

## REGISTRATION CHECKLIST

### Forms included in this registration packet:

- |  |   |
|--|---|
| <input type="checkbox"/> Registration Form                           | <input type="checkbox"/> Field Trip Release/Carpool Information |
| <input type="checkbox"/> Emergency Medical Authorization             | <input type="checkbox"/> Parent and Student Pledge              |
| <input type="checkbox"/> Student Health History                      | <input type="checkbox"/> Textbook Rental Agreement              |
| <input type="checkbox"/> Student Release Form                        | <input type="checkbox"/> Volunteer Accomplishment Form          |
| <input type="checkbox"/> Home Language Survey/Special Accommodations | <input type="checkbox"/> Permission to Release School records   |
| <input type="checkbox"/> Suspension/Expulsion Disclosure             | <input type="checkbox"/> Home Visit Information                 |
| <input type="checkbox"/> Directory Information                       |   |

### Please return the registration packet in person along with:

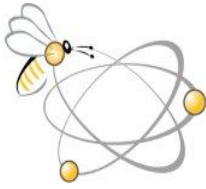
- |   |   |
|---|---|
| <input type="checkbox"/> <b>Student's Original Birth Certificate</b>            | <input type="checkbox"/> Copy of Special Education Reports <b>IEP/504/Health Plan/Medical Reports</b> with diagnosis (if child has any) |
| <input type="checkbox"/> <b>An up-to-date Record of Immunization</b>            | <input type="checkbox"/> Copy of student's last two report cards (if applicable)  |
| <input type="checkbox"/> MMR Shots <input type="checkbox"/> Tetnus Booster      | <input type="checkbox"/> \$195 <b>Non-refundable</b> Registration fee in check or money order for consumable fees*.                     |
| <input type="checkbox"/> Hepatitis B Shots <input type="checkbox"/> Chicken Pox |   |
| <input type="checkbox"/> <b>PROOF OF RESIDENCE (Utility Bill)</b>               | <input type="checkbox"/> \$50 refundable IPAD Deposit   |
- Math Placement Test Scheduled: \_\_\_\_\_

Note: Copies of the original documents will be made and your originals will be returned immediately.  
**NO REGISTRATION WILL BE TAKEN BY MAIL.**

### Additional Information

How did you hear about us?

- Website Search     Yellow pages  
 Word of Mouth     Other \_\_\_\_\_



## REGISTRATION FORM FOR 2017-2018 ACADEMIC YEAR

**FOR OFFICE USE ONLY**      **SCHOOL START DATE:** \_\_\_\_\_

*All information on this registration form is confidential. Please type or clearly print using black or blue ink.*

Applicant's Name: \_\_\_\_\_ Gender:  Male  Female  
(Last) (First) (MI)

Birth Date(MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade applying for: 6 7 8 9 10 11 12

Ethnicity(please select one) Asian Black White Hispanic American Indian Pacific Islander Other \_\_\_\_\_

Tribal Affiliation (if applicable): \_\_\_\_\_ Resident School District: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street & House/Apt. No.) (City) (State) (Zip Code)

\$195 Registration Fee (non refundable\*)       \$50 Ipad Deposit (refundable)

### Parent/Guardian Information

STUDENT LIVES WITH:  PARENTS  MOTHER  FATHER  OTHER (Specify) \_\_\_\_\_

WHO HAS LEGAL CUSTODY?  PARENTS  MOTHER  FATHER  OTHER (Specify) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Emergency Contact Person (other than parent): \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Is the parent or guardian a federal employee?  YES  NO

I/We, the undersigned, hereby certify that, to the best of my/our knowledge, the answers to the foregoing questions and statements made by me/us in this application are complete and accurate. I/We understand that any false information, omissions, or misrepresentations of facts may result in rejection of registration or future dismissal of the applicant. \*Exceptions apply to registration fee.

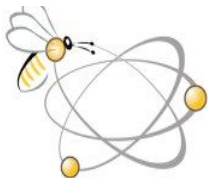
\_\_\_\_\_  
Signature of Parent or Guardian (1)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian (2) (Optional)

\_\_\_\_\_  
Date

BSTA admits students without regard to race, color, religion, sex, national and ethnic origin, or the presence of a medical condition or disability.



## EMERGENCY MEDICAL AUTHORIZATION

**Student Name:** \_\_\_\_\_ **Birth Date:** \_\_\_/\_\_\_/\_\_\_  
(Last, First Middle)

**Emergency Contact Person(s):**

Contact (1): \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_  
(Name)

Contact (2): \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_  
(Name)

Contact (3): \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_  
(Name)

PART 1 OR PART 2 **MUST** BE COMPLETED

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### Part 1 (To grant consent)

Purpose: To enable parents to authorize the emergency treatment for children who become ill or injured while under school authority when parents cannot be reached.

In the event all reasonable attempts to contact me at the numbers listed above, I hereby give my consent for;

- (1) The administration of any treatment deemed necessary by the doctor or dentist listed below.
- (2) If the designated preferred practitioner is not available, by another licensed physician or dentist and
- (3) The transfer of the child to the preferred hospital listed below, or any hospital reasonably accessible.

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Local Hospital: \_\_\_\_\_ Phone #: \_\_\_\_\_

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained before the surgery is performed.

