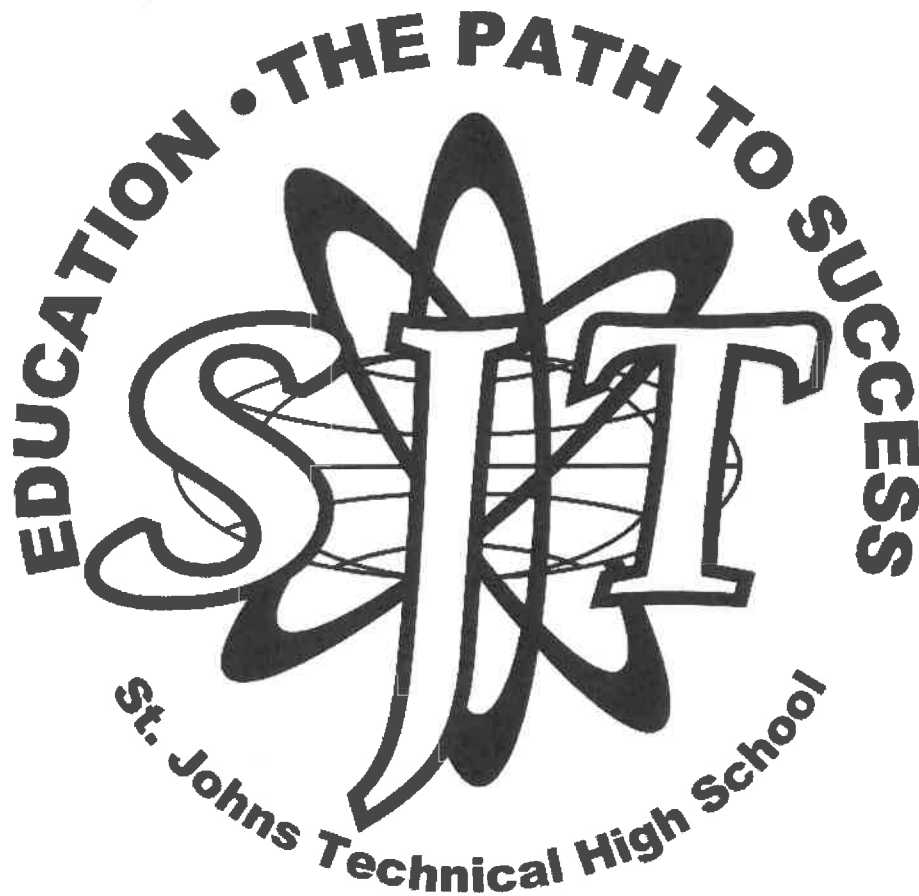


# Registration Package

2016-2017

Middle School APEX Program





Dr. Joseph G. Joyner  
Superintendent of Schools

# Welcome to St. Johns County School District

40 Orange Street  
St. Augustine, Florida 32084  
(904) 547-7500  
[www.stjohns.k12.fl.us](http://www.stjohns.k12.fl.us)

The St. Johns County School District will inspire good character and a passion for lifelong learning in all students, creating educated and caring contributors to the world

## Registration Requirements

### 1. Grade Placement (Florida State Statute 1003.21)

- Kindergarten: A child must be five years old on or before September 1st.
- First Grade: A child must be six years old on or before September 1st AND satisfy one of the following:
  - Satisfactory completion of kindergarten in a Florida public school.
  - Satisfactory completion of kindergarten in a non-public school.
  - Previous attendance in an out-of-state school in which the student was admitted on the basis of age requirements established by the state of residency.

### 2. Proof of Residency:

- Certain documents will be required to prove residency. A complete detail of these requirements can all be found in: Residency process (<http://www.stjohns.k12.fl.us/student/residency/>)

### 3. Proof of Immunization

- Florida Certification of Immunization, DOH 680 Form (Florida State Statute 1003.22)

For additional information regarding immunizations, please contact:  
Florida Department of Health- St. Johns County  
904-209-3250  
200 San Sebastian View  
St. Augustine, FL 32084

<http://stjohns.floridahealth.gov/about-us/index.html>

For additional information regarding any health issue for school enrollment, please visit (<http://www.stjohns.k12.fl.us/health/>)

### 4. Additional Requirements

- Copy of Birth Certificate
- School-Entry Health Examination (dated within 12 months of first day of school)
- Social Security Number (optional)
- Academic Records (for students previous enrolled in another school)

Although we will request the records from the previous school, placement may be expedited if you have:

- Most recent report card
- Unofficial transcripts or grades
- Most recent test scores (mandatory prior to registration for Honors or Dual Enrollment classes)
- Student IEP, EP or 504 (if applicable)

If you would like to complete the registration paperwork in advance please visit your zoned school website and click on their Registration Paperwork link. You can locate your school by clicking here:

<http://www.stjohns.k12.fl.us/student/enrollment/form>

If you do not know the name of your zoned school please use the Zone Locator: <http://www.stjohns.k12.fl.us/zoning/>

## CHARACTER COUNTS!



## Class Size:



Joseph G. Joyner, Ed.D.  
Superintendent of Schools

40 Orange Street  
St. Augustine, Florida 32084  
(904) 547-7500  
[www.stjohns.k12.fl.us](http://www.stjohns.k12.fl.us)

2016-2017 School Year

Dear Parent/Guardian:

### SCHOOL BOARD

Beverly Slough  
District 1

Tommy Allen  
District 2

Bill Mignon  
District 3

Kelly Barrera  
District 4

Patrick Canan  
District 5

The St. Johns County School District (SJCS D) is required by the State of Florida Constitution to fully implement the Class Size Amendment (CSA). The CSA requires that core classes not exceed the following numbers of students in specific grade levels:

Pre-Kindergarten through Grade 3:	18 students
Grade 4 through Grade 8:	22 students
Grade 9 through Grade 12:	25 students

In order to comply with these class limits, the SJCS D must make some difficult choices. One of the unfortunate consequences of the CSA is the need to make student placement decisions and adjustments based on the number of students, rather than strictly on the needs of the students. We have also had to decrease the number of elective choices available to students in order to increase the required number of core classes.

Financial implications to the CSA include hiring personnel, adding relocatables or finding additional space within our current facilities, purchasing additional textbooks for teachers, etc. Our school district is using "co-teaching" as one method to meet the CSA. Adding a teacher to the classroom keeps the class from being split, which creates less disruption and more consistency for our students. It is, however, not a perfect solution, as the cost of the second teacher must be absorbed by the district.

The dynamic of a mobile and growing student population adds another layer of difficulty to student placement. As students enroll or withdraw in a school, the class size caps must be maintained. Therefore, all families enrolling their child(ren) should be aware that classroom assignments may require a change in student placement to comply with the CSA. Students will be placed in an available seat in their grade. Should shifts from one classroom to another be necessary, either a volunteer or a selected student will be moved.

Immediately following the tenth day of school (August 23<sup>rd</sup>), all classes will be balanced, which could include moving teachers, associate teachers and/or students. Additional balancing based on growth or student movement will continue until September 15<sup>th</sup>. We will make every attempt to minimize student movement, but we must be both fiscally responsible and CSA compliant. We have always held, and will continue to hold, the educational needs of all students as a high priority.

Thank you for your understanding with this challenging requirement. If you have any questions regarding this information, please do not hesitate to call your child's principal.

Sincerely,

Joseph G. Joyner, Ed.D.  
Superintendent of Schools

2.11.16

The St. Johns County School District will inspire good character and a passion for lifelong learning in all students, creating educated and caring contributors to the world.

