Please bring the following to your registration appointment:

- The student you are registering
- If coming from RSU 12, you must bring in a completed Resident Verification Form signed by the Town Clerk
- Birth Certificate
- Completed Enrollment Packet and Registration Cards
- Official documentation of proof of residency, such as:
  - RSU 12 Residency Verification if applicable
  - Signed Lease or rental agreement (CANNOT use a handwritten note)
  - Current bill sent to your address
- Any court orders that relate to your child
- Health Packet
- Student Laptop papers signed by student and parent
- If possible, current grades, classes and transcripts (can be unofficial)
- If possible, current IEP sent to Cony prior to registration appointment
Documents & Information needed to register students at
Cony High School
(Grades 7 through 12)  (Grades 7 & 8 must reside in Augusta)

1. Birth Certificate

2. Proof of Residency w/ street address. Current bill addressed to you at your residence or a signed lease or rental agreement (we CANNOT accept a handwritten note) - Exception - for All RSU 12 residents. Whitefield, Windsor, Somerville, Chelsea, and Palermo - You will need to contact the RSU 12 Superintendent’s office (549-3261) for residency verification before we can do an enrollment.

3. COURT PAPERS ARE REQUIRED FOR THE FOLLOWING:
   ➢ Emancipation of minor;
   ➢ Non-parental guardianship (must be court appointed NOT a power of attorney statement);
   ➢ Divorce decrees that indicate specific parental rights and/or restrictions and indicates which parent has physical custody (living arrangements for child);
   ➢ Court ordered protection orders;
   ➢ Any other court order that is meant to protect or serve a child’s best interest;
   ➢ Any court order that shows the legal name change of a student.

4. If the student is not a citizen of the United States we will need the following information:
   ➢ U.S. entry date
   ➢ U.S. School entry date
   ➢ Country of Citizenship

5. Proof of Immunization.

6. Fill out the accompanying registration cards, enrollment packet and health packet. Both forms in the “Student Laptop use Rules and Regulations” packet must be signed by the student & parent.

List of what you need to bring

➢ Birth Certificate,
➢ Proof of residency,
➢ Legal papers as needed,
➢ US immigration information and citizenship (if applicable),
➢ Proof of Immunizations or the signed immunization exemption form,
➢ All completed forms mentioned on this sheet which includes;
   • registration cards,
   • enrollment packet,
   • health packet and
   • laptop use rules and regulations.

Please make sure you have an appointment (you can call 626-2460 ext. 3358 or 3368 to make one) and bring the COMPLETED forms with you along with your child for your meeting with your child’s guidance counselor.
NOTICE
HOMELESS STUDENTS

Homeless students are eligible to enroll in school even if unable to provide proof of residency or certain education and immunization records.

Homeless students include students who lack a fixed, regular and adequate nighttime residence and include a child or youth:

- Who is sharing the housing of other persons due to loss of housing or economic hardship or a similar reason: is living in a motel, hotel, and trailer park or camping ground due to the lack of alternative adequate accommodation; is living in an emergency or transitional shelter; is abandoned in a hospital; or is awaiting foster care placement;

- Who is living in a car, park or public space or in an abandoned building, substandard housing, bus or train station or similar setting.

- Who has primary nighttime residence that is a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings; or

- Who is a migratory child who qualifies as homeless because the child is living in circumstances as described above.

If you believe that your child is homeless please inform the person registering you or the Homeless Children & Youth Liaison.

Augusta School Department
Liaison for Homeless Children & Youth
Theresa Violette
40 Pierce Drive, Suite 3, Augusta ME 04330
207-626-2468
AUGUSTA SCHOOL DEPARTMENT
APPLICATION FOR ENROLLMENT IN AUGUSTA SCHOOLS

Transfer Student

The following information and certifications are required before a transfer student will be considered for admittance to the Augusta schools.

Student’s full legal name: __________________________________________

Date of birth: ________________________________________________

Student’s residence in __________________________________________

(street address): ____________________________________________

Home telephone number: ________________________________________

Student lives with (check all that apply):

☐ Father. Daytime phone: ________________________________

☐ Mother. Daytime phone: ________________________________

☐ Legal Guardian. Daytime phone: __________________________

☐ If the student lives in Augusta with a legal guardian who is not a parent, a certified copy of the court order appointing the guardian must be attached.

☐ If a custodial parent/guardian wishes the Augusta schools to comply with provisions of a court order restricting access to a child, a certified copy of the court order must be attached.

☐ If the student is an emancipated minor, a certified copy of the court order must be attached.

☐ Other living arrangements: ______________________________________

Parent/Guardian Certification of Residency

I certify that I live with the student named above at the street address identified above. I understand that the Augusta School Department reserves the right to require proof of residency and that I have the burden of proof regarding residency. If this residency information changes, I agree to bring it to the immediate attention of the Augusta School Department.

Date: __________________________ Signature: __________________________

Print Name: ______________________

Student Education/Disciplinary Records from Previous School

Name of school that student is transferring from: __________________________

______________________________________________________________

Address and telephone number: __________________________

Name of Principal: __________________________

Student’s current grade level: __________________________

Reason for transfer: __________________________________________

Is the student currently subject to expulsion or suspension from the school from which he/she is transferring OR has the student withdrawn from the school before an expulsion hearing or suspension?  ☐ Yes  ☐ No
If the answer is yes, please attach a written statement of the circumstances. If the student has been expelled or suspended, or withdrew from school before an expulsion hearing or suspension, the student will not be allowed to enroll in the Augusta schools until the Superintendent has made a determination as to whether to admit the student and if so, under what conditions.

The applicant is hereby notified that the Augusta School Department, in accordance with 20-A M.R.S.A. Section 6001-B, shall request all of the student’s education and disciplinary records from the school he/she is transferring from. The Augusta School Department may also request an oral or written report from the previous school as to whether the student has been expelled or suspended, or withdrew from school before an expulsion hearing or suspension.

If an applicant is allowed to enroll in the Augusta schools pending receipt of education and disciplinary records, such enrollment shall be considered conditional until the Superintendent has made a determination as to the student’s disciplinary status in the previous school.

**Immunization Records**

- Immunization records (signed statement from health provider specifying immunizations received, dates, and dosages). Immunization is required for poliomyelitis; diphtheria; pertussis (whooping cough), tetanus; varicella (chicken pox); measles, mumps and rubella. (20-A M.R.S.A. Section 6352-6359 and Chapter 126 of the Maine Department of Education Rules.)

  Non-immunized students are not permitted to attend schools unless one of the following conditions is met (please check applicable box):

- Parent/legal guardian provides written assurance that child will be immunized within 90 days of this application *(this option is only available once in the student's school years)*; OR

- Parent/legal guardian provides a written statement from a physician that immunization against one or more diseases may be medically inadvisable *(required each year)*; OR

- Parent/legal guardian provides written statement that immunization is contrary to their religious or philosophical beliefs *(required each year)*.
Misc Enrollment Information:

Has this student ever attended school in Augusta? ☐ Yes ☐ No.
If so, what school and last date of attendance. 