The child's medical history: including allergies, medications and any physical condition to which a physician should be alerted: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name of Parent/Guardian Signature Date

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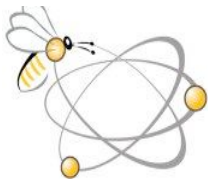
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### Part 2 (Refusal of Consent)

I DO NOT GIVE MY CONCENT for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name of Parent/Guardian Signature Date



### STUDENT HEALTH HISTORY

**Student Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last, First, Middle)

The following information may be helpful in assessing a child’s health. If you do not wish to complete the entire form, you may wish to speak personally with one of our administrators. Has this child ever had any of the following? If “Yes” please give age at the time.

MEDICAL CONDITION	YES/NO	AGE	MEDICAL CONDITION	YES/NO	AGE
Anemia	<input type="checkbox"/> YES <input type="checkbox"/> NO		High Blood Pressure	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Arthritis	<input type="checkbox"/> YES <input type="checkbox"/> NO		Kidney Disorders/ Infection	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Asthma	<input type="checkbox"/> YES <input type="checkbox"/> NO		Migraines	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Attention Deficit/Disorder	<input type="checkbox"/> YES <input type="checkbox"/> NO		Mumps	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Bleeding Disorders	<input type="checkbox"/> YES <input type="checkbox"/> NO		Osgood Schlatter’s	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Birth Trauma	<input type="checkbox"/> YES <input type="checkbox"/> NO		Pneumonia	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Cerebral Palsy	<input type="checkbox"/> YES <input type="checkbox"/> NO		Rheumatic Fever	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Chicken Pox	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Cystic Fibrosis	<input type="checkbox"/> YES <input type="checkbox"/> NO		Scarletina	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Developmental Delays	<input type="checkbox"/> YES <input type="checkbox"/> NO		Scoliosis/Curvature of Spine	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Diabetes	<input type="checkbox"/> YES <input type="checkbox"/> NO		Seasonal Allergies	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Epilepsy/Seizures	<input type="checkbox"/> YES <input type="checkbox"/> NO		Sickle Cell Anemia	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Ear Infections	<input type="checkbox"/> YES <input type="checkbox"/> NO		Strep Throat	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Frequent Colds	<input type="checkbox"/> YES <input type="checkbox"/> NO		Tonsillitis	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Hearing Problems	<input type="checkbox"/> YES <input type="checkbox"/> NO		Vision Problems	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Heart Disease/ Problems	<input type="checkbox"/> YES <input type="checkbox"/> NO		Other ( )	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Please explain any “YES” answers (attach any applicable document):  
\_\_\_\_\_  
\_\_\_\_\_

• Is your child under a doctor’s care for a health condition?  YES  NO

Medication \_\_\_\_\_

• Does your child have any health conditions that prevent participation in PE or other activities?  YES  NO

Explanation \_\_\_\_\_  
\_\_\_\_\_

• Has your child ever had a serious injury, illness, or surgery?  YES  NO

• Does your child wear contact lenses?  YES  NO

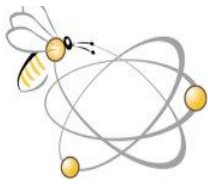
• Does your child wear glasses?  YES  NO

• Does your child routinely take over-the-counter or prescription medication?  YES  NO

• Will your child need to take medication\* during school hours?  YES  NO

\* Students who are required to take any prescription medication during school hours must have on file with the school administration, a consent and request for medication during the school day form signed by the child’s doctor and parent or guardian. NO over-the-counter medication will be given to students. Parents MUST come to the school and administer over-the-counter medication.

\_\_\_\_\_  
Name of Parent/Guardian Signature Date



### STUDENT RELEASE FORM

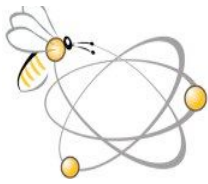
If you plan to have someone other than yourself pick up your child or in case of emergency, please fill out this form. ONLY PEOPLE NAMED ON THIS FORM WILL BE ALLOWED TO PICK UP YOUR CHILD. PLEASE MAKE SURE THAT THEY ARE AWARE THAT THEY MIGHT NEED TO SHOW PROPER IDENTIFICATION TO THE PERSON ON DUTY AND/OR TO THE RECEPTIONIST.

Name of student: \_\_\_\_\_  
(Last) (First) (Middle)

<b>NAME OF PICK UP PERSON</b>	PHONE NUMBER ( )
Special Pickup Days or Instructions:	
<b>NAME OF PICK UP PERSON</b>	PHONE NUMBER ( )
Special Pickup Days or Instructions:	
<b>NAME OF PICK UP PERSON</b>	PHONE NUMBER ( )
Special Pickup Days or Instructions:	
<b>NAME OF PICK UP PERSON</b>	PHONE NUMBER ( )
Special Pickup Days or Instructions:	
<b>NAME OF PICK UP PERSON</b>	PHONE NUMBER ( )
Special Pickup Days or Instructions:	
<b>NAME OF PICK UP PERSON</b>	PHONE NUMBER ( )
Special Pickup Days or Instructions:	
<b>NAME OF PICK UP PERSON</b>	PHONE NUMBER ( )
Special Pickup Days or Instructions:	

By filling out this form, you authorize Beehive Science & Technology Academy to release your child to one of the above named persons. If you have any questions, please feel free to call the office at (801) 576-0070.

\_\_\_\_\_  
Name of Parent/Guardian Signature Date



### HOME LANGUAGE SURVEY

Beehive Science & Technology Academy has an interdisciplinary language development program for English Language Learners. The information you provide in this survey will help us in determining whether your child needs extra support in English Language Learning or not.