### St. Johns County School Board Members

Beverly Slough \* Tommy Allen \* Billy Mignon \* Kelly Barrera \* Patrick Canan



## Required Items – Parent / Guardian Checklist

1.  Completed St. Johns County School District **Student Information/Entry Form**
2.  Proof of **Residency** for St. Johns County
  - a.  Driver’s License (verification only, not a valid proof of residency)
  - b.  Lease/Mortgage Statement/Signed Deed **Date on Lease/Mortgage/Deed** \_\_\_\_\_
  - c.  **Current** Utility Bill (*dated within the last 30 days*) **Date on Bill:** \_\_\_\_\_
  - d.  One other bill showing proof of address (*Dated within past 30 days*)
  - e.  **Notarized** Affidavit of Residency (if applicable). Applies only to families who are living with someone else who is a renter or homeowner and is good for the **Current School Year** only.
  - f.  **Notarized** Homeowners Acknowledgement Form (if applicable). Good for **Current** School Year only.
    - FPL or Utility Bill **Date on Bill:** \_\_\_\_\_
    - Mortgage Statement **Date on Lease/Mortgage:** \_\_\_\_\_
3.  **Physical Health Exam** (required for 1<sup>st</sup> time enrollment in Florida public school and must have been completed within 12 months prior to the first day of school per FL Statute 1003.22.1)
4.  **HRS Florida 680** Certificate of Immunization form **Date Signed:** \_\_\_\_\_  
(Form must be stamped and signed. May be electronically signed.)
5.  **Birth Certificate** (original or certified copy. *Not ornamental, souvenir copy from hospital*)
6.  Copy of **students Social Security Card** (*optional*)
7.  **Signed** and completed **Home Language Survey**
8.  **Title 1 Migrant Program Occupational Survey**
9.  **Guardianship documents** (if applicable). See section 744 of the Florida Statutes.

### Optional but Preferred

1.  Current **IEP/EP** and **Psychological** for Exceptional Education Students
2.  Current 504 Plan
3.  Unofficial Academic Records: copy of report cards/proof of grade placement/withdrawal form
4.  Unofficial Academic Testing: standardized testing/FSA/or other state assessments

### Special Programs/Concerns (if applicable)

ESE  504  ESOL/ELL  Gifted  Speech  Language  OT  PT  Other: \_\_\_\_\_

Legal Issues: (*Please provide legal documentation to school if pertains to student, ex: custody*)

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Medical Concerns: \_\_\_\_\_

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# St. Johns County School District

School Name: \_\_\_\_\_

## Student Registration & Emergency Form

School Year: **2016/2017**

Legal Name: \_\_\_\_\_ AKA: \_\_\_\_\_ Former Name: \_\_\_\_\_  
(Last) (First) (Middle)

Ethnicity:  Hispanic/Latino  Non-Hispanic/Latino *(Please also complete "Race" selection below. CHECK ALL THAT APPLY.)*

Race:  White  Black/African American  Native Hawaiian or Other Pacific Islander  Asian  American Indian/Alaska Native

Gender:  M  F Date of Birth: \_\_\_\_\_ Birth City: \_\_\_\_\_ State: \_\_\_\_\_

Social Security #: \_\_\_\_\_ *(optional)* Entering Grade: \_\_\_\_\_

In compliance with section 119.071(5) (a), Florida Statutes, the St. Johns County School District (SJCSD) issues this notification regarding the purpose of the collection and use of your child's social security number. The SJCSD collects your child's social security number for use in performance of the school district's duties and responsibilities. To protect your child's identity, the SJCSD will secure your child's social security number from unauthorized access. The SJCSD will never release your child's social security number to unauthorized parties.

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(if different from above)

Primary Language: \_\_\_\_\_ Secondary Language: \_\_\_\_\_

School Last Attended: \_\_\_\_\_ Address: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Has your child ever been enrolled in a Florida public school?  Yes  No If yes, where? \_\_\_\_\_

Last school of enrollment:  Public  Private

Special Programs:  ESE  504  ESOL/ELL  Gifted  Speech  Language  OT  PT  Other: \_\_\_\_\_

### **Family Information ~ This section must be completed**

Who has custody?  Mother & Father  Mother  Father  Legal Guardian  Grandparents  Other: \_\_\_\_\_

Student lives with:  Both Parents  Mother  Father  Legal Guardian  Grandparents  Parent & Step-Parent

Other: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

*(Appropriate legal custody documentation must be on file in student's cumulative record)*

Mother/Legal Guardian/Step Mother/Other:

Father/Legal Guardian/ Step Father / Other:

\_\_\_\_\_  
Last Name First Middle

\_\_\_\_\_  
Last Name First Middle

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Phone Cell Phone

\_\_\_\_\_  
Home Phone Cell Phone

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Employer Work Phone

\_\_\_\_\_  
Employer Work Phone

Is this student a child of an active military family?  Yes  No Branch: \_\_\_\_\_

Does Parent/Guardian work on federal property?  Yes  No

Is your current residence permanent or temporary (loss of housing due to economic hardship or similar reasons)? (Please circle one)

If temporary, please explain: \_\_\_\_\_

(If temporary, you may be eligible to receive services provided under the McKinney-Vento Act.)

### **List all Pre-K – 12 aged children in family in order of birth:**

Name: (First and Last) Age Grade School

\_\_\_\_\_

\_\_\_\_\_

**Please Check Type of Transportation:**  Parent Pick up  Extended Day Program \_\_\_\_\_

Day Care Pick Up  Walk  Bus #  Student Driver  Other: \_\_\_\_\_



# St. Johns County School District

Student Last Name, First Name: \_\_\_\_\_

### Pre-School Information

Did your child attend any of the following programs? If yes, please indicate which program(s) he/she attended and for how long.

- |  |  |
|--|--|
| <input type="checkbox"/> Pre-K Early Intervention _____ Age  | <input type="checkbox"/> Head Start _____ Age          |
| <input type="checkbox"/> Subsidized Child Care _____ Age     | <input type="checkbox"/> Pre-K Disabilities _____ Age  |
| <input type="checkbox"/> Non-Subsidized Child Care _____ Age | <input type="checkbox"/> Migrant Pre-K _____ Age       |
| <input type="checkbox"/> Child Find Systems _____ Age        | <input type="checkbox"/> Teen Parent Program _____ Age |
| <input type="checkbox"/> First Start Program _____ Age       | <input type="checkbox"/> Even Start Program _____ Age  |
| <input type="checkbox"/> VPK Program _____ Age               | <input type="checkbox"/> Other _____ Age               |

Has your child ever participated in home education?  Yes  No List all grade levels \_\_\_\_\_

### Health Information

Parent/Guardian is required to complete an emergency medical form annually for each child.

Does the student have any illnesses or health concerns?  Yes  No If yes, what? \_\_\_\_\_

Does the student take any medication regularly?  Yes  No If yes, what? \_\_\_\_\_

Does this medication have to be given at school?  Yes  No If yes, please complete a medication authorization form.

School district personnel will contact Emergency Medical Services directly in an emergency situation and will take whatever action is deemed necessary for the health of the aforesaid child. The school district is not financially responsible for the emergency care and/or transportation for said child.

Please check if student has a current problem with any of the following: *Please note any medication student is taking.*

- |  |  |
|--|--|
| <input type="checkbox"/> ADD/ADHD Medication _____ When Given: _____ | <input type="checkbox"/> Allergies Specify _____ Medication _____                          |
| <input type="checkbox"/> Asthma Medication _____ When Given: _____   | <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Condition Describe: _____ |
| <input type="checkbox"/> Seizures – Type _____ Medication: _____     |  |
| <input type="checkbox"/> Any other condition: _____                  |  |

DOCTOR'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

### MUST BE FILLED OUT- *Persons who will care for student in case neither parent can be reached (Only people listed may pick up your child with Photo ID.)*

- |             |                     |               |               |
|-------------|---------------------|---------------|---------------|
| Name: _____ | Relationship: _____ | Home #: _____ | Cell #: _____ |
| Name: _____ | Relationship: _____ | Home #: _____ | Cell #: _____ |
| Name: _____ | Relationship: _____ | Home #: _____ | Cell #: _____ |
| Name: _____ | Relationship: _____ | Home #: _____ | Cell #: _____ |

### Student Information Release

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age certain rights with respect to the student's education records. The St. Johns County School Board has described Student Directory Information and the conditions for its release in Board Rule 5.20 listed on the District's website. Please refer to Rule 5.20 for more details. Parents or adult students who object to the release of Directory Information must notify the District and their school annually in writing within 30 days following registration.