Is your child currently receiving ESL / ELL services? ☐ Y ☐ N If yes please answer the following questions.

Is your child a U.S. citizen? ☐ Y ☐ N Citizen of what country (if not U.S.) 

U.S. entry date (if applicable) Date first enrolled in school

Do you have any reason to suspect that your child might be in need of special services or considerations in his or her school setting or curriculum? No ______ Yes ______ If yes please comment. (on back of page)

Has your child ever been evaluated for any condition or problem which might have a bearing on school performance (including an active Individual Family Service Plan or Individual Education Plan)? Yes ______ No ______ If Yes please explain.

Were any recommendations made? ☐ Y ☐ N If so, by whom? ______________________ Were they carried out?

☐ Y ☐ N Explain:

Would information regarding this evaluation and/or treatment be made available to the appropriate school personnel? ☐ Y ☐ N Explain:

If yes, please give name(s) and address(es) of person or agency (ies) from whom this information may be obtained.

The US and Maine State Departments of Education require us to report the race/ethnicity of all students for purposes of various governmental programs. Please help us by indicating your child's race/ethnicity as follows:

White (not of Hispanic origin) ☐ African American, (not of Hispanic origin) ☐ Hispanic ☐ Latino ☐ Asian/Pacific Islander ☐
American Indian or Alaskan Native ☐ Other ________________________________

Special Services can sometimes be Medicaid reimbursable. Is your child Medicaid eligible? Yes ______ No _____

Medicaid # (if appropriate) _______________________________________________

List other children in family

Name ______________________ DOB: ___ / ___ / ___ M F Attends school where __________________________

Name ______________________ DOB: ___ / ___ / ___ M F Attends school where __________________________

Name ______________________ DOB: ___ / ___ / ___ M F Attends school where __________________________

Name ______________________ DOB: ___ / ___ / ___ M F Attends school where __________________________
Guardianship Verification Form
Cony School - Augusta School Department - Phone 207-626-2460 / 2454 - Fax - 626-2443

Application is being submitted for the 20____ to 20____ school year (please specify)

Student Name ___________________________ Date: ___________________________

☐ The child lives with Mother & Father ☐ Mother ☐ Father ☐ Guardian ☐ Foster Home

Other/Legal Guardian - Specify

Please Print
Legal Guardian 1 Name: ___________________________ Phone 1: ___________________________

Phone 2: ___________________________

Please indicate relationship to student; ☐ Parent ☐ Step Parent ☐ Other Relative** ☐ Other** (Explain)

Mailing Address: Street Name & #, or P.O. Box ___________________________

City/Town ___________________________ Zip Code ___________________________

Please Print
Legal Guardian 2 Name: ___________________________ Phone 1: ___________________________

Phone 2: ___________________________

Please indicate relationship to student; ☐ Parent ☐ Step Parent ☐ Other Relative** ☐ Other** (Explain)

Mailing Address: Street Name & #, or P.O. Box ___________________________

City/Town ___________________________ Zip Code ___________________________

Parent Name(s) & address(es) if student IS NOT living with parents.

Mother Name, Address & phone ___________________________

Father Name, Address & phone ___________________________

Other person to call in emergency ___________________________ Relationship ___________________________ Phone ___________________________

DHHS GUARDIANSHIP – Fill in below

Is the child a ward of the state or a State Agency client? If yes Please give DHHS worker name, work address & phone.

__________________________ ________________

Court papers are required for the following: Emancipation of minor; Non-parental guardianship; (must be court appointed); Divorce decrees that indicate specific parental rights and or restrictions; Court ordered protection orders; Any other court order that is meant to protect or serve a child’s best interest; Any court order that shows the legal name change of a student.

I certify that I am the legal parent / guardian of the above named student(s). I further certify that this child and I reside in the city / town indicated above. I understand that Maine law (20-A M.R.S.A. § § 5201-5205) states that a student is a resident of a school administrative unit for purposes of eligibility for enrollment in the schools of that unit if:

**The student resides in that unit with a parent or guardian with legal custody (proof required):**

- The student is 18 years of age or older and resides in that unit;
- The student is an emancipated minor and resides in that unit (proof required);
- The student is a state ward who has been placed in that unit;
- The student has been placed by a state agency in a residential placement (other than a residential treatment center) located in that unit.

Further, if the student is coming from a sending community that pays tuition, I understand that the town pays tuition in an amount not to exceed the rate established by the Maine Department of Education for the school my child(ren) attend and that I am responsible for any additional tuition and / or transportation expenses. I further understand that if these statements are found to be false, I will be responsible for all expenses incurred by the School District.

Parent/Guardian Signature ___________________________ Date ___________________________
TO: Guidance / Records                Phone ______________________ FAX: ______________________

**Educational Records Release Form**

Pursuant to the provisions of PL 93-380 (Family Educational Rights & Privacy Act of 1974) I hereby grant permission to:

_________________________ (School) in __________________________

Name of School or Institution child last attended                   Town/City and State of School

to release a copy of the Student Permanent Record of:

_________________________ __________________________

First name       Middle Name       Last Name

Grade ___________ and / or Year of graduation _______________ Date of Birth _______________

I understand that this record contains identifying data, grade records, health records, attendance records, test scores and other pertinent information concerning this student.

__________________________________________

Signature of Parent/Guardian or Student if 18 years of age          Date

**SCHOOL USE ONLY**

_____ The above named student is registering at Cony School Grades 7-12.

_____ Please **MAIL** the cumulative records to the above address ATTN: GUIDANCE OFFICE

_____ Please **DO NOT MAIL** the cumulative records to the above address at this time.

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

________________________________________________________________________

Please fax the following records immediately;

☐ MEDMS ID #    ☐ Transcript    ☐ Immunization    ☐ PET and/or IEP    ☐ Disciplinary Record    ☐ Attendance

Signature of School Official ____________ Date ____________

**NOTICE TO RECEIVING AGENCY**

This information shall not be released to a third party without the written consent of the parent / guardian or student if over 18 years of age.
Military Identifier

The military identifier is critical to helping us identify who our military children are in a state that has a long and proud tradition of military service. With this identifier, supports can be instituted for our military kids in a pro-active manner. Particularly in cases of Maine's Guard and Reserve members, deployments may go unrecognized in our classrooms across the state because of the primarily civilian roles of the service members, and because members of Maine's Guard and Reserve units often reside in communities that are distant from where they drill. All of our military families need support, and the military identifier will be helpful in allowing us to recognize all service-connected families in all branches of military service, including our active duty, Guard and Reserve units, who are increasingly faced with activation or deployment.

Are one or both of this student's parents on full-time duty status in the active uniformed service of the United States (including members of the National Guard and Reserve on active duty orders), or within one year of medical discharge or retirement from those uniformed services? Parent is not required to provide this information.