**Student Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Last/First/Middle)

Is the student a U.S. citizen?  YES  NO **IF NO:** Date Entered the US: \_\_\_\_\_  
DATE started School: \_\_\_\_\_

What language:  
-did the student first learn?  ENGLISH  SPANISH  OTHER \_\_\_\_\_  
-does the student speak most often?  ENGLISH  SPANISH  OTHER \_\_\_\_\_  
-is most often spoken at home?  ENGLISH  SPANISH  OTHER \_\_\_\_\_  
-would you like the school to communicate with you in?  ENGLISH  SPANISH  OTHER \_\_\_\_\_

\_\_\_\_\_  
Name of Parent/Guardian Signature Date

### Special Accommodations

Beehive Science & Technology Academy wants to provide students with every chance possible to succeed, but we need help in doing this. Please indicate what special needs your student may have so that we can better provide the appropriate accommodations and services that may be needed. **Please provide a copy of your students educational plan (IEP or 504) and/or Health/Other care plan with your completed enrollment.** This disclosure of specialized services will not affect your student’s enrollment status.

Does your student have a current Individualized Educational Plan (IEP), 504 plan, or Health/other plan?  
 YES  NO IF **NO** DO NOT FILL OUT THE REST!!

Which plan is currently in place:  
 504  IEP  Health  Other \_\_\_\_\_

Has your student received specialized services in the past?  Yes  No

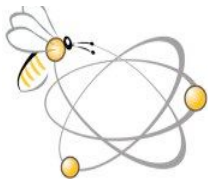
Need for plan:  
 Medical/Physical Disability  Learning Disability  Behavioral  Autism  Other \_\_\_\_\_

**\*PLEASE PROVIDE SCHOOL WITH OFFICIAL DOCUMENTATION OF CURRENT PLAN.**

Waivers:  
 Though my child has previously had a special educational plan, I do not wish him/her to use that program any longer.

\*The option requires parents/guardian to sign a “Revocation of Consent” form.

\_\_\_\_\_  
Name of Student Parent Signature Date



### SUSPENSION/EXPULSION DISCLOSURE

**Student Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last, First Middle)

- 1. Has the student ever been suspended?  YES  NO
- 2. Has the student ever been expelled from school?  YES  NO
- 3. Is there any pending expulsion hearing or school administrative action involving the student?  YES  NO

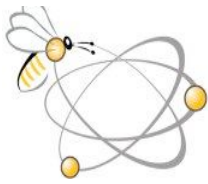
If you answered "yes" to any of the questions above, please provide the details below.

Date:		School:		City:		State:	
<input type="checkbox"/> <b>Suspension</b> <input type="checkbox"/> <b>Expulsion</b>							
<b>Reason:</b>							
Date:		School:		City:		State:	
<input type="checkbox"/> <b>Suspension</b> <input type="checkbox"/> <b>Expulsion</b>							
<b>Reason:</b>							
Date:		School:		City:		State:	
<input type="checkbox"/> <b>Suspension</b> <input type="checkbox"/> <b>Expulsion</b>							
<b>Reason:</b>							
Date:		School:		City:		State:	
<input type="checkbox"/> <b>Suspension</b> <input type="checkbox"/> <b>Expulsion</b>							
<b>Reason:</b>							

THE INFORMATION I HAVE SUPPLIED ON THIS PAGE IS CORRECT AND COMPLETE.

\_\_\_\_\_

Name of Parent/Guardian
Signature
Date



## NOTICE FOR DIRECTORY INFORMATION

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that BSTA, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, BSTA may disclose appropriately designated "directory information" without written consent, unless you have advised the school to the contrary in accordance with school procedures. The primary purpose of directory information is to allow BSTA to include this type of information from your child's education records in certain school publications.

Examples include:

- a playbill, showing your student's role in a drama production
- the annual yearbook and/or video yearbook
- honor roll or other recognition lists
- graduation programs
- sports activity sheets

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories—names, addresses and telephone listings—unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.

If you do not want BSTA to disclose directory information from your child's education records without your prior written consent, you must notify the school in writing by August 29, 2017. A directory restriction form is included below.

I,

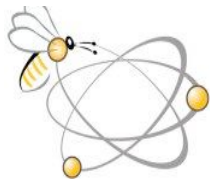
- DO NOT GIVE** permission to BSTA to use my student's name, photography, school work or video image in school publications, video presentations or on the Web site.
- DO NOT GIVE** permission to BSTA to release information concerning school clubs, activities or sports my student participates in.
- DO NOT GIVE** permission to BSTA to release information concerning my student's perspective graduation date, degrees received, awards or honors presented or dates of attendance.
- DO NOT GIVE** permission to BSTA to supervise the news media in the photography, filming, or interviewing of my child for the purpose of news articles, television news or radio programs.
- DO NOT GIVE** permission to BSTA to request information from the most recent educational agency or institution attended.
- DO NOT GIVE** permission to BSTA to include my student's name, address and phone number as well as my name and email address in the student directory, PTO phone tree, carpool information form or other contact lists.

\_\_\_\_\_  
Name of Student

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

\_\_\_\_\_  
Date





## **PARENT TEXTBOOK RENTAL AGREEMENT**

I understand that Beehive Science & Technology Academy has agreed to lend my student the class-required textbooks for the entirety of the school year as long as we care for the books properly. Textbooks are expensive, averaging in cost at about \$55 per book. In turn, I agree to take responsibility for any lost, stolen or damaged textbooks up to \$100 replacement fee per book. I will supply the total cost of repairing or replacing any textbooks that are deemed unfit for use at the end of each class.