Students may receive State specified health services, vision, hearing, weight, BMI and scoliosis screening. Students may be exempted from any of these services if parent or guardian requests such exemption in writing.

Parent/Guardian Statement: I accept responsibility for notifying the school of any changes of home address or phone number or any change in health status of my child. In the event of serious illness or accident and the school cannot contact me, I give permission to have my child moved via ambulance or other conveyance to a hospital for immediate attention, and I assume responsibility for payments of same. In case of an accident or illness when immediate treatment is not needed, but when my child is unable to remain in school, I request to be contacted by the school. If I am unable to be reached, I request that one of the persons listed be contacted to care for my child until I can be reached. These persons have permission to transport my child. I consent that appropriate information from my child's educational records will be shared with District health care partners as needed to provide and evaluate health services and that information from my child's medical treatment records created by health care personnel at school may be shared with school officials who have a legitimate need for access.

**Under the penalty of perjury and Florida law governing false statements made to public servants, I certify that the information included in this form is correct, to the best of my knowledge, and that those questions concerning giving or not giving permission were completed by me.**

Parent/Guardian Signature: \_\_\_\_\_ Name (Printed) \_\_\_\_\_ Date: \_\_\_\_\_



# St. Johns County School District

## Home Language Survey

Must be completed for first time entrance into St. Johns County (*Please Respond in English*)

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (Middle)

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  M  F

Parent or Guardian's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: FL Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell: \_\_\_\_\_

**Please read carefully and answer all questions below:**

1. Is a language other than English used in the home?  Yes  No  
**(Is the native language spoken consistently in the home among immediate family members?)**

2. Does your child have a first language other than English?  Yes  No  
**(Did your child learn to talk in a language other than English?)**

3. Does your child most frequently speak a language other than English?  Yes  No

4. What language is the most frequently spoken at home? \_\_\_\_\_

5. What is the student's country of origin? \_\_\_\_\_

6. What is your child's country of birth? \_\_\_\_\_

7. What is your child's state & city of birth? \_\_\_\_\_

8. What is your child's Date of Entry into the United States? \_\_\_\_\_

9. Which language did your child learn when he/she first began to talk? \_\_\_\_\_

10. What language do you most frequently speak to your child? Father: \_\_\_\_\_

Mother: \_\_\_\_\_

11. Please describe the language understood by your child. (Please check only one.)

- A.  My child understands only the home language and no English.
- B.  My child understands mostly the home language and some English.
- C.  My child understands the home language and English equally.
- D.  My child understands mostly English and some of the home language.
- E.  My child understands only English.

12. If available, in what language would you prefer to receive communications from the school? \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only			
Student ID #	Date Distributed	Date Received	



# St. Johns County School District

## Title 1 Migrant Program / Occupational Survey

(Please send this form to the SJCSD Federal Programs Department)

Child's Name

School of Registration

Parent Name

Present Occupation

We are interested in providing help to children and families who have had to move from one school district to another so a member of the family could work/seek work in certain kinds of jobs. Please assist us in finding out what we will be able to serve in this special project by filling out one of these forms.

1. In the last three years have you or anyone in your family crossed state or county lines for the purpose of working in one of the following occupations, either full-time or part time?

**Yes**    **No**

- Farming** (plowing, planting, cultivating, harvesting and processing of farm crops)
- Dairy Work** (feeding, milking and rounding up)
- Poultry or Egg Work**
- Planting, Growing or Harvesting of Trees**
- Nursery Work, Planting, Potting, Pruning**
- Commercial Fishing** (fresh/salt water, crabbing, shrimping and clamming)
- Working on a Fish Farm**
- Processing Fish Products**

If you checked YES in any category above, please continue on and answer Question 2.

2. Do you have children under the age of 22?     Yes     No
3. Are you or your spouse under the age of 22?     Yes     No

### PROGRAMA DE EDUCACION PARA MIGRANTES / ENCUESTA OCUPACIONAL

Este distrito escolar está interesado en proveer ayuda a aquellos niños cuyas familias se hayan mudado de un distrito escolar a otro para que algún miembro de la familia trabaje o busque trabajo. Por favor ayúdenos a identificar a aquellos niños a quienes este programa podría servir, llenando la siguiente información:

1. Usted o algún miembro de su familia se ha mudado de un estado a otro o ha cruzado condados para trabajar o buscar trabajo, ya sea jornada completa o tiempo parcial, durante los últimos tres años en las siguientes ocupaciones?

**SI**    **NO**

- Agricultura** (arar, sembrar, cultivar, cosechar y procesar productos agrícolas)
- Ganadería** (vaquería o lechería)
- Avicultura** (trabajar con aves y huevos)
- Sembrar y cultivar árboles**
- Viveros** (sembrando y atendiendo plantas)
- Pesca comercial** (agua dulce y/o salada, cangrejos y/o camarones)
- Procesar y transportar productos de pesca o de viveros**

Si usted marcó si en alguna de estas categorías, por favor continúe y conteste las siguientes preguntas:

2. Tiene usted hijos menores de 22 años?     SI     NO
3. Usted o alguien en su hogar es menor de 22 años?     SI     NO

Parent's Signature/ Firma del padre

Date/ Fecha

Address / Dirección

Phone Number / Número de teléfono

Need an interpreter? Call Shemeka Gilyard at 547-8924

¿Necesitas un intérprete? Llama a Shamea Gilayard al 547-8924



# St. Johns County School District

## St. Johns County Schools Records Requests

Date of Request: \_\_\_\_\_

Previous School: \_\_\_\_\_

Address of Previous School:

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The following student(s) have registered at \_\_\_\_\_.  
Please release records so that we may complete the registration process.

Student Name:	Date of Birth:	Grade:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please send the following information:

- ✓ Cumulative Records (include withdrawal grades and most recent report card)
- ✓ All Health Records (Immunizations, Physical, Birth Certificate)
- ✓ All Exceptional Student Educations Records (include IEP, Psychological, 504, RTI, etc.)
- ✓ Attendance History
- ✓ Test Scores (Assessments)
- ✓ Discipline Record
- ✓ Student Transcripts (proof of promotion) if applicable
- ✓ ELL / ESOL information if applicable
- ✓ Other educationally relevant records.

Please send the records to: \_\_\_\_\_

Parent signature \_\_\_\_\_ Date: \_\_\_\_\_

School Official Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Under Family Educational Rights and Privacy Act, (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99), records may be requested without parental consent when they are requested by School Officials with legitimate educational interest, including to schools in which a student is transferring. (34 CFR § 99.31)**



# St. Johns Technical High School APEX Program

Mrs. Martin, APEX Coordinator

2016 – 2017 School Year

## *Our Mission*

*The APEX Program will provide a challenging and supportive, educational environment for students who have not been successful in traditional classrooms.*

## STUDENT APPLICATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Present Grade \_\_\_\_\_

School presently attending \_\_\_\_\_

Zoned High School \_\_\_\_\_

Grade student should be in \_\_\_\_\_ Retained in the following grade(s): \_\_\_\_\_

\_\_\_ **Check if you have an IEP/504 Plan** Exceptionality: \_\_\_ Consultative \_\_\_ Support Facilitated \_\_\_

Parent/Guardian Name \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

## ELIGIBILITY CRITERIA

**Check all that apply:**

\_\_\_ Student has been retained at least one year \_\_\_ Administrative / teacher / parent referral

### **\*\*REQUIRED ADMISSION INFORMATION (SUBMITTED BY CURRENT SCHOOL)\*\***

\_\_\_ **FCAT/FSA Scores:** Reading Level \_\_\_ Math Level \_\_\_ Writing Level \_\_\_ Latest Fluency Data \_\_\_

\_\_\_ **Copies of printouts from reading programs (Read About, Read 180, Lexia, Reading Plus)**

\_\_\_ **Transcript** \_\_\_ **FAIR Data** \_\_\_ **Discovery Ed. Data (All Subjects)** \_\_\_ **IEP support pages**

\_\_\_ **MTSS Data** \_\_\_ **Form of Remediation** \_\_\_ **Form of Credit Recovery** \_\_\_ **Benchmarks Failed**

\_\_\_ **Student's previous year Attendance Record:** \_\_\_ days excused \_\_\_ days unexcused

\_\_\_ **Copy of final report card / Last report card issued**

\_\_\_ **Copy of Discipline File** (Applicant's discipline file will be reviewed prior to acceptance)

**Your initials on the following paragraphs indicate acceptance of these conditions for enrollment in the program.**

\_\_\_\_\_ Attend a mandatory 2 week summer school session at SJTHS Monday through Thursday, 8:30 a.m. – 1:00 p.m. from June 6<sup>th</sup> - 16<sup>th</sup>, 2016. During the summer session, students will be assessed for placement in reading and math courses as well as in the PLATO lab for credit recovery.