YES ___________ NO ___________

IF YES, PLEASE CHECK ONE OF THE FOLLOWING:

<table>
<thead>
<tr>
<th>Description</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>Active Duty</td>
<td>Student is a dependent of a member of the Active Duty Forces (full-time) Army, Navy, Air Force, Marine Corps, or Coast Guard.</td>
</tr>
<tr>
<td>National Guard Or Reserve</td>
<td>Student is a dependent of a member of the National Guard or Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard).</td>
</tr>
</tbody>
</table>

Student's Name _____________________________________________

Parent Signature ___________________________________________

*Please sign and return this form to Cony Middle/High School regardless of whether or not this applies to your family. Thank you.
Dear Parent/Guardian:

Maine welcomes families of all cultural and linguistic backgrounds. Speaking more than one language is a valuable asset, and we encourage families to maintain their languages while learning English. Students who speak or understand another language may be entitled to support to improve their English in order to meet Maine’s challenging academic standards. The following questions, required for all students from pre-kindergarten through grade 12, will help your school determine whether your child may benefit from English language support services. If a language other than English is indicated, your child will be administered an English language screener. Depending on your child’s score, your child may be classified as an English Learner and eligible for English language support. If you would like this letter and the survey below to be provided in another language, or if you would like an interpreter, your school will fulfill those requests. If you have questions about this survey, please contact your school principal.

Be assured that your answers will be used only for educational purposes. The completed survey will be kept in your student’s permanent file, and only school staff will have access to it. No school employee may inquire about the immigration status of any member of your family.

Thank you for providing this information, and I wish your student great academic success.

Sincerely,

April Perkins
Director of ESOL and Bilingual Programs, Maine Department of Education

LANGUAGE USE SURVEY

Student’s Name: ____________________________ Date of Birth: ___________________

School: ____________________________ Anticipated Grade: _________________

Please do not leave any question unanswered.

1. What language(s) did your child first speak or understand?

2. What language(s) does your child most easily speak or understand?

3. What language(s) do those who interact with your child frequently (daily or at least several times per week) use with your child?

Parent/Guardian Signature: ____________________________ Date: _______________

School Use Only

Post-enrollment Identification: If no language other than English is indicated by a parent/guardian on this survey, an English language screener may be administered only if one or both of the questions below is answered affirmatively by a teacher.

1. Have you observed the student use a language other than English? ______________

2. Has the student indicated to you that he/she uses a language other than English? ______________

Teacher Signature: ____________________________ Date: _______________

PLACE THE ORIGINAL OF THIS COMPLETED DOCUMENT IN THE STUDENT’S PERMANENT RECORD FOLDER
MAINE STATE DEPARTMENT OF EDUCATION
HOME LANGUAGE SURVEY –
Cony School, 60 Pierce Drive, Augusta ME

Student Name _________________________ Grade _______ Date _______ School Year ____________

Directions: Answer each question by putting the appropriate number in the box at the end of each question. If you answer “10. Other,” specify the language.

1. What language do you MOST OFTEN use when speaking to your child?

   1 – English    2 – French    3 – Passamaquoddy    4 – Vietnamese  5 – Arabic
   6 – Khmer     7 – Spanish    8 – American Sign    9 – Somali     10 – Other—______________

2. What language did your child FIRST learn to speak? [ ]

3. What language does your child MOST OFTEN use when speaking to brothers, sisters, and other children at home? [ ]

4. What language does your child MOST OFTEN use when speaking to you and other adults in the home? (grandparents, aunts, uncles, guests [ ]

5. What language does your child MOST OFTEN use when speaking with friends or neighbors, OUTSIDE the home? [ ]

*This survey, approved by the U.S. Office for Civil Rights, is available in these languages at
http://www.maine.gov/education/esl/requir.htm
Somali    French    Khmer    Passamaquoddy    Chinese    Dari    Polish    Spanish    Lao    Vietnamese
German    Russian    Amharic    Greek

TO THE TEACHER:
(1) If you have observed this student use a language other than English, please indicate other language here: _______________________
(2) Was the child’s first language development interrupted at some point in time due to adoption, relocation of family or similar event that might suggest second language usage? yes [ ] no [ ]

*****************************************************************************
Dear Parent(s)/Guardian(s):

Under terms of a federal project administered by the Maine Department of Education, data must be collected on home language usage for all kindergarten and incoming new students. Also, schools are required under federal civil rights laws to identify all students whose home language is not English. Parents and guardians are most qualified to provide the school with this information. Please take a few moments to complete the questionnaire on the reverse side of this page about the language(s) spoken in your home. After answering the questions, please have your child return the questionnaire to his/her homeroom teacher promptly. You may be assured that the information that you provide in the questionnaire will be used only to assist the Department in planning programs to provide appropriate educational opportunities to all students in your school. The federal government will receive group data only. Access to the information provided in the short survey cannot be released without permission from you. Only those persons with legitimate educational interests, including in this case the Maine Department of Education, will have access to this information.

Please stress to your son or daughter the importance of returning the completed questionnaire promptly. Do not hesitate to call your school principal if you have questions about the survey. Thank you for your assistance in helping us meet this requirement.

Sincerely,
Nancy Mullins
No Child Left Behind, Title III (ESL/Bilingual Education)

Complete the home language survey on the reverse side of this page and return it to your home room or advisory team teacher tomorrow or on the next school day.
Surveys in other languages are available at http://www.maine.gov/education/esl/requir.htm.
The Refugee School Impact Program provides funding for programs that promote the successful integration and education of school-age refugee children. Your student may be eligible for these additional supports if he or she is a refugee between the ages of 5 and 18 who has been in the country for less than five (5) years.

Please check the boxes below that best describes the immigration status of your student:

Is your student a refugee?  □ Yes  □ No  □ I do not wish to respond / I don’t know

If yes:

What is your student’s immigration status?

□ Refugee  □ Secondary migrant  □ Asylum granted  □ Special immigrant visa holder (SIV)
□ Victim of trafficking  □ Cuban/Haitian entrant  □ Unaccompanied minor  □ Amerasian

If your student is a secondary migrant, what is his or her initial state of arrival? ________________________________

What is his or her date of arrival / asylum granted date?  ___/___/_______

What is his or her country of origin? ________________________________

For all:

Parent / Guardian Name: ________________________________  Phone: ________________________________

Parent / Guardian Signature: ________________________________  Date: ________________________________

Please list children below:

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>Grade</th>
<th>Date of Birth</th>
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Programs and activities for refugee students between the ages of 5 and 18 and who have been in the country for less than five (5) years could include:

- English as a Second Language instruction
- After-school tutorials
- Programs that encourage high school completion and full participation in school activities
- After-school and/or summer clubs and activities
- Parental involvement programs
- Bilingual/bicultural counselors
Augusta School Department - Multi-Year Release Form
Information Release Form for News Media (newspaper & Internet Editions) / Electronic Media (Internet pages) / Military & Colleges

Student Name _____________________________ Date: ___________ YOG: ___________

Please check off (X) your choice for each category below. Grades 7 through 12

<table>
<thead>
<tr>
<th>Category</th>
<th>Publish / Release</th>
<th>Publish / Release</th>
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<tbody>
<tr>
<td>Honor Roll and / or other events - newspaper &amp; internet editions; Cony's Internet Pages (Students' name will appear on the internet version of newspaper if answered yes)</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Military (Names and addresses of Juniors &amp; Seniors only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colleges (Transcripts and grade information)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Free &amp; Reduced Lunch Information Students who are applying to college, or who are taking standardized tests such as the SAT and AP tests, may be eligible for FEE WAIVERS based upon their Free/Reduced Lunch eligibility. By checking off the yes box you give permission for the Cony Director of Guidance to access only your eligibility information in order to grant these fee waivers.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Parent / Guardian Signature _______________ Date ________________

Parent / Guardian (Please print name)

To publicize the achievements of our students, we like to occasionally publish students’ names, photographs and academic/extracurricular achievements in a variety of media formats such as: school notices, newsletters, our web site, the local newspapers (which includes their online editions) and television.