\_\_\_\_\_

Name of Parent

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

## **STUDENT TEXTBOOK CARE AGREEMENT**

I agree to take responsibility for the care of the Beehive Science & Technology Academy textbooks that are required for my classes. I agree not to leave them unattended or at least in a safe location when they are not in use. I will also treat them with respect as they are vital to my education. I understand that textbooks are expensive, averaging in cost at about \$55 per book, and that the books do not belong to me but are considered school property. I will take responsibility for any lost, stolen or damaged textbooks and report any incidents involving textbooks to the office immediately so that the situation can be resolved in a timely manner before my education is adversely affected by the loss or irreparable damage to a textbook.

\_\_\_\_\_

Name of Student

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

## **HOME VISITS and COLLEGE PREPARATION VISITS**

Another aspect of our school that sets us apart is our Home Visit and College Preparation Visit program. Our teachers enjoy the chance to meet with the whole family. We believe it brings school and family closer together with the common goal of better preparing the student for their future endeavors. Please indicate below the best time of day for this unique opportunity.

Days: \_\_\_\_\_

Time Frame: \_\_\_\_\_

\_\_\_\_\_

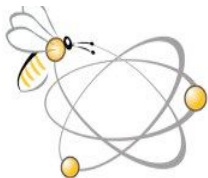
Name of Parent

\_\_\_\_\_

Signature

\_\_\_\_\_

Date



## PERMISSION TO RELEASE OF SCHOOL RECORDS

### To the student's previous school or school district:

Under the provision of Section 99.30 of the Family Educational Rights and Privacy Act, this signed document authorizes the release of all school and health records for the student listed below. The school listed below ("Previous School") has been named as the last school the student attended. Please send the entire record of the student listed below to Beehive Science & Technology Academy immediately.

The student's records will be kept on file at Beehive Science & Technology Academy. These records will be subject to the confidentiality rules of the State of Utah. Only authorized personnel will have access to the student's record.

### STUDENT INFORMATION:

Name of student: \_\_\_\_\_  
(Last) (First) (Middle)

### SCHOOL INFORMATION:

Name of Previous School: \_\_\_\_\_

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

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Years attended: \_\_\_\_\_ to \_\_\_\_\_

Last grade completed:  5  6  7  8  9  10  11

### OFFICE USE ONLY

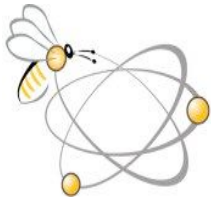
Request Date: \_\_\_\_\_

As the parent/legal guardian of the student named above, I am giving permission for **ALL** student records to be released to Beehive Science & Technology Academy.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## PARENT–STUDENT–SCHOOL COMPACT

### Essential Responsibilities of Members of Our School Community

#### SCHOOL RESPONSIBILITIES

##### BSTA will:

- Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables all students to meet the Utah Core Curriculum Content Standards in all content areas through aligned curriculum and rigorous assessment.
- Provide a variety of support programs to enhance instruction at all grade levels.
- Hold parent-teacher conferences several times per year (including two evening conferences) during which this compact will be discussed as it relates to the individual student's achievement. Conference dates are listed on the school calendar. Additional dates shall be sent through notification by the principal.
- Provide parents reasonable access to the staff by appointment through the office.

#### PARENT/GUARDIAN RESPONSIBILITIES

- *I want my student to achieve success at Beehive Science & Technology Academy (BSTA); therefore, I will:* Take a positive and active role in supporting my student's education.
- Ensure that my student follows the school attendance policy and dress codes.
- Allow my student to attend remedial and other programs offered if requested by the school as is needed for individual improvement.
- Volunteer at BSTA when requested.
- Set up a college bound environment at home and support my student through the college admission and scholarship finding process.
- Make certain my student attends school regularly and on time.
- Set aside a specific time and place for my student to do homework.
- Support my student in completing homework, including, if necessary, limiting time watching television, computer gaming, and recreational internet use.

- Communicate regularly with my student's teachers to ensure his/her academic success (includes attending at least two conferences in a school year).
- Review information and work sent home and/or posted on-line for parents and students via the school website and the online Student Information System (CoolSIS), and respond as necessary (computer access is available for parents in the school computer lab if needed).
- Review report cards that are sent in the middle and at the end of quarters, and respond as necessary.
- Encourage positive attitudes toward school.
- Talk with my student about what he/she is learning.
- Expect and encourage my student to be focused on learning.
- Expect and support my student to strive consistently to give his/her best, and to make his/her best academic progress.

### **STUDENT RESPONSIBILITIES**

*I want to be successful as a student at Beehive Science & Technology Academy (BSTA); therefore, I will:*

- Do my homework every day and ask for help when needed.
- Attend school every day and arrive on time.
- Be prepared for all my classes with all required materials.
- Strive consistently to give my best, and to make my best academic progress.
- Complete class work and homework on time.
- Act responsibly and respectfully at all times and towards all members of the school community.
- Follow all school rules.
- Follow the school's dress code.
- Respect my property, that of others, and that of the school.

**We can access the Parent and Student Policy Handbook at the Beehive Science & Technology Academy website.**

Signatures below indicate that we have read, understood and agreed to this compact:

**Student Signature:** \_\_\_\_\_  
**Date:** \_\_\_/\_\_\_/\_\_\_\_\_

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

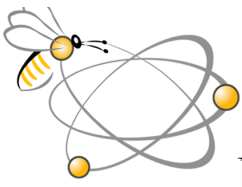
**School Director Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_\_\_

**Public Education Online**

Statewide Online Education Program was established by the Utah Legislature in the 2011 General Session. The program enables eligible students to earn high school graduation credit through the completion of publicly funded online courses.