\_\_\_\_\_ APEX Students are expected to attend after school tutoring sessions every Wednesday from 2:50-3:45 (school bus transportation is provided). Attendance is mandatory if a student is enrolled in a credit recovery course, reading course, or has a failing grade in any course.

**No student will be considered or processed without all applicable paperwork/forms.** Please contact the guidance counselor and Literacy Coach at your school for assistance with the **Required Admission Information.** **You will be contacted once the review process is complete.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**For St. Johns Technical High School Personnel Only:**

\_\_\_\_\_ Transcript

\_\_\_\_\_ FCAT Scores

\_\_\_\_\_ Final Report Card

\_\_\_\_\_ Latest Fluency Score

\_\_\_\_\_ Copy of RTI/ MTSS Data

\_\_\_\_\_ Fair/ Discovery Ed/ Reading Programs Data

\_\_\_\_\_ Discipline Report

\_\_\_\_\_ Attendance Record

\_\_\_\_\_ Form of Remediation

\_\_\_\_\_ List of Benchmarks Failed

\_\_\_\_\_ Form of Credit Recovery

\_\_\_\_\_ IEP Meeting

\_\_\_\_\_ Applicant Acceptance letter sent

\_\_\_\_\_ Applicant Denial letter sent

\_\_\_\_\_  
Student Intervention Coordinator

Date \_\_\_\_\_

# APEX Behavior Contract

**APEX Rule:** *Do nothing that is detrimental to self or classmates that will be detrimental to the goals of the program.*

## **Phase 1: Please sign and date Phase 1 only. Do not sign or date Phase II.**

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

**The purpose of this contract is to agree on appropriate behaviors. I understand that:**

- I will attend school daily in accordance with the St. Johns County School District *Student Code of Conduct*.
- I must arrive to school and to each of my classes on time, prepared with materials and assigned work.
- I will attend after school tutoring sessions every Wednesday.
- I must show respect for myself, my peers, my teachers, and all other members of the school community.
- I will not fight or use force or intimidation with any member of the school community.
- I will not use profane or vulgar language or gestures. I will not use racial, ethnic, religious, gender, or sexual orientation slurs.
- I will dress in accordance with the St. Johns County School District *Student Code of Conduct*.
- I will settle conflicts peacefully.
- I will attend any detentions assigned and I will improve the behavior that resulted in my being assigned detention.

**I understand that failure to abide by the terms of this behavior contract may result in a formal referral to the dean's office for further discipline or disenrollment in the APEX program.**

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

---

## **Phase II**

**Intervention Action Taken:**

- Counseling with student/group
- Time Out
- Schedule Change
- Parent Contact/Conference
- Other \_\_\_\_\_

**Behavior Plan:**

- Weekly Progress report
- Notes in Planner
- Other \_\_\_\_\_

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Coordinator's Signature \_\_\_\_\_

Date \_\_\_\_\_

Dean's Signature \_\_\_\_\_

Date \_\_\_\_\_

# APEX Behavior Contract

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- I will not use profane or vulgar language or gestures. I will not use racial, ethnic, religious, gender, or sexual orientation slurs.
- I will dress in accordance with the St. Johns County School District *Student Code of Conduct*.
- I will settle conflicts peacefully.
- I will attend any detentions assigned and I will improve the behavior that resulted in my being assigned detention.

**I understand that failure to abide by the terms of this behavior contract may result in a formal referral to the dean's office for further discipline or disenrollment in the APEX program.**

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

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## **Phase II**

**Intervention Action Taken:**

- Counseling with student/group
- Time Out
- Schedule Change
- Parent Contact/Conference
- Other \_\_\_\_\_

**Behavior Plan:**

- Weekly Progress report
- Notes in Planner
- Other \_\_\_\_\_

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Coordinator's Signature \_\_\_\_\_

Date \_\_\_\_\_

Dean's Signature \_\_\_\_\_

Date \_\_\_\_\_

## **Residency Process**

In order for a student to be eligible to enroll in St. Johns County schools, the student's residence must be in St. Johns County. A student's residence is defined as the primary current residence of the student, parents or legal guardian(s). If a student's parents or legal guardians live in separate residences while sharing physical custody under the terms of a court-order the student may attend the school zoned for either residence with appropriate residency documentation.

### **Full and Complete Current Residency**

If the student's primary residence changes, notification and updated documentation must be provided to the school within 10 school days.

### **Residency Fraud**

Parent(s)/Guardian(s) are committing residency fraud if they submit an address during the enrollment process that is not their true residence.

If there is reasonable suspicion that the student is not residing at the claimed address, the following procedures may be implemented at the discretion of the Superintendent or designee.

- A letter may be sent to parent(s) who have conflicting address information requesting that the parent verify and update enrollment information. This may be followed by a phone conversation or home visit.
- The school staff may examine the Property Appraiser's website to determine the parent's homestead (primary residence) location. The homestead address of the parent will be used as a factor to determine the student's zoned school. A conflicting address indicates that further investigation is required.

If it is determined that the student is attending a school outside of their zone, the student shall be withdrawn by the school and must be registered and enrolled in the appropriate zoned school.

**In all cases the Superintendent or designee reserves the right to make an independent investigation and to make the final determination as to the residence of a student.**

The Attendance Zone Locator (<http://www.stjohns.k12.fl.us/zoning/>) should be used to determine the appropriate zoned school. Out of Zone Waiver information is available at <http://www.stjohns.k12.fl.us/schoolservices/transfers/>.

## Proof of Residency

St. Johns County School District requires detailed proof of residency provided by a parent/guardian or adult student. Follow the requirements below that best describes your living situation.

If you are a **HOMEOWNER**

you **MUST** provide the following **three** documents:

- current mortgage/HUD statement (dated within 30 days) or deed, with all required signatures
- one current utility bill dated within 30 days  
(for new services an activation notice may be accepted)
- driver's license/ID card (for identification purposes only)

**AND** you **MUST** provide **one** additional current document showing your address from the list below:

- bank statement
- cell phone statement
- credit card statement
- homeowners insurance policy
- medical insurance statement
- paycheck stub
- property tax record
- termite bond
- vehicle registration
- one additional current utility bill dated within 30 days  
(for new services an activation notice may be accepted)

If you are a **RENTER**

you **MUST** provide the following **three** documents:

- Current lease with the **names of everyone living in the household** listed on the lease. Lease must have both tenant and landlord/property manager's signature and contact information. If the lease is month to month, a letter from the landlord/owner/property manager is required.
- one current utility bill dated within 30 days  
(for new services an activation notice may be accepted)
- driver's license/ID card (for identification purposes only)

**AND** you **MUST** provide **one** additional current document showing your address from the list below:

- bank statement
- cell phone statement
- credit card statement
- medical insurance statement
- paycheck stub
- renters insurance policy
- vehicle registration
- one additional current utility bill dated within 30 days  
(for new services an activation notice may be accepted)

If you are **living with a person who owns their home**

the *homeowner* **MUST** provide the following **four** documents:

- current mortgage/HUD statement (dated within 30 days) or deed, with all required signatures
- one additional current utility bill dated within 30 days  
(for new services an activation notice may be accepted)
- Homeowner's Acknowledgement* form
- driver's license/ID card (for identification purposes only)