Individual students’ or class work and/or pictures may be published on the School Department’s web site from time to time in accordance with established guidelines. Such work may include creative writing, research projects, artwork, music, performances and audiovisual presentations. All student work will include a copyright notice prohibiting the copying of such work without express written permission. If a request for copying is made, the student’s parent/guardian will be notified.

Phone numbers are not released unless the Guardian/parent asks specifically for that to happen.

ALSO:

The No Child Left Behind Act, requires high schools to provide directory information (student names and addresses and year of graduation) for Juniors & Seniors to both military recruiters and institutions of higher education, upon request. Parents and legal guardians of students, however, have the right to request that the school not release such information without prior written parental consent.

The purpose of this notice is to inform you of the law and to provide you the opportunity to request that information about your child not be released to either military recruiters or institutions of higher education. To prevent the release of information, you must inform Cony High School by marking your choices below.

If you do not inform us we will be required by federal law to disclose your child’s name and address to military recruiters and institutions of higher education that request this information.

Please contact Cony High School if you need further information. Because your child’s safety is our daily concern, we ask that you fill out the information above. We are aware that some parents may have reasons for not wanting a child’s name, address, phone number, photo or achievements published.

If this form is NOT filled out and returned it will be taken as your consent to allow us to provide the military and/or colleges and institutions of higher learning with your student’s name and address if they request it; and your child’s name will be withheld from the news media (paper & online editions) (honor roll) and other electronic media.

This form will be kept on file until the student leaves Cony High School. A new release may be filled out at any time. If you wish to change your selections please contact your child’s guidance counselor.
Augusta School District
Annual Parent Notice
Right to Request Teacher Qualifications

School: Cony Middle & High School
Date: August 28, 2019

Our school receives federal funds for programs that are part of the Elementary and Secondary Education Act (ESEA), as amended (2015). Throughout the school year, we will continue to provide you with important information about this law and your child’s education. Based on current education law, teachers must have earned State certification and licensure. State certification and licensure is the training required to be a teacher.

We are very proud of our teachers and feel they are ready for the coming school year. We are prepared to give your child a high-quality education. You have the right to request information about the professional qualifications of your child’s teacher(s) or paraprofessional(s). A paraprofessional provides academic or other support for students under the direct supervision of a teacher. If you request this information, the district or school will provide you with the following as soon as possible:

a. if the teacher has met State certification and licensing requirements for the grade levels and subjects for which the teacher provides instruction;
b. if state certification and licensing requirements have been waived (is not being required at this time) for the teacher under emergency or other temporary status;
c. if the teacher is teaching in the field of discipline for which they are certified or licensed;
d. if the teacher has met State-approved or State-recognized certification, licensing, registration, or other comparable requirements. These requirements apply to the professional discipline in which the teacher is working and may include providing English language instruction to English learners, special education or related services to students with disabilities, or both; and
e. if your child is receiving Title I or Special Education services from paraprofessionals, his or her qualifications.

Our staff are committed to helping your child develop the social, academic and critical thinking he or she needs to succeed in school and beyond. That commitment includes making sure that all of our teachers and paraprofessionals are highly skilled.

If you would like to request information about your child’s teacher(s) or paraprofessional(s), or if you have any questions about your child’s assignment to a teacher or paraprofessional, please contact the following person at your child’s school:

Name: Kim Sihly
Email: ksihly@augustaschools.org
Title: Principal
Phone: 626-2460

Thank you for your interest and involvement in your child’s education.

Sincerely,

Theresa Violette
Director of Title I

The school district does not discriminate on the basis of race, color, national origin, sex, age, or disability in matters affecting employment or in providing access to programs and services. It provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries and complaints regarding non-discrimination policies and to coordinate compliance efforts:

Name: Donna Madore
Title: Assistant Superintendent
Address: 40 Pierce Drive Suite 3 Augusta, Maine 04330
Telephone: 626-2468
Email: dmadore@augustaschools.org

Inquiries or complaints may also be directed to the Office for Civil Rights, U.S. Department of Education, 400 Maryland Avenue S.W., Washington D.C. 20202, or by calling (800) 421-3481 or (877) 521-2172 (TTY).
### AUGUSTA SCHOOL DEPARTMENT 2019 – 2020 SCHOOL CALENDAR

#### JULY
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<th>F</th>
<th>S</th>
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### H - SCHOOL HOLIDAYS
- July 4: Independence Day
- September 2: Labor Day
- October 14: Columbus Day
- November 11: Veterans Day
- November 28: Thanksgiving Day
- December 25: Christmas Day
- January 1: New Year’s Day
- January 20: Martin Luther King, Jr. Day
- February 17: Presidents’ Day
- April 20: Patriots’ Day
- May 25: Memorial Day

### V - SCHOOL VACATIONS
*New Years is a special observance day as cited in Title 20-A MRSA §4803

*N.B.- Legal Reference: Title 20-A MRSA §4802, 4803, and 4804

American Education Week is November 18-22. (It is always the week before Thanksgiving.)

### 175 STUDENT DAYS

#### 8 EARLY RELEASE DAYS
- Elementary: 11:45 a.m.
- High School: 10:45 a.m.

#### 5 WORKSHOP DAYS

### FIRST AND LAST STUDENT DAYS

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tr>
<td>Aug. 27</td>
<td>Workshop Day</td>
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<td>Aug. 28</td>
<td>1st Student Day 1-9</td>
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<td>Aug. 29</td>
<td>1st Day All Students</td>
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<td>Sept. 3</td>
<td>1st Day Pre-K</td>
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<td>Sept. 16</td>
<td>Early Release</td>
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<td>Oct. 10</td>
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<td>Oct. 11</td>
<td>Workshop Day</td>
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<td>Nov. 5</td>
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<td>Nov. 27</td>
<td>Workshop Day (Teacher Comp.)</td>
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<td>Jan. 21</td>
<td>Early Release</td>
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<td>April 17</td>
<td>Workshop Day (Teacher Comp.)</td>
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<td>May 13</td>
<td>Early Release</td>
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<td>June 3</td>
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<td>June 10</td>
<td>Last Student Day/Early Release (no storm days)</td>
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<tr>
<td>June 14</td>
<td>Graduation</td>
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Student Computer and Internet Use Acknowledgement Form

Each student and parent/guardian must sign and return this acknowledgement form to the main office at Cony School (grades 9-12) A.S.A.P. The student will then be given his/her own User Name and Password which will enable him/her to access and save work on a Network storage area anywhere in the building.