Students are eligible to earn high school credit through the Statewide Online Education Program if they are enrolled in a public school in Utah, or if they attend a private school or home school in Utah and has a custodial parent or guardian who is a resident of Utah. All necessary information is available on this website.

<http://www.schools.utah.gov/edonline>



## BEEHIVE SCIENCE & TECHNOLOGY ACADEMY

### ACCEPTABLE USE AND INTERNET SAFETY POLICY FOR THE COMPUTER NETWORK

Beehive Science & Technology Academy (BSTA) is pleased to make available to students access to interconnected computer systems within the District and to the Internet, the world-wide network that provides various means of accessing significant educational materials and opportunities.

In order for BSTA to be able to continue to make its computer network and Internet access available, all students must take responsibility for appropriate and lawful use of this access. Students must understand that one student's misuse of the network and Internet access may jeopardize the ability of all students to enjoy such access. While BSTA's teachers and other Staff will make reasonable efforts to supervise student use of network and Internet access, they must have student cooperation in exercising and promoting responsible use of this access.

Below is the Acceptable Use and Internet Safety Policy ("Policy") of BSTA and the Data Acquisition Site that provides Internet access to BSTA. Upon reviewing, signing, and returning this Policy as the students have been directed, each student will be given the opportunity to enjoy Internet access at School and is agreeing to follow the Policy. If a student is under 18 years of age, he or she must have his or her parents or guardians read and sign the Policy. BSTA cannot provide access to any student who, if 18 or older, fails to sign and submit the Policy to the School as directed or, if under 18, does not return the Policy as directed with the signatures of the student and her/his parents or guardians.

Listed below are the provisions of your agreement regarding computer network and Internet use. If you have any questions about these provisions, you should contact the BSTA administration to direct your questions. If any user violates this Policy, the student's access will be denied, if not already provided, or withdrawn and he or she may be subject to additional disciplinary action.

#### **I. PERSONAL RESPONSIBILITY**

By signing this Policy, you are agreeing not only to follow the rules in this Policy, but are agreeing to report any misuse of the network to the person designated by BSTA for such reporting. Misuse means any violations of this Policy or any other use that is not included in the Policy, but has the effect of harming another or his or her property.

#### **II. TERM OF THE PERMITTED USE**

A student who submits to BSTA, as directed, a properly signed Policy and follows the Policy to which he or she has agreed will have computer network and Internet access during the course of the school year only. Students will be asked to sign a new Policy each year during which they are students in BSTA before they are given an access account.

### III. ACCEPTABLE USES

A. **Educational Purposes Only.** BSTA is providing access to its computer networks and the Internet for educational purposes only. If you have any doubt about whether a contemplated activity is educational, you may consult with the person(s) designated by the School to help you decide if a use is appropriate.

#### B. **Unacceptable Uses of Network.**

Among the uses that are considered unacceptable and which constitute a violation of this Policy are the following:

1. uses that violate the law or encourage others to violate the law. Don't transmit offensive or harassing messages, offer for sale or use any substance the possession or use of which is prohibited by BSTA's Student Discipline Policy, view, transmit or download pornographic materials or 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 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.

2. uses that cause harm to others or damage to their property. For example, don't engage in defamation (harming another's reputation by lies), employ another's password or some other user identifier that misleads message recipients into believing that someone other than you is communicating or otherwise using her/his 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.

3. uses that jeopardize the security of student access and of the computer network or other networks on the Internet. For example, don't disclose or share your password with others, don't impersonate another user.

4. uses that are 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 numbers and social security numbers.

C. **Netiquette.** All users must abide by rules of network etiquette, which include the following:

1. Be polite. Use appropriate language. No swearing, vulgarities, suggestive, obscene, belligerent, or threatening language.

2. Avoid language and uses which may be offensive to other users. Don't use access to make, distribute, or redistribute jokes, stories, or other material which is based upon slurs or stereotypes relating to race, gender, ethnicity, nationality, religion, or sexual orientation.

3. Don't assume that a sender of e-mail is giving his or her permission for you to forward or redistribute the message to third parties or to give his/her e-mail address to third

parties. This should only be done with permission or when you know that the individual would have no objection.

4. Be considerate when sending attachments with e-mail (where this is permitted). Be sure that the file is not too large to be accommodated by the recipient's system and is in a format which the recipient can open.

#### **IV. INTERNET SAFETY**

**A. General Warning; Individual Responsibility of Parents and Users.** All users and their parents/guardians are advised that access to the electronic network may include the potential for access to materials inappropriate for school-aged pupils. Every user must take responsibility for his or her use of the computer network and Internet and stay away from these sites. Parents of minors are the best guide to materials to shun. If a student finds that other users are visiting offensive or harmful sites, he or she should report such use to the person designated by the School.

**B. Personal Safety.** Be safe. In using the computer network and Internet, do not reveal personal information such as your home address or telephone number. Do not use your real last name or any other information which might allow a person to locate you without first obtaining the permission of a supervising teacher. Do not arrange a face-to-face meeting with someone you "meet" on the computer network or Internet without your parent's permission (if you are under 18). Regardless of your age, you should never agree to meet a person you have only communicated with on the Internet in a secluded place or in a private setting.

**C. "Hacking" and Other Illegal Activities.** It is a violation of this Policy to use the School's computer network or the Internet to gain unauthorized access to other computers or computer systems, or to attempt to gain such unauthorized access. Any use which violates state or federal law relating to copyright, trade secrets, the distribution of obscene or pornographic materials, or which violates any other applicable law or municipal ordinance, is strictly prohibited.