**AND** you **MUST** provide:

- Affidavit of Residency* form
- driver's license/ID card (for identification purposes only)

**AND** you **MUST** provide **one** additional current document showing current address from list below:

- bank statement
- cell phone statement
- credit card statement
- paycheck stub
- vehicle registration
- one additional current utility bill dated within 30 days  
(for new services an activation notice may be accepted)

If you are **living with a person who is a renter**

the *homeowner* **MUST** complete:

- notarized *Homeowner's Acknowledgement* form

**AND** the *renter* **MUST** provide the following three documents:

- current lease
- current utility bill dated within 30 days  
(for new services an activation notice may be accepted)
- driver's license/ID card (for identification purposes only)

**AND** you **MUST** provide:

- Affidavit of Residency* form
- driver's license/ID card (for identification purposes only)

**AND** you **MUST** provide **one** additional current document from the list below:

- bank statement
- cell phone statement
- credit card statement
- paycheck stub
- vehicle registration
- one additional current utility bill dated within 30 days  
(for new services an activation notice may be accepted)

# Student Acceptable Use Procedures Agreement Form and Student Waiver for Personal Electronic Property Form

(Applies to students or visitors who wish to use the District's digital network)

(Optional: Applies to students or visitors who wish to use their own personal electronic devices in schools/offices)

## **Student or Visitor User (Applies to Student and Visitors)**

I have read and agree to follow the St. Johns County School District's Acceptable Use Procedures for Students and Visitors.

Student/Visitor Name: \_\_\_\_\_ (please print)

School or Visitor Affiliation: \_\_\_\_\_ (School Name)

Student/Visitor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Parent/Guardian Permission**

**(Required for Students to operate or access the District's digital network)**

As the parent or guardian of this student, I have read, understand, and agree to the School District Acceptable Use Procedures for Students and Visitors for use of the District's Digital Network and the Internet. I give permission for my child to use the District's Digital Network in accordance with the Acceptable Use Procedures.

Parent/Guardian's name: \_\_\_\_\_ (please print)

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **School Administrator's Approval (School Designee)**

The administrator verifies the user and approves their access to the St. Johns County School District Digital Network. Approval is also granted to use a personal electronic device, noted below (if applicable).

School Administrator's name/position: \_\_\_\_\_ (please print)

Administrator's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **(Optional) Student or Visitor Waiver for Personal Electronic Property**

**(Required for Students or visitors to operate personally owned technology devices in school)**

As a student or visitor, I wish to bring my personal electronic device(s) to School or on District premises. I understand that responsibility for the care and use of this device belongs solely to me.

Requested Device(s): \_\_\_\_\_ (If applicable)

*(Computer or mobile device make/model that can access the District network)(Excludes: smartphones/cell phones)*



**St. Johns County School District  
2014- 2015 STUDENT CONDUCT CODE**

**Parent/Student Acknowledgment  
Student's Rules and Regulations of Operation**

Your signature means that you have received this Code of Student Conduct booklet and you know what the rules are.

_____	_____
Student Name (please print)	Date of Birth
_____	_____
Teacher	Grade

Students, parents/guardians, teachers, counselors, administrators, and office staffs all have important roles to play in our schools. With so many people working together, problems may occur from time to time. Rules have been made to address these problems. Like laws, rules apply to everyone, and they work only when everyone knows what they are.

This booklet lists the district rules for students in St. Johns County. The rules apply to all activities occurring on school grounds, on other sites being used for school activities and for any vehicles authorized for the transporting of students. Please read them. Since parents/guardians can be held responsible for the actions of their children, it is important that they are aware of the rules and consequences if the rules are broken. Parents, students, school faculty and staff need to know the rules.

Parents need to become involved in the education of their children and have the responsibility to provide the school with the current emergency contact person and/or telephone numbers. They also have the responsibility to notify the school of anything (such as medical information) that may affect their child's ability to learn, to attend school regularly, or to take part in school activities. As a parent, you also authorize designated St. Johns County School District personnel and St. Johns County Health Department School Health personnel to provide emergency care for your child and to exchange medical information as necessary to support the continuity of care of your child. Parents should also take special notice of the Attendance section of this Booklet as well as the Suspension and Expulsion provisions, which are in accordance with School Board Rule.

Signed forms must be part of every student's record. Your signature means that you have read this booklet and understand the rules. (It does not mean that you agree or disagree with them.)

**All forms must be signed by parent/guardian and student and returned to school.**

_____	_____
Parent/Guardian Signature	Date
_____	_____
Parent/Guardian Signature	Date
_____	_____
Student Signature	Date

## Parent Responsibility ↔ SJTHS Contract

As a parent or guardian of a SJTHS student, I fully commit to the vision and values of the school and to the college preparation of my student as my highest priority in the following ways:

### RESPONSIBILITY

- ✓ I will call the school when my student is going to be absent or tardy.
- ✓ I will stress the importance of attendance with my student, and will not remove her/him from school before the end of the school day, or allow her/him to miss school days.
- ✓ I will schedule doctor and dentist appointment after school hours or on school holidays whenever possible.
- ✓ I will read and adhere to the Family Handbook, and expect my student to do the same.
- ✓ I will read every SJTHS newsletter
- ✓ I will attend every scheduled (3 per year) parent/teacher conference
- ✓ I will check my student's dress daily for correctness, knowing that the dress code is an important, unifying part of the SJTH community.
- ✓ I will never hesitate to call my student's advisor or teachers with questions concerning the school or its practices, because I know that a respectful conversation can solve most issues effectively. I will likewise return phone calls from advisors and teachers in a timely manner.
- ✓ I realize that I am a valuable asset to the school community, and will therefore participate in, or help with organization of at least two (2) school events (social event, field trip, after-school enrichment, fund raiser, pot-luck dinner, math night, reading night, parenting nights, sprucing up the school grounds, etc.) per semester.

### ACHIEVEMENT (Minimum)

- ✓ Math, Science, and Writing homework every night
  - Math and Science homework will consist of 3 questions/night
  - Writing homework will be no more than one paragraph
- ✓ I will KNOW the results of my student's two (2) week mini FCAT/EOC assessments and his/her 6-week FCAT scores (assessment dates will be posted in the newsletter)
- ✓ I will listen to 10 minutes of read-aloud seven (7) days per week to increase my student's fluency (this can be done in many different ways.)

## **PERSEVERANCE**

- ✓ I will understand that our school is different, on the road to high performance, and therefore places more demands on students and families, but that the payoff in success is worth the struggle.
- ✓ I will adopt the attitude that there are "no excuses." My student is expected, by the entire SJTHS community, to pass the FCAT, graduate from SJTHS, and work hard toward a plan for his/her future success.
- ✓ I will always encourage my student to take college preparatory courses.
- ✓ I will never stop working with the SJTHS team to ensure the success of my student.

## **RESPECT**

- ✓ I will keep conversations with the school respectful, even in times of disagreement, because I know that members of the SJTHS team choose to be here and are only here to serve the best interests of my student.
- ✓ I will uphold the rules of the school, knowing that SJTHS "sweats the small stuff" and focuses on results. I understand that, like many private schools, SJTHS has demanding rules about dress, cell-phones, and behavior in class and hallways.
- ✓ I will respect the school's disciplinary decisions. I understand that, like the colleges and careers for which my student is headed, SJTHS treats every student's choice as her/his own responsibility, no matter the actions of other students.

## **TEAMWORK**

- ✓ I will discuss and act upon the academic and behavioral progress of my scholar with advisors and teachers.
- ✓ I will uphold the rules and expectations of SJTHS. I know that consistent messages from home and school are important and will have a stronger impact on my student's academics and behavior.

## **ENTHUSIASM**

- ✓ I will be proud that my student attends a school with rigorous expectations and a consistent record of achievement. I will remind my student of this when school becomes challenging.
- ✓ I will support my student by remaining positive during challenging moments at school.
- ✓ I will take an active interest in the education my scholar is receiving.

# Parent Responsibility Contract

I understand that failure to adhere to these commitments can cause our student to lose SJTHS privileges and can ultimately lead to my student's dismissal from school.