Student:

I have read the School Board policy IJNDB Student Computer and Internet Use and IJNDB-R Computer and Internet Use Rules contained in the brochure and agree to comply with them.

__________________________________  __________________________
Please Print Student Name              Grade

__________________________________  __________________________
Student Signature                     Date

Parent/Guardian:

I have read the School Board policy IJNDB-Student Computer and Internet Use and IJNDB-R Computer and Internet Use Rules contained in the brochure and understand that my child’s use of school computers is subject to compliance with these rules.

__________________________________  __________________________
Parent/Guardian Signature             Date
STUDENT COMPUTER AND INTERNET USE

The Augusta School Department provides computers, networks and Internet access to support the educational mission of the school and to enhance the curriculum and learning opportunities for students and school staff. The Board believes that the resources available through the Internet are of significant value in the learning process and preparing students for future success. At the same time, the unregulated availability of information and communication on the Internet requires that schools establish reasonable controls for lawful, efficient and appropriate use of this technology.

Student use of school computers, networks and Internet services is a privilege not a right. Students are required to comply with this policy and the accompanying rules (IJNDB-R). Students who violate the policy and/or rules may have their computer privileges revoked and may also be subject to further disciplinary and/or legal action.

All Augusta School Department computers remain under the control, custody and supervision of the school unit. The school unit reserves the right to monitor all computer and Internet activity by students. Students have no expectations of privacy in their use of school computers.

The Augusta School Department utilizes filtering technology designed to block materials that are obscene or harmful to minors, and child pornography. While reasonable precautions will be taken to supervise student use of the Internet, the Augusta School Department cannot reasonably prevent all inappropriate uses, including access to objectionable materials and communication with persons outside of the school, in violation of Board policies/procedures and school rules. The school unit is not responsible for the accuracy or quality of information that students obtain through the Internet.

STUDENT COMPUTER AND INTERNET USE RULES

These rules implement Board policy IJNDB - Student Computer and Internet Use. The rules are intended to provide general guidelines and examples of prohibited uses but do not attempt to state all required or prohibited activities by users. Failure to comply with Board policy IJNDB and these rules may result in loss of computer and Internet access privileges, disciplinary action and/or legal action.

A. Computer Use is a Privilege, Not a Right

Student use of the school unit's computers, networks and Internet services is a privilege, not a right. Unacceptable use/activity may result in suspension or cancellation of privileges as well as additional disciplinary and/or legal action.

The building principal shall have the final authority to decide whether a student’s privileges will be denied or revoked.

B. Acceptable Use

Student access to the school unit's computers, networks and Internet services are provided for educational purposes and research consistent with the school unit's educational mission, curriculum and instructional goals.

The same rules and expectations govern student use of computers as apply to other student conduct and communications.

Students are further expected to comply with these rules and all specific instructions from the teacher or other supervising staff member/volunteer when accessing the school unit's computers, networks and Internet services.

C. Prohibited Use

The user is responsible for his/her actions and activities involving school unit computers, networks and Internet services and for his/her computer files, passwords and accounts. Examples of unacceptable uses that are expressly prohibited include but are not limited to, the following:

1. Accessing Inappropriate Materials - Accessing, submitting, posting, publishing, forwarding, downloading, scanning or displaying materials that are defamatory, abusive, obscene, vulgar, sexually explicit, sexually suggestive, threatening, discriminatory, harassing and/or illegal;

2. Illegal Activities - Using the school unit's computers, networks and Internet services for any illegal activity or activity that violates other board policies, procedures and/or school rules;

3. Violating Copyrights - Copying or downloading copyrighted materials without the owner's permission;
4. Plagiarism - Representing as one's own work any materials obtained on the Internet (such as term papers, articles, etc). When Internet sources are used in student work, the author, publisher and web site must be identified.

5. Copying Software - Copying or downloading software without the express authorization of the system administrator. Unauthorized copying of software is illegal and may subject the copier to substantial civil and criminal penalties.

6. Non-School-Related Uses - Using the school unit's computers, networks and Internet services for non-school-related purposes such as private financial gain, commercial, advertising or solicitation purposes, or for any other personal use;

7. Misuse of Passwords/Unauthorized Access- Sharing passwords, using other users' passwords without permission and/or accessing other users' accounts;

8. Malicious Use/Vandalism - Any malicious use, disruption or harm to the school unit's computers, networks and Internet services, including but not limited to hacking activities and creation/uploading of computer viruses; and

9. Unauthorized Access to Chat Rooms/News Groups - Accessing chat rooms or news groups without specific authorization from the supervising teacher.

D. No Expectation of Privacy

The school unit retains control, custody and supervision of all computers, networks and Internet services owned or leased by the school unit. The school unit reserves the right to monitor all computer and Internet activity by students. Students have no expectations of privacy in their use of school computers, including e-mail and stored files.

E. Compensation for Losses, Costs and/or Damages

The student and/or the student's parent/guardian shall be responsible for compensating the school unit for any losses, costs or damages incurred by the school unit related to violations of policy UNDK and/or these rules, including investigations of violations.

F. School Unit Assumes No Responsibility for Unauthorized Charges, Costs or Illegal Use

The school unit assumes no responsibility for any unauthorized charges made by students including but not limited to credit card charges, long distance telephone charges, equipment and line costs, or for any illegal use of its computers such as copyright violations.

G. Student Security

A student shall not reveal his/her full name, address or telephone number on the Internet without prior permission from a supervising teacher. Students should never meet people they have contacted through the Internet without parental permission. Students should inform their supervising teacher if they access information or messages that are dangerous, inappropriate or make them uncomfortable in any way.

H. System Security

The security of the school unit's computers, networks and Internet services is a high priority. Any user who identifies a security problem must notify the system administrator. The user shall not demonstrate the problem to others. Any user who attempts or causes a breach of system security shall have his/her privileges revoked and may be subject to additional disciplinary and/or legal action.

I. "CYBER SAFETY"

Augusta School Department uses filtering technology designed to block materials that are obscene or harmful to minors, and child pornography. Although Augusta School Department takes precautions to supervise student use of the Internet, parents should be aware that the Augusta School Department cannot reasonably prevent all instances of inappropriate computer and Internet use by students in violation of Board policies and rules, including access to objectionable materials and communication with persons outside of the school. The school unit is not responsible for the accuracy or quality of information that students obtain through the Internet.

In the interest of student safety ("cyber safety"), Augusta School Department also educates students and parents about online behavior, including interacting on social networking sites and chat rooms, the dangers of hacking, and issues surrounding "sexting" and cyber bullying awareness and response. The Superintendent shall be responsible for integrating cyber safety training and "digital citizenship" into the curriculum and for documenting Internet safety training.
STUDENT COMPUTER AND INTERNET USE

The Augusta School Department provides computers, networks and Internet access to support the educational mission of the schools and to enhance the curriculum and learning opportunities for students and school staff. The Board believes that the resources available through the Internet are of significant value in the learning process and preparing students for future success. At the same time, the unregulated availability of information and communication on the Internet requires that schools establish reasonable controls for lawful, efficient and appropriate use of this technology.