**D. Confidentiality of Student Information.** Personally identifiable information concerning students may not be disclosed or used in any way on the Internet without the permission of a parent or guardian or, if the student is 18 or over, the permission of the student himself/herself. Users should never give out private or confidential information about themselves or others on the Internet, particularly credit card numbers and Social Security numbers. A supervising teacher or administrator may authorize the release of directory information, as defined by Utah law, for internal administrative purposes or approved educational projects and activities.

**E. Active Restriction Measures.** The School, either by itself or in combination with the Data Acquisition Site providing Internet access, will utilize filtering software or other technologies to prevent students from accessing visual depictions that are (1) obscene, (2) child pornography, or (3) harmful to minors. The School will also monitor the online activities of students, through direct observation and/or technological means, to ensure that students are not accessing such depictions or any other material which is inappropriate for minors.

Internet filtering software or other technology-based protection systems may be disabled by



a supervising teacher or school administrator, as necessary, for purposes of bona fide research or other educational projects being conducted by students age 17 and older.

The term “harmful to minors” is defined by the Communications Act of 1934 (47 USC Section 254 [h][7]), as meaning any picture, image, graphic image file, or other visual depiction That

- taken as a whole and with respect to minors, appeals to a prurient interest in nudity, sex, or excretion;
- depicts, describes, or represents, in a patently offensive way with respect to what is suitable for minors, an actual or simulated sexual act or sexual contact, actual or simulated normal or perverted sexual acts, or a lewd exhibition of the genitals;
- taken as a whole, lacks serious literary, artistic, political, or scientific value as to minors.

#### **F. Internet Safety Training.**

BSTA has set in place the following internet safety topics to further educate our students in computer classes and assemblies done by professionals.

The following is to be provided to minors and addresses:

- Appropriate online behavior
- Cyberbullying awareness and response
- Social networking sites
- Chat rooms

#### **V. PRIVACY**

Network and Internet access is provided as a tool for your education. BSTA reserves the right to monitor, inspect, copy, review and store at any time and without prior notice any and all usage of the computer network and Internet access and any and all information transmitted or received in connection with such usage. All such information files shall be and remain the property of BSTA and no user shall have any expectation of privacy regarding such materials.

## **VI. FAILURE TO FOLLOW POLICY**

The user's use of the computer network and Internet is a privilege, not a right. A user who violates this Policy, shall at a minimum, have his or her access to the computer network and Internet terminated, which BSTA may refuse to reinstate for the remainder of the student's enrollment in BSTA. A user violates this Policy by his or her own action or by failing to report any violations by other users that come to the attention of the user. Further, a user violates this Policy if he or she permits another to use his or her account or password to access the computer network and Internet, including any user whose access has been denied or terminated. BSTA may also take other disciplinary action in such circumstances.

## **VII. WARRANTIES/INDEMNIFICATION**

BSTA makes no warranties of any kind, either express or implied, in connection with its provision of access to and use of its computer networks and the Internet provided under this Policy. It shall not be responsible for any claims, losses, damages or costs (including attorney's fees) of any kind suffered, directly or indirectly, by any user or his or her parent(s) or guardian(s) arising out of the user's use of its computer networks or the Internet under this Policy. By signing this Policy, users are taking full responsibility for his or her use, and the user who is 18 or older or, in the case of a user under 18, the parent(s) or guardian(s) are agreeing to indemnify and hold the School, the Data Acquisition Site that provides the computer and Internet access opportunity to BSTA and all of their administrators, teachers, and staff harmless from any and all loss, costs, claims or damages resulting from the user's access to its computer network and the Internet, including but not limited to any fees or charges incurred through purchases of goods or services by the user. The user or, if the user is a minor, the user's parent(s) or guardian(s) agree to cooperate with the School in the event of the School's initiating an investigation of a user's use of his or her access to its computer network and the Internet, whether that use is on a School computer or on another computer outside BSTA's network.

## **VIII. UPDATES**

Users, and if appropriate, the user's parents/guardians, may be asked from time to time to provide new or additional registration and account information or to sign a new Policy, for example, to reflect developments in the law or technology. Such information must be provided by the user (or her/his parents or guardian) or such new Policy must be signed if the user wishes to continue to receive service. If after you have provided your account information, some or all of the information changes, you must notify the person designated by the School to receive such information.

## STUDENT'S AGREEMENT

*Every student, regardless of age, must read and sign below:*

I have read, understand and agree to abide by the terms of the foregoing Acceptable Use and Internet Safety Policy. Should I commit any violation or in any way misuse my access to BSTA's computer network and the Internet, I understand and agree that my access privilege maybe revoked and School disciplinary action may be taken against me.

---

Student name (PRINT CLEARLY) Home phone

---

Student signature Date

---

Address

User (place an "X" in the correct blank): I am 18 or older \_\_\_\_\_ I am under 18 \_\_\_\_\_

If I am signing this Policy when I am under 18, I understand that when I turn 18, this Policy will continue to be in full force and effect and agree to abide by this Policy.

# BEEHIVE S & T ACADEMY HEAD INJURY AND CONCUSSION POLICY

## PURPOSE:

Medical management of sports-related concussions and traumatic head injuries continues to evolve. In order to effectively and consistently manage sports-related concussions and traumatic head injuries, this policy has been developed to aid in ensuring that concussed students are identified, treated and referred appropriately, receive appropriate follow-up medical care during the school day, and are fully recovered prior to returning to activity.