Student Name (printed) \_\_\_\_\_

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

Parent/Guardian Signature:  
\_\_\_\_\_

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

Reciprocally, the school's contract with the parents and students promises to deliver:

- No "F" school grade at the end of the year
- Vetted and proven high-quality teachers and staff
- A school atmosphere that is warm, friendly, respectful – "tight" in structure and "loose" in spontaneous decision-making when needed to help students
- A school community focused on what is best for students, not for adults
- Real help with any problem, situation, or concern parents might have that are barriers to their student's learning success or social welfare
- Frequent communication on student's progress and school's progress
- Exposing students to a broad array of career paths and culture through enrichment provided by outside community partners (and opening possibilities for weekend and summer jobs as well as community service)
- Assisting students develop a serious plan for their future and helping them make that reality – whatever that takes
- A "Goals Only Plan" school meaning every adult on the campus, every parent, and every student shares responsibility for learning and outcomes

Signed,

\_\_\_\_\_

Date \_\_\_\_\_

## **SJTHS Student Commitment**

**As a student at St. Johns Technical High School, I fully commit to the vision and values of the school and preparation for college success as my highest priority in the following ways:**

### **ACHIEVEMENT**

- ✓ **I will remain focused on COLLEGE as my ultimate goal, and will prioritize my academic achievement over extracurricular activities.**
- ✓ **I will be committed to learning for the entire school day; we cannot waste a second, because every moment counts.**
- ✓ **I will treat all assessments and exams with seriousness and focus. I will prepare for all assessments at SJTHS knowing that to achieve on these exams shows off my abilities as a student and determines future college success.**
- ✓ **I will question my teachers concerning my academic work, knowing that this will ensure my mastery of the material.**

### **RESPECT**

- ✓ **I will treat school as a place of extraordinary importance. I will know that school is a sacred place that should be treated with the same care as a church or museum.**
- ✓ **I will speak respectfully to my peers, educators, guests, and others at all times. I will be courteous, saying please and thank you, and speaking with appropriate language and tone. I will choose the correct time and place to have a discussion, and choose my words carefully when I am speaking.**
- ✓ **I will respect school property, including what the school has given to me.**
- ✓ **I will always respect the rights of my peers to an education. There are many paths to achievement and I will respect my peers' process towards college success.**

### **RESPONSIBILITY**

- ✓ **I will take responsibility for all of my actions, which means no misbehavior is anyone's fault but mine, no matter who 'started it.' I will walk away from situations of disrespect or violence because it is for the good of my future, and to do so takes me one step closer to success.**
- ✓ **I will immediately follow instructions given to me by any member of the SJTHS staff.**
- ✓ **I will arrive at school on time every morning and leave no earlier than dismissal time especially on Tuesdays, Wednesdays, and Thursdays which are extended for my benefit. As a high school student, I recognize that this responsibility is my own, not my family's.**
- ✓ **I will serve any detention that I accrue, accepting it as a lesson learned rather than a punishment.**
- ✓ **I will complete my daily classwork, as well as my homework for all classes every night. I will come to school prepared with all of the materials I need to learn, including my homework and school supplies.**

- ✓ I will read every day, in school and at home, because to do so improves all aspects of my education.
- ✓ I will make the right choices for my education, even if it means giving up social events. I will never allow my personal struggles to affect the learning environment; complaining will neither change the situation nor will it improve me as a student.

#### **PERSEVERANCE**

- ✓ I will never say, "I can't." I will never allow failure to be an option.
- ✓ I will be willing to 'do it again' until it's right, because I know that without struggle, there is no progress.
- ✓ I will acknowledge that our school day and year is longer, knowing that this extra time is necessary for me to tower above the rest. I will follow the rules of SYTHS, even when it is hard, including keeping to the lines in transitions and speaking at the appropriate volume.
- ✓ I know that we "sweat the small stuff" here, and will constantly look for ways to improve my surroundings and myself. I go beyond the habits of ordinary students because I choose to have an extraordinary commitment to my future.

#### **TEAMWORK**

- ✓ I will demonstrate my commitment to my team, working hard for its success, especially when the situation is challenging. I will celebrate and congratulate my teammates on their success, even when I am struggling.
- ✓ I will leave a place cleaner than I found it, knowing that others will come there after me.
- ✓ I will look for ways to prevent my own mistakes, and the mistakes of others, because when one rises, we all rise. There are always opportunities to help teammates succeed, and I will actively seek these opportunities out!
- ✓ I will trust the decisions of the team leader, whether that person is a peer or an instructor.

#### **ENTHUSIASM**

- ✓ I will bring an attitude of joy and enthusiasm to class and learning, because I know that positivity gives me and my teammates strength. I will also receive strength from the enthusiasm of others.
- ✓ I will show enthusiasm for others' successes as well as my own.
- ✓ I will greet members of our school and guests with a smile, and welcome them to our community.
- ✓ I will be curious about the world around me, because open-minded curiosity is the first step to knowledge and achievement.

# Student Commitment Contract

**I understand that failure to adhere to these commitments may cause me to lose SJTHS privileges and can ultimately lead to my dismissal from St. Johns Technical High School.**

**Student Name (printed):** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

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

**Parent/Guardian Signature:** \_\_\_\_\_

*Partially adapted from St. Academy Family Handbook, New Orleans*

# St. Johns County School District

## Student Technology Device 1:1 Program

### Terms and Use Conditions

Updated September 8, 2014



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## Introduction

The District has embarked on a 1:1 Digital Pilot Program that provides students at selected schools with District technology devices for use at school and at home. This Digital 1:1 program follows the plan outlined in the 2014-2017 Technology Plan. School principals of 1:1 Pilot Schools will determine what grades will take the technology devices home each night.

## General Terms & Conditions

District guidelines are provided here so that students and parents are aware of the responsibilities they accept when they use District owned computer devices, digital system and technology resources.

In addition to following these guidelines, students are required to follow the Student Code of Conduct, the Acceptable Use Procedures (AUP) and all applicable District rules. Each student in the 1:1 Digital Pilot Program must have a signed AUP form, and a Student Technology Asset Responsibility Form on file at their school each year. Parents may opt out of their child taking home a District device as part of the 1:1 Digital Pilot (if applicable).

Students are also expected to use common sense, and good judgment, to protect their technology device both on and off campus when applicable. Failure to follow these terms and conditions may result in disciplinary action, loss of technology device privileges, and/or financial responsibility for loss or damage.

### **Termination of Agreement and Return of Device:**

Your right to use and possess the device terminates no later than the last day of the school year, unless terminated earlier by the principal, District or upon student withdrawal from the participating school. You are required to return the device to the school upon termination of this agreement.

## Terms and Conditions

1. The technology device is property of the District. The District may recall the device, or place additional restrictions on the use or possession of the device, at any time and for any reason, with or without prior notice. If instructed to do so for any reason by any District teacher or administrator, the student or the student's parent/guardian will immediately surrender the device.
2. Under no circumstances will the student use the technology device, or permit the technology device to be used, to access any networks, websites, or online resources that have not been approved by the District.



3. Under no circumstances will the technology device be used for instant messaging ("IM") or visiting chat rooms or non-school social networking websites such as Facebook, Twitter, or Myspace unless access has been specifically approved by the District.
4. The student and the student's parent/guardian acknowledge that they are responsible for ensuring that the student's use of the technology device to access the Internet meets the following requirements:
  - a. The District cannot guarantee the security of the asset when it is not on the District network. Use of the device to access other networks (home network, public Wi-Fi, etc.) may result in unwanted exposure to material that is not appropriate for students. Students should be supervised by a parent or guardian when using the system outside of the District network.
  - b. The student and student's parent/guardian will hold the District and its employees harmless for any harm that may come to the student or any other person as a result of the student's off-campus internet activities or use of this device.
  - c. The District employs Internet filtering and other forms of device management to minimize each student's exposure to inappropriate content or applications. It is the student's and parent's responsibility to comply with the AUP regarding Internet use.
5. Should the student inadvertently gain access through the technology device to any confidential information about other students or District staff members, including but not limited to course work or grade information, the student will immediately report the incident to the school administrator or the District IT department.
6. Students may seek assistance of their parents/guardians, siblings and friends in the use of the technology device. Otherwise, the student will not share the device with any other person including family and friends unless expressly authorized to do so by a District teacher or administrator. The student will not loan the technology device to any other person, including another District student, without prior written authorization from the principal.