Student use of school computers, networks and Internet services is a privilege not a right. Students are required to comply with this policy and the accompanying rules (JINDB-R). Students who violate the policy and/or rules may have their computer privileges revoked and may also be subject to further disciplinary and/or legal action.

All Augusta School Department computers remain under the control, custody and supervision of the school unit. The school unit reserves the right to monitor all computer and Internet activity by students. Students have no expectations of privacy in their use of school computers.

The Augusta School Department utilizes filtering technology designed to block materials that are obscene or harmful to minors, and child pornography. While reasonable precautions will be taken to supervise student use of the Internet, the Augusta School Department cannot reasonably prevent all inappropriate uses, including access to objectionable materials and communication with persons outside of the school, in violation of Board policies/procedures and school rules. The school unit is not responsible for the accuracy or quality of information that students obtain through the Internet.

STUDENT PERSONAL DIGITAL DEVICE AND INTERNET USE RULES

These rules accompany Board policy JINDB (Student Computer and Internet Use). Each student is responsible for his/her actions and activities involving school unit personal digital device (including I-Pads and laptops issued to students), networks, and Internet services, and for his/her personal digital device files, passwords, and accounts.

These rules provide general guidance concerning the use of the school unit’s personal digital devices and examples of prohibited uses. The rules do not attempt to describe every possible prohibited activity by students. Students, parents, and school staff who have questions about whether a particular activity is prohibited are encouraged to contact the building principal or the Technology Coordinator. The Augusta School Department accepts the responsibilities as outlined by the MLLTI participation agreement.

A. Acceptable Use

The school unit’s personal digital devices, networks, and Internet services are provided for educational purposes and research consistent with the school unit’s educational mission, curriculum, and instructional goals.

All Board policies, school rules, and expectations concerning student conduct and communications apply when students are using personal digital devices, whether the use is on or off school property.

Students are also expected to comply with all specific instructions from school administrators, school staff or volunteers when using the school unit’s personal digital devices.

B. Consequences for Violation of Personal Digital Device Use Policy and Rules

Compliance with the school unit’s policies and rules concerning personal digital device use is mandatory. Students who violate these policies and rules may, after having been given the opportunity to respond to an alleged violation, have their personal digital device privileges limited, suspended, or revoked. Such violations may also result in disciplinary action, referral to law enforcement, and or legal action.

The building principal shall have final authority to decide whether a student’s privileges will be limited, suspended or revoked based upon the circumstances of the particular case, the student’s prior disciplinary record, and any other relevant factors.

C. Prohibited Uses

Examples of unacceptable uses of school unit personal digital devices that are expressly prohibited include, but are not limited to, the following:

1. Accessing or Posting Inappropriate Materials — Accessing, submitting, posting, publishing, forwarding, downloading, scanning or displaying defamatory, abusive, obscene, vulgar, sexually explicit, sexually suggestive, threatening, discriminatory, harassing and/or illegal materials or engaging in “cyber bullying.”

2. Illegal Activities — Using the school unit’s personal digital devices, networks, and Internet services for any illegal activity or in violation of any Board policy or school rules. The school unit assumes no responsibility for illegal activities of students while using school personal digital devices;

3. Violating Copyrights — Copying, downloading or sharing any type of copyrighted materials (including music or films) without the owner’s permission (see Board policy/procedure EGAD — Copyright Compliance). The school unit assumes no responsibility for copyright violations by students;

4. Copying Software — Copying or downloading software without the express authorization of the Technology
Coordinator. Unauthorized copying of software is illegal and may subject the copier to substantial civil and criminal penalties. The school unit assumes no responsibility for illegal software copying by students.

5. Plagiarism – Representing as one’s own work any materials obtained on the Internet (such as term papers, articles, music, etc.). When Internet sources are used in student work, the author, publisher, and website must be identified;

6. Non-School-Related Uses – Using the school unit’s personal digital devices, networks, and Internet services for any personal reasons not connected with the educational program or assignments;

7. Misuse of Passwords/Unauthorized Access – Sharing passwords, using other users’ passwords, and accessing or using other users’ accounts;

8. Malicious Use/Vandalism – Any malicious use, disruption or harm to the school unit’s personal digital devices, networks, and Internet services, including but not limited to hacking activities and creation/uploading of personal digital device viruses; and

9. Unauthorized Access to Blogs/Chat Rooms/Social Networking Sites – Accessing blogs, chat rooms or social networking sites to which student access is prohibited.

D. No Expectation of Privacy - Augusta School Department personal digital devices remain under the control, custody, and supervision of the school unit at all times. Students have no expectation of privacy in their use of school personal digital devices, including email, stored files, and Internet access logs.

E. Compensation for Losses, Costs, and/or Damages
The student and his/her parents are responsible for compensating the school unit for any losses, costs, or damages incurred by the school unit for violations of Board policies and rules while the student is using school unit personal digital devices, including the cost of investigating such violations. The school unit assumes no responsibility for any unauthorized charges or costs incurred by a student while using school unit personal digital devices.

F. Student Security
A student is not allowed to reveal his/her full name, address or telephone number, social security number, or other personal information on the Internet without prior permission from a teacher. Students should never agree to meet people they have contacted through the Internet without parental permission. Students should inform their teacher if they access information or messages that are dangerous, inappropriate, or make them uncomfortable in any way.

G. System Security
The security of the school unit’s personal digital devices, networks, and Internet services is a high priority. Any student who identifies a security problem must notify his/her teacher immediately. The student shall not demonstrate the problem to others or access unauthorized material.

Any user who attempts to breach system security, causes a breach of system security, or fails to report a system security problem shall be subject to disciplinary and/or legal action in addition to having his/her personal digital device privileges limited, suspended, or revoked.

H. Additional Rules for Personal Digital Devices Issued to Students

1. Personal digital devices are loaned to students as an educational tool and are only authorized for use in completing school assignments.

2. Before a personal digital device is issued to a student, the student must sign the school’s “acceptable use” agreement. Parents are required to attend an informational meeting before a personal digital device will be issued to their child. Attendance will be documented by means of a “sign in” sheet. The meeting will orient parents to the goals and workings of the personal digital device program, expectations for care of school-issued personal digital devices, Internet safety, and the school unit’s rules in regard to use of this technology.

3. Students and their parents are responsible for the proper care of personal digital devices at all times, whether on or off school property, including costs associated with repairing or replacing the personal digital device.

4. Loss or theft of a personal digital device must be reported immediately to the building principal, and, if stolen, to the local law enforcement authority as well.

5. The Board’s policy and rules concerning personal digital device and Internet use apply to use of personal digital devices at any time or place, on or off school property. Students are responsible for obeying any additional rules concerning care of personal digital devices issued by school staff.

6. Violation of policies or rules governing the use of personal digital devices, or any careless use of a personal digital device may result in a student’s personal digital device being confiscated and/or a student only being allowed to use the personal digital device under the direct supervision of school staff. The student will also be subject to disciplinary action for any violations of Board policies or school rules.