## POLICY:

- This policy applies to students participating in:
- Recess, field days;
- Physical education classes offered by the School; and
- Extra-curricular activities sponsored by the School or statewide athletic associations or both groups jointly.
- 

School shall provide a written copy of this policy to parents of students participating in sporting events (as defined in this policy), and obtain a signed statement from the parent acknowledging that the parent has read, understands, and agrees to abide by the concussion and head injury policy.

“Sporting events” for purposes of this policy means any of the following athletic activities that is organized, operated, managed, or sponsored by the School (i) a game; (ii) a performance; (iii) a practice; (iv) a sports camp; (v) a physical education class; (vi) a competition; (vii) a tryout; (viii) recess and field days.

## RECOGNITION:

It is the responsibility of the Management to ensure that employees and agents of BSTA have appropriate training about recognizing and responding to concussions and traumatic head injuries, consistent with the employee’s/agent’s responsibilities for supervising students participating in sporting events.

## Signs and Symptoms:

A concussion or traumatic head injury is an injury to the head arising from blunt trauma, an acceleration force, or a deceleration force, with one of the following observed or self-reported conditions attributable to the injury:

- Transient confusion, disorientation, or impaired consciousness;
- Dysfunction of memory;
- Loss of consciousness; or
- Signs of other neurological or neuropsychological dysfunction, including: [a] seizures; [b] irritability; [c] lethargy; [d] vomiting; [e] headache; [f] dizziness, or [g] fatigue.

Employees and agents are not expected to be able to diagnose a concussion or traumatic head injury. That is the role of a qualified health care professional. However, employees/agents must be aware of the signs, symptoms and behaviors of a possible concussion or traumatic head injury, and implement the appropriate protocol as outlined in this policy.

## REMOVAL:

If a student exhibits signs, symptoms, or behaviors consistent with a concussion or is suspected of having a concussion or brain injury, the employee or agent supervising the student must take action to immediately remove the student from the sporting event until cleared by an appropriate health care professional. Continuing to participate in physical activity after a concussion or traumatic head injury can lead to worsening symptoms, increased risk for further injury, and even death.

## NOTIFICATION AND TRANSPORTATION

### Parent Notification:

School personnel shall notify the student's parent as soon as reasonably possible of the following:

- The student has been injured;
- Depending on the injury, an emergency vehicle will pick the student up at the event and transport him/her or, if the student is symptomatic but stable, the student may be picked up at the event and transported by the parent;
- If the student is transported by the parent, the parent should be advised to contact the student's primary care provider, or seek care at the nearest emergency department, on the day of the injury; and
- A medical evaluation by a qualified health care professional is required before the student will be allowed to participate in any District sporting event.

### Parent Cannot be Reached:

In the event that a student's parent cannot be reached, and the student can be sent home rather than directly to an emergency medical provider, school personnel shall:

- Ensure that the student will be with a responsible adult who is capable of monitoring the student before allowing the student to go home;
- Continue efforts to reach the parent; and
- Not permit the student with a suspected concussion or traumatic head injury to drive home.

### Emergency Medical Response:

The following situations indicate a medical emergency and require an emergency medical response by school personnel in conjunction with parent notification:

- Any student with a witnessed loss of consciousness of any duration should be transported immediately to the nearest emergency department via emergency vehicle.
- Any student who has symptoms of a concussion, and who is not stable (i.e., condition is worsening), should be transported immediately to the nearest emergency department via emergency vehicle.
- A student who exhibits any of the following symptoms should be transported immediately to the nearest emergency department, via emergency vehicle:
  - [a] deterioration of neurological function;

- [b] decreasing level of consciousness;
- [c] decrease or irregularity in respirations;
- [d] any signs or symptoms of associated injuries, spine or skull fracture, or bleeding;
- [e] mental status changes: lethargy, difficulty maintaining arousal, confusion or agitation; or
- [f] seizure activity.

#### RETURN TO ACTIVITY:

##### Medical Provider Clearance:

Before a student suspected of suffering a concussion or traumatic head injury may be allowed to participate in any School sporting event, the student's parent shall provide a written statement from a qualified health care provider stating that:

- The student is symptom free and medically cleared to resume participation in the School's sporting event; and
- The qualified health care provider has, within three years before the day on which the written statement is made, successfully completed a continuing education course in the evaluation and management of a concussion or traumatic head injury.

##### Step-wise Return to Activity

Once medical clearance has been given, the student will be progressed back to full activity following the step-wise process. School personnel shall carefully monitor the student's progression through each of the steps.

Step 1: Complete cognitive rest. This may include staying home from school or limiting school hours. Activities requiring concentration and attention may worsen symptoms and delay recovery.

Step 2: Return to school full-time.

Step 3: Light non-impact aerobic activity.

Step 4: Moderate non-impact aerobic activity.

Step 5: Non-contact training drills in full equipment. Weight training can begin.

Step 6: Full contact practice or training.

Step 7: Full participation.

Progression is individualized, and will be determined on a case-by-case basis under the supervision of appropriate school personnel. Factors that may affect the rate of progression include:

- [a] previous history of concussion or traumatic head injury;
- [b] duration and type of symptoms;
- [c] age of the student; and
- [d] whether the School sporting event involves the potential of collision or contact.

The student should spend one to two days at each step before advancing to the next. If post-concussion/traumatic head injury symptoms occur at any step, the student must stop the sporting event and the treating health care provider must be contacted. Depending upon the specific type and severity of the symptoms, the student may be told to rest for 24 hours and then resume activity at a level one step below where he or she was at when the symptoms occurred.