## Technology Device Care and Maintenance

### General Care:

1. Do not attempt to modify or repair your technology device or its operating system or installed software in any way.
2. Do not "decorate" your device in any way (e.g. stickers, markers, or paint).
3. Do not open the device housing, as doing so may void the warranty.

### Carrying the Computer:

1. Always close the lid before moving your technology device.
2. Closing the lid sends the technology device into standby. To prevent permanent damage to the hard drive, you should wait for your system to enter standby before moving it.
3. For prolonged periods of inactivity, you may want to shut down completely before closing the lid. This will help to conserve battery life.
4. If you have been provided a bag or sleeve for your notebook computer. You must use it for transporting the device to help prevent damage. Do not overfill your bag or put items in it that may scratch or otherwise damage the technology device.
5. Always place your technology device gently on surfaces (table, floor, ground, etc.).

6. Touch tablet devices with rugged cases must remain in place at all times (for transport or normal use).

#### Taking Care of the Screen:

1. Take particular caution with the screen. The screens are very susceptible to damage from excessive pressure. In particular avoid grasping the technology device by the screen with any force especially the top of the screen.
2. You may clean the screen as you would a camera lens or a good pair of glasses. In particular, you may use anti-static cloths or lens cleaners designed specifically for camera lenses and glasses often sold as moist towelettes.
3. Do not use glass cleaners, sprays, soaps, or anything else to clean your screen unless approved in advance in writing by the IT Department.
4. Never sit on your technology device. Technology device screens are easy to break and do not bend.
5. For non-touch screen devices, do not touch the screen with your fingers or hard objects.

#### Maintaining your Battery:

1. For students authorized to take home a District 1:1 computer device, you are expected to come to school with a fully charged battery. Each night when you go to sleep, so does your technology device. Plug it in for a full charge at night. Keep in mind that there are limited number of charging ports available at school and it is your responsibility to arrive each day with a fully charged battery.
2. To conserve battery life and protect hardware, technology devices should not be used on school buses or other transportation.
3. When you plug your technology device in at school, be mindful not to cause a tripping hazard.
4. Once a month it is a good idea to allow your battery to completely drain and then fully recharge.

#### Daily Logistics:

1. Leaving a student 1:1 device at school or taking it home should follow the individual school policy.
2. At school, the technology device should be in your immediate vicinity, locked securely in your locker, or securely locked in a classroom or other secure location with a teacher's or administrators express permission.
3. You remain responsible for the security of your technology device during after-school activities. Keep it with you or safely locked up.
4. Avoid using your technology device in areas which may lead to damage or theft.
5. Never leave your technology device in a public space.
6. Do not leave your technology device in an unlocked and unoccupied vehicle.
7. Do not leave your technology device in a vehicle overnight.
8. Do not leave your technology device in direct sun or in temperatures of 90 degrees Fahrenheit or above.
9. Do not place your technology device on the floor or in sitting areas such as couches or chairs.
10. Do not leave your technology device near any water source, such as a sink, bathtub, or pool.
11. Do not use the technology device while at potential hazardous locations including the cafeteria, gym, or sports field.

*For the technology device 1:1 program to be a success, we all need to be conscientious of our surroundings. If you see an "unattended" technology device, be a good citizen and take it to main office or nearby classroom. Avoid rough-housing as this may lead to someone's technology device being damaged.*

**General Technology Rules & Guidelines:**

1. Back up your data *frequently* using Microsoft One Drive (when available to students). Until that time, back-up your data to a USB drive. Once students have access to Microsoft One Drive, the USB ports will be disabled. Microsoft One Drive is a new program the District is rolling out to students, starting with the 1:1 Pilot School Students.
2. You may receive email updates applicable to all technology device users. These are important. Read them and follow up on them.
3. Do not share passwords or attempt to discover others' passwords.
4. Do not delete, uninstall, or attempt to circumvent any hardware, software, drivers, filters, or other programs or devices installed on the Technology device by SJCS.
5. Do not tamper with computer hardware or software, attempt to override or bypass Internet filters, change network profiles or configurations, or "hack" or otherwise obtain unauthorized access to any networks, computers, files, or programs.
6. Do not use your technology device for any illegal purpose or in violation of the District AUP.

**Expectations:**

1. Although the District has an Internet safety plan in place, students are expected to notify a staff member whenever they come across information or messages that are inappropriate, dangerous, threatening, or make them feel uncomfortable.
2. Students who identify or know about a security problem are expected to convey the details to their teacher without discussing it with other students.
3. Systems provided for student use are provided as-is. The District cannot be held responsible for lost productivity or data loss that may occur if the system is improperly used or if the software or hardware malfunctions.

**Technology device Repairs/Troubleshooting:**

The District has provided each school location with access to a Technical Support Specialist who is trained to handle repairs of the student technology devices. The student should report a device issue that needs repair to his/her teacher who will in turn submit a web ticket. The student will be notified when the device is to be turned in for repair. **(Students and parents/guardians are not authorized to repair or reconfigure the technology device.)**

**Turn-In Policy:**

Students will be required to turn in their assigned technology devices no later than the last day of school. Each Principal will establish the student device turn-in date each year. Technology devices (generally laptops or tablets) will be re-imaged during the summer. Students should be aware any data on the device will be removed and cannot be recovered. All District technology items provided to students, including but not limited to the technology device (typically a laptop computer or touch screen tablet), carrying cases, carrying straps, power cords, etc. will be required to be returned in the same condition as it was when received.

**Lost, Stolen or Damaged Devices:**

Students should report immediately to their school teacher or administrator when their assigned technology device becomes damaged, lost or stolen. The student's parent or guardian will be responsible to refund the District the net book value of the device or the cost of the repair the device (as applicable) unless the optional Student Device Insurance coverage was in affect under the Student Device Insurance terms and conditions (see below). See the Student Technology Asset Responsibility Form for details.

Schools will be responsible to recoup payment for lost, stolen or damaged technology devices that are provided to students assigned to their school. If a student is assigned to multiple schools, the primary school of instruction will be responsible to recoup any or all technology device payment (if applicable).

Schools will institute a mid-year student device inventory (by classroom) regardless if the student devices are going home with students or remaining in the classroom.

**Optional Student Device Insurance Terms and Conditions:**

The School District in year one (2014-2015) of the Digital Pilot will offer Parents/Guardians an insurance option for student device loss and damage expenses. This self-insured model places the financial burden on the District to replace lost devices and to repair damaged devices (when practical).

Parents and/or guardian(s) may opt in (or out) to purchase Student Device Insurance coverage to help offset the expense of lost, stolen and damaged student devices. This Student Device Insurance premium will cover one school year, is non-refundable and will not be prorated.

The District self-insurance option for student devices does not cover any student device peripherals that are typically assigned to 1:1 participating students to include: (1) the device power cord and adapter and (2) the device case or cover. Parents and/or guardians will be responsible for the replacement value of these items if lost, stolen or damaged beyond normal use.