7. Parents will be informed of their child’s login password. Parents are responsible for supervising their child’s use of the personal digital device and Internet access when in use at home.

8. The personal digital device may only be used by the student to whom it is assigned and by family members, to the extent permitted by Maine’s personal digital device program.
AUGUSTA SCHOOL DISTRICT
AUTHORIZED LAPTOP SIGNATURE FORM

Student

I have read and agree to the Augusta School District’s, Laptop, Internet and Laptop Home Use Rules and Regulations. I understand my responsibilities as a student. Violation of these policies will be subject to loss of use of the laptop as well as other disciplinary consequences.

______________________________
Printed Students Name

______________________________    _____________
Student Signature                  Date

Parent/Guardian

I have read and agree to the Augusta School District’s, Laptop, Internet and Laptop Home Use Rules and Regulations. I understand my responsibilities as a parent/guardian. Violation of these policies will be subject to loss of use of the laptop as well as other disciplinary consequences.

______________________________
Printed Parent/Guardian Name

______________________________    _____________
Parent/Guardian Signature         Date
Student Laptop Use Rules and Regulations

Every high school student will be assigned a laptop computer for classroom use and to complete assignment and projects outside the school day.

Prior to issuance of a laptop computer, receiving student and their parent/guardians must acknowledge, in writing, their receipt and understanding of the Augusta School District’s laptop computer, Internet and home use rules.

Students must sign and adhere to the Cony internet and home use rules and regulations.

The Cony laptop, Internet and home use rules and regulations must be followed at all times. Violation of these policies will be subject to loss of use of the laptop as well as other disciplinary consequences.

Laptop Use Rules

• The laptop is an educational tool and should be used in that capacity only. Once issued, you are responsible for the laptop at all times.

• The student is responsible for the laptop throughout the school day. The school will not be responsible for laptops that are left in the classrooms, hallways, or lockers.

• The laptop should not be used to – copy, download, upload, or share copyrighted materials without the owner’s permission. This includes the reproduction of music files, images, software and uses that violate the law or encourage others to violate the law. Don’t transmit offensive or harassing messages; offer for sale or use of any substance the possession or use of which is prohibited by Cony’s Student Discipline Policy; view, transmit or download pornographic materials that encourage others to violate the law; intrude into the networks or computers of others; and download or transmit confidential, trade secret information, or copyrighted materials. Even if the materials on the networks are not marked with the copyright symbol, you should assume that all materials are protected unless there is explicit permission on the materials to use them.

• Do not use the laptop to cause harm to others or damage their property. For example, don’t engage in defamation (harming another’s reputation by lies); employ another’s password or some other users identifier that misleads message recipients into believing that someone other than you is communicating or otherwise using his/her access to the network or the Internet; upload a worm, virus, “Trojan Horse” “time bomb” or other harmful form of programming or vandalism; participate in “hacking” activities or any form of unauthorized access to other computers, networks, or information systems.
• Student use of the laptop will adhere to Plagiarism/Cheating guidelines as cited in the Student Planner.

• The student is the only authorized user of your assigned laptop. Never share or swap laptops with another student. Parents/Guardians will have access to your laptop, login and password.

• Keep your password confidential.

• Use the laptop on a flat stable surface.

• Do not eat or drink near the laptop.

• Avoid touching the screen. When cleaning is necessary, wipe the laptop surface lightly with a soft cloth. Never use any cleaner, such as Windex, or water to clean the laptop screen.

• Do not rest pencils/pens or other items on the keyboard. Accidentally closing the laptop with items on the keyboard damages the screen.

• Do not mark the laptop in any way with markers, stickers, etc.

• Do not remove district applied name label and asset tags from the laptop.

• Do not insert objects into the ports (openings) of the laptop that are not intended to be inserted.

• Laptops must come to school fully charged.

• Laptops cannot be taken outside of the United States of America.

• Students must carry laptops in the district provided case.

• Student ID tag must remain on the case.

• Students must “Log-off” when leaving the computer.

• Files stored on school computers are restricted to school related assignments only. Personal files may not be stored. It is highly recommended that students backup to their own media.

• Students shall not copy (without permission), damage, or alter any hardware or software. Students shall not delete a file (without authorization) or knowingly introduce a computer virus to any school program or computer.

• Students shall not use or alter another person’s files, or directories. Students aiding teachers are restricted to using only the program selected by the teacher.

• Non-school software will not be loaded onto the school issued computers.

• Use of all telecommunications is restricted to school related projects and must be supervised by the teacher.

• No student shall attempt to establish or establish a computer contact into restricted programs.
· No student will attempt to run or install unauthorized programs.

· It is not permitted to change existing computer settings. This includes program settings and/or environment settings.

· Laptops are school property. If you stop attending Cony and do not return your laptop, you will be in possession of stolen property and charges will be filed.

· The cost of repairing any laptop is ultimately the responsibility of the student to whom the laptop was checked out.

**Internet Use Rules**

· Cony has a filtering system in place which filters Internet content both at school and at home.

· Students must sign and adhere to the Cony laptop, Internet and home use rules and regulations.

· Students must use the internet in a way that complies with District Policy. Do not use the laptop for commercial transactions. Students and other users may not sell or buy anything over the Internet. You should not give others private information about you or others, including credit card number and social security numbers.

· Realize that the laptop is district property and all content (software, email, internet use) will be monitored. Messages and/or Internet content relating to or in support of illegal activities will be reported to the authorities.

· “Cyberbulling” will not be tolerated. Cyberbulling means bullying by use of any electronic communication device using, but not limited to, e-mail, instant messaging, text messages, blogs, mobile phones, pagers, online games, websites, etc. Bullying is defined in the student handbook and district policy.

· Students are not allowed to try to bypass the district filter in any way, including but not limited to the use of proxy avoidance sites.

· Do not use the network in any way that would disrupt its use by other users.

· Do not use or access any other person’s account for any reason.

· Do not access inappropriate or obscene material.

· Students have no expectations of privacy and can expect district and school personnel to conduct spot checks of their Internet history, documents, e-mail, etc.

**Home/Locations Outside of School Use Rules**

· All rules in the sections above apply wherever the laptop is being used.

· Students are responsible for the care of their laptops.
• Laptops must be secured in its assigned case while in transit.

• Do not leave your laptop in automobiles. Laptops cannot tolerate extremes in temperature.

• The laptop is to be used by the assigned student only. Parents/guardians will have their student’s login and password to the desktop in order to supervise usage at home.

• Parents/guardians are encouraged to be “nosy” and interact with their student about his/her work on the laptop.

• Laptops must be recharged before returning to school.

• If technical difficulties or issues prevent homework completion, a parent note is requested.

• If a laptop is lost or stolen, the Police, Cony Administration, and Cony Security should be notified immediately, in order for the laptop to be traced and disabled. If the laptop has been stolen a police report must be filed, in order for the district to file an insurance claim. If you fail to file a police report, you are responsible for the full value of the laptop. In the case of loss or theft, the student will be responsible for the insurance deductible.