The Student Device Insurance terms and conditions are listed below:

1. The District offers Student Device Insurance with premiums based student eligibility, coverage type and timing of payment. Parents/Guardians who wish to participate should deliver cash or check to their school. The following insurance premium options are listed below:

Insurance Option Premiums <i>(Coverage for all plans begins 5 business days after receipt of payment)</i>	In school coverage only, can be elected at any time during the school year	In school and at home coverage, If payment is received within the first 30 days of program participation	In school and at home coverage, If payment is received after the first 30 days of program participation
General Student	\$25/year	\$50/year	\$70/year

Free or Reduced Lunch eligible Student	\$12/year	\$25/year	\$35/year
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2. The Digital 1:1 Insurance Program participation begins when students who have been assigned District technology devices are eligible to take the device home. Program participation (when student devices are authorized to go home with students) is at the discretion of each school Principal who is participating in the District's 1:1 Pilot program.
3. This non-refundable insurance premium will be offered annually and will not be prorated. This coverage is intended to reduce the financial impact of a lost, stolen or damaged device to parents or guardians. This insurance coverage will only be available for one (1) lost or stolen or one (1) major damage (that exceeds \$100 or more cost to repair) per school year. All other loss or damage expenses that occur during the same school year will be the responsibility of the Parent or Guardian. The device insurance does not apply to the case/cover that was provided with the device.
4. Eligible Student 1:1 Devices (that are property of the District) and their respective book value and replacement costs are listed below:

Device	Device Net Book Value (2014-15 )(includes Power Adapter)	Replacement cost for Case or Cover	Replacement cost for the Power Adapter
Lenovo x140e laptop	\$500	\$ 7	\$50
Apple iPad2 16GB	\$350	\$30	\$15
iPad Air 16GB/32GB/64GB	\$469/\$569/\$669	\$32	\$20
Dell Venue 11 Pro	\$495	\$30	\$30

5. Device insurance will take affect or be in force five (5) business days after the Insurance Premium is received by the school. Parents must ensure and accept that their child's assigned device is in good working order before electing the insurance option.
6. Any device loss or damages (not covered under the device warranty) that occur before Insurance premiums are received and 5 business days have passed, will not be covered under this insurance option. Parents/Guardians in this situation will be responsible to reimburse the device Net Book value (determined by the District) or the cost to repair, whichever is less.
7. If a Student Device is lost or stolen:
  - a. The Parent/Guardian must notify the school within 5 business days following the loss and submit a completed a District device damage/loss form to their school.
  - b. The Parent/Guardian must file a police report for the loss (lost or stolen) within 5 business days of the occurrence.
  - c. The Parent/Guardian must provide the school a copy of the Police report within 10 business days following the date of the police report.
  - d. Students will be offered the use of another school device (when available) (sometimes called a spare) only for use at school. Students will not be authorized to take the spare computer (device) home until the District is fully indemnified by the student's parent(s) and/or guardian(s) or until such time when the optional student device insurance covers the lost/stolen device.

- e. The first replacement device, eligible to go home, will be acquired soon after the parent(s) and/or guardian(s):
    - i. Provide payment to their school for the Net Book Value for the device;
    - ii. Or, qualify under the Device Insurance option within the terms noted herein;
    - iii. And provide payment for the replacement cost of the device case/cover (as applicable).
  - f. Students will not be assigned a second replacement device if the first two devices were either lost or stolen or damaged (requiring major repair, greater than \$100) for any given school year. In these cases the student will use a spare device during class only (if available).
8. If a Student Device is damaged:
- g. The Parent/Guardian must report the incident to the school within the first 5 business days following the damage and submit a completed a District device damage/loss form to their school.
  - h. The Parent/Guardian must deliver the damaged device to the school within the first 5 business days following the incident.
  - i. Students will be offered the use of another school device (when available) (sometimes called a spare) only for use in class. Students will not be authorized to take the spare computer (device) home until the District is fully indemnified by the student's parent(s) and/or guardian(s) or until such time when the optional student device insurance covers the damaged device.
  - j. The first replacement device, eligible to go home, will be acquired soon after the parent(s) and/or guardian(s) either:
    - i. Provide payment to their school for the Net Book Value for the device or cost of repair whichever is less.
    - ii. Or, qualifies under the Device Insurance option within the terms noted herein.
    - iii. And, Provide payment for the replacement cost of the device case or cover (as appropriate).
  - k. Students will not be assigned a second replacement device if the first two devices were either lost or stolen or damaged (requiring major repair, greater than \$100) for any given school year. In these cases the student will use a spare device during class only (if available).
9. Failure to comply with these Student Device Insurance terms and conditions will void the insurance benefit.
10. If a student fails to return or loses the device case/cover or power adapter, the Parent or Guardian is responsible to reimburse the district for the replacement cost of those items. The cost of each is listed above.

Parents/Guardians/Students will not be liable for device defects that are covered by the device warranty.

# ST JOHNS COUNTY SCHOOL DISTRICT

## Technology Device Insurance Option Request Form At school and at home coverage

The following device insurance rates apply:

Insurance Option Premiums (Coverage for all plans begins 5 business days after receipt of payment)	In school and at home coverage, if payment is received within the first 30 days of program participation	In school and at home coverage, if payment is received after the first 30 days of program participation
General Student	\$50/year	\$70/year
Free or Reduced Lunch eligible Student	\$25/year	\$35/year

Parents/Guardians are to complete the following information:

Student's Name		Device Make/Model	
Student's Grade		Device Serial Number	
Student's School		Today's Date	
Parent's Name (Print) (First Last)		Is the device in good working order? (Y/N)	
Parent's Phone		Home address: Street, City, State, Zip	
Parent's Email		Amount Paid	
Has the Parent/Guardian signed the AUP for Students and Visitors (Y/N)			
Has the Parent/Guardian signed the Student Technology Asset Responsibility Form? (Y/N)			

## Parent Signature

By signing below, the parent/guardian agrees to abide by the District's Student Code of Conduct, the Student AUP and the Student Technology Device 1:1 program Terms and Conditions documents, all of which can be found on the District's website, <http://www.stjohns.k12.fl.us/rules/aup>.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Funds received by: (print name) (school administrator)

\_\_\_\_\_  
Date

\$

\_\_\_\_\_  
Amount

\_\_\_\_\_  
Check Number

# ST JOHNS COUNTY SCHOOL DISTRICT

## Student Technology Asset Responsibility Form (Parent Opt in or out)

WE WISH TO PARTICIPATE in the SJCS D Technology Device 1:1 Program and request authorization for the student below to be issued a device and be allowed to take it from class to class while at school only.

OR

WE WISH TO PARTICIPATE in the SJCS D Technology Device 1:1 Program and request authorization for the student below to be issued a device and be allowed to take it from class to class while at school and to take home after school hours.

By signing this form, the undersigned acknowledges full responsibility for all information listed.  
**Student and Parent/Guardian will:**

1. Abide by the St. Johns County School District Acceptable Use Procedures (AUP) for Students and Visitors.
2. Be responsible for the asset's physical condition and will safeguard the device from unauthorized use.
3. Agree to the program rules contained in the District Student Technology Device 1:1 Program Terms and Use Conditions document.
4. Acknowledge the guidelines listed below referring to lost, stolen or damaged devices:
  - a. Parents/Guardians have the option to enroll for student device insurance outlined in the Student Technology Device 1:1 Program Terms and Use Conditions document by completing the Technology Device Insurance Option Request Form (and submit payment).
  - b. Parents/Guardians of students who have lost, stolen or damaged devices are responsible to pay the net book value (determined by the District) for that device (and all accessories) or the cost of the repair (if damaged) whichever is lower unless District device insurance applies.
  - c. Parents/Guardians further agree to reimburse the District for the outstanding balance within 30 days of loss or damage (but no later than the end of the current school year whichever is sooner).

Student's Name		Device Make/Model	
Student's Grade		Device Serial Number	
Student's School		Device is in good working order (Y/N)	
Parent's Name (First Last)		Does the device come with a cover/case (Y/N)	
Has the parent or guardian signed the AUP? (Y/N)		Home address: Street, City, State, Zip	
Parent's Email		Parent's Phone	

WE DO NOT WISH TO PARTICIPATE IN THE SJCS D TECHNOLOGY DEVICE 1:1 PROGRAM. STUDENTS WHO CHOOSE NOT TO PARTICIPATE IN THIS PROGRAM MAY BE GIVEN ACCESS TO DISTRICT-OWNED TECHNOLOGY DEVICES AT SCHOOL BUT WILL NOT BE PERMITTED TO REMOVE THE TECHNOLOGY DEVICES FROM THE CLASSROOM AT THE END OF EACH CLASS PERIOD.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date