• Cony does not provide home access to the Internet.

• If a parent chooses to allow home Internet access on Augusta School District’s equipment; the parent/guardian is accepting responsibility for monitoring your child’s Internet use. Your child is still responsible for following all school rules for appropriate laptop use while online at home.
August 28, 2019

Dear Parent/Guardian,

A Health Update form is required of all students attending Cony School. Please fill out this form and return it to school with your child.

A physical exam is encouraged of all students entering ninth grade in the Augusta School District. Immunizations are frequently updated at this physical. If your child does not have a current physical on file, now is the time to schedule an appointment. If we do not have a current physical on file and your child is not a ninth grader, please send us a copy for our records.

High school students participate in more strenuous physical education programs. Many of them also participate in after school sports programs. A physical helps to screen out any issues that might compromise student health. Student athletes are required to have a physical on file to participate in sports.

Attached you will find a copy of our physical form to be filled out by you and the medical provider. Please return a copy either via mail or fax to the nurse's office. (620-8102)

Please indicate any special health concerns your child may have (asthma, allergies, seizures etc.), so we can better care for your child. If you have a current health plan with your physician please send us a copy for our records. If your child needs to take prescription medication at school please contact us to fill out the necessary forms.

Please feel free to call the nurse's office with any questions.

Sincerely,

Cony School Nurse
AUGUSTA SCHOOL HEALTH UPDATE

Please fill out the following questionnaire so that we can update your child’s confidential health record. Please explain all YES responses. Please return to the school nurse.

STUDENT’S NAME ___________________________ Grade ___ Teacher _______________ Date _____

WITHIN THE LAST YEAR HAS YOUR CHILD
• Had any significant injuries, concussions, etc. Yes ___ No ___
  If yes, please explain ____________________________
• Have any of these conditions (asthma, diabetes, allergies, epilepsy, etc)? Yes ___ No ___
  If yes, please explain ____________________________
  Please provide the appropriate Plan from your child’s doctor. This is required.
• Had any episodes of fainting or dizziness during or following exercise? Yes ___ No ___
  If yes, please explain ____________________________
• Had any surgery or hospitalization? Yes ___ No ___
  If yes, please explain ____________________________
• Any other chronic conditions or information important for the nurse to know? Yes ___ No ___
  If yes, please explain ____________________________

GENERAL MEDICAL HISTORY
• Is student currently under a doctor’s care? Yes ___ No ___
  For what reason? ____________________________
• Is student currently taking medication? Yes ___ No ___
  If yes, please list ALL medications, doses and times given.
  Medication/s ____________________________
  Will any be given at school? Yes ___ No ___
  If so, which med and what time? ____________________________
• Does student have a bee allergy? Yes ___ No ___
  If so, what happens when stung and what is the treatment? ____________________________
  If the answer is yes, you will need to provide an Allergy Action Plan.
• Does student have any food allergies? Yes ___ No ___
  If so, to what and what is the treatment ____________________________
• Does student have any medication allergies? Yes ___ No ___
  If so, to what ____________________________
• Are your student’s immunizations up to date? Yes ___ No ___
  Either way, please provide an updated Immunization record. This is required.

DOES YOUR STUDENT HAVE OR WEAR
• _______ Glasses _______ Hearing Aids _______ Contact Lenses _______ Dentures _______ Bridgework _______ Pull-Ups/Diapers _______ Other: Please explain ____________________________

PLEASE FILL OUT THE CIRCLE BESIDE THE OVER THE COUNTER MEDICATIONS THAT YOU GIVE PERMISSION FOR YOUR CHILD TO TAKE AT SCHOOL AS DIRECTED

<table>
<thead>
<tr>
<th>Acetaminophen</th>
<th>Ibuprofen</th>
<th>Topical</th>
<th>Oral Pain</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Diphenhydramine-Benzadryl</td>
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NAME OF STUDENT’S PRIMARY HEALTH PROVIDER: ____________________________

PHONE: ____________________________

I give permission for the exchange of information between my child’s healthcare provider and the school nurse. I further understand that my consent is voluntary and may be revoked (taken back) at any time in writing.

PARENT/ GUARDIAN SIGNATURE ____________________________ Date ___________

Home phone ____________________________ Work phone ____________________________ Cell phone ____________________________
IMMUNIZATION EXEMPTION FORM

As a parent / guardian of _____________________________________________________________
(Student Name)

In grade ______________________ and a date of birth ________________________________

I am requesting a waiver for the following immunizations:

☐ All required immunizations

☐ Specific immunizations; ☐ TDAP ☐ I/OPV ☐ MMR ☐ Varicella ☐ MCV4

I understand that in the case of an outbreak of the specific disease for which my child is not protected, my child will be kept out of school and school activities. The length of time my child will be kept out of school may vary from a week to over a month depending on the disease and length of the outbreak. I also understand that if my child is kept out of school, the school is not required to provide off-site classes or tutoring. The school may make reasonable accommodations to assist my child in keeping up with classwork.

I am requesting a waiver for: ☐ Sincere Religious Belief ☐ Philosophical Reason

My explanation is as follows:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Signature: ____________________________  Sincere

Print name: __________________________

Relationship to student: __________________________

Date: ____________________________
Consent for Expanded Services at
Cony Middle and High School Health Center 2019-2020
OPT-OUT Form

Cony High School and Middle School is pleased to announce that we have expanded our health services for our students. We will continue to offer nursing services to all of our students to deal with routine health issues that happen at school. To complement our nursing services, we have created several partnerships with area agencies to expand our services to include reproductive health services, behavioral health services, substance abuse services, and targeted case management.

If you **DO NOT** want your student to participate in the Expanded Health Services, please complete, sign, and return this form by September 13, 2020. We have listed the specifics about the Expanded Services below. Don’t hesitate to contact our Health Center with any question. We can be reached at 626-2460.

<table>
<thead>
<tr>
<th>Student Name: __________________________</th>
<th>Date of Birth: ____________</th>
<th>Grade: _____</th>
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</thead>
<tbody>
<tr>
<td>Address: ___________________________</td>
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<td></td>
</tr>
<tr>
<td>Parent/Guardian’s Name: ______________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent/Guardian’s signature to Opt-Out of Expanded Services: __________________________</td>
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</table>

Please know that student may access any of the following services at the Cony Health Center and that confidentiality laws (HIPAA) protect information concerning reproductive and behavioral health care.

- Reproductive health care services including education and counseling, contraception and contraception management, diagnosis and treatment of sexually transmitted infections, and pregnancy testing (for students 14 years and older). All records related to reproductive health services will be maintained separately by Maine Family Planning. Please note that reproductive health services are financially managed separately through Maine Family Planning.

- Behavioral health services including counseling for my student for emotional or psychological issues, counseling and therapy for other mental health conditions, substance abuse counseling and treatment. Please note that behavioral services are financially managed separately through Kennebec Behavioral Health.

- Targeted case management including referrals for needed services and resources, family support, and student support. All records related to targeted case management will be maintained separately by Spurwink.