The step-wise progression and resumption of sporting activity could be considerably simplified for a student injured during recess for example, as compared to a student injured at an athletic event or formal athletic practice.

DEFINITIONS:

“Agent” means a coach, representative, or volunteer.

“Qualified health care provider” means a health care provider who is licensed under Title 58, Occupations and Professions; and may evaluate and manage a concussion or traumatic head injury within the health care provider’s scope of practice.

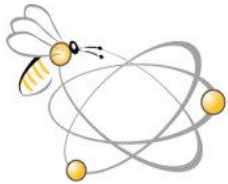
REFERENCES:

Utah Code Ann. §§ 26-53-101 et seq. – Protection of Athletes with Head Injuries Act.  
Utah Administrative Code R277-614 – Athletes and Students with Head Injuries.

\*\*\*\*\*

ADOPTED: December 3<sup>rd</sup>, 2011

REVISED:



## ACKNOWLEDGMENT OF HEAD INJURY POLICY

Required under Utah Code §26-53-201

I, \_\_\_\_\_ (parent or legal guardian)

for \_\_\_\_\_ ( student or students' names) have read, understand and agree to abide by the Beehive Science & Technology Academy's Policy about concussions and head injuries for the purposes of "sporting events" sponsored by a local education agency (LEA) for the 2011-12 school year.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Definitions:

1. "Sporting event" means "a game, practice, sports camp, physical education class, competition or tryout." It does not include a lift ticket or a pass issued a ski resort unless the specific activity is organized, managed, or sponsored by the ski resort.



# ***Beehive Science & Technology Academy***

## ***IPad Policy, Procedures, and Information 2016-17***

### **1. RECEIVING YOUR IPad & IPad CHECK-IN**

#### **1.1 Receiving your IPad**

IPads will be distributed at the beginning of each school year during “IPad Orientation.” Parents & Students must sign and return the Student Pledge documents before the IPad can be issued to the student. In order for this endeavor to be successful, it will take a joint effort between the students, staff, and parents to ensure the success of this program.

#### **1.2 IPad Check-in and Deposit (refundable)**

IPads will be returned during the final week of school so they can be checked for serviceability. If a student transfers out of Beehive Science and Technology Academy during the school year, the IPad will be returned at the time of checkout. **A deposit (refundable) of \$50 is due at the beginning of the year.**

#### **1.3 Check-in Fines**

1.3.1 Individual school IPads and accessories must be returned at the end of each year. Students who withdraw, are suspended or expelled, or terminate enrollment at BSTA for any other reason must return their individual school IPad on the date of termination.

1.3.2 If a student fails to return the IPad at the end of the school year or upon termination of enrollment at BSTA, that student will be subject to criminal prosecution or civil liability. The student will also pay the replacement cost of the IPad. Failure to return the IPad will result in a theft report being filed with the Sandy Police Department.

1.3.3 Furthermore, the student will be responsible for any damage to the IPad, consistent with the School’s IPad Protection plan and must return the IPad and accessories in satisfactory condition. The student will be charged a fee for any needed repairs, not to exceed the replacement cost of the IPad.

### **2. TAKING CARE OF YOUR IPAD**

Students are responsible for the general care of the IPad they have been issued by the school. IPads that are broken or fail to work properly must be taken to the office for an evaluation of the equipment.

#### **2.1 General Precautions**

2.1.1 The IPad is school property and all users will follow this policy and the BSTA acceptable use policy for technology.

2.1.2 Only use a clean, soft cloth to clean the screen, no cleansers of any type.

2.1.3 Cords and cables must be inserted carefully into the IPad to prevent damage.

2.1.4 IPads must remain free of any writing, drawing, stickers, or labels that are not the property of BSTA.

2.1.5 IPads must never be left in an unlocked locker, unlocked car, or any unsupervised area.

2.1.6 Students are responsible for keeping their IPad battery charged for school each day.

#### **2.2 Carrying IPads**

2.2.1 A protective case/cover for the IPad is required to help protect the IPad and provide a suitable means for carrying the device throughout the day.

#### **2.3 Screen Care**

2.3.1 The IPad screens can be damaged if subjected to rough treatment. The screens are particularly sensitive to damage from excessive pressure on the screen.

2.3.2 Do not put unnecessary pressure on the top of the IPad.

2.3.3 Do not place anything near the IPad that could put pressure on the screen.

2.3.4 Do not place anything in the carrying case that will press against the cover.

2.3.5 Clean the screen with a soft, dry cloth or anti-static cloth.

2.3.6 Do not “bump” the IPad against lockers, walls, car doors, floors, etc. as it may crack or break the screen.

2.3.7 Protective screen covers are available to purchase (optional) for additional protection.

### **3. USING YOUR iPad AT SCHOOL**

iPads are intended for use at school each day. In addition to teacher expectations for iPad use, school messages, announcements, calendars, and schedules may be accessed using the iPad. Students should bring their iPad to all classes, unless specifically instructed not to do so by their teacher.

#### **a. iPads Left at Home**

If students leave their iPad at home, they are responsible for getting the course work completed as if their iPad were present. It is not the teacher's responsibility to make modifications to the lesson due to a student's lack of responsibility. If a student repeatedly leaves their iPad at home, they will be subject to appropriate disciplinary action.

#### **b. iPad Undergoing Repair**

Loaner iPads may be issued to students whose machine is being repaired. It is solely based on the availability of an extra one.

#### **c. Charging Your iPad's Battery**

iPads should be charged to full capacity each day before they are brought to school. Repeat violations will result in appropriate disciplinary action being taken.

#### **d. Screensavers/Background photos**

Students will have the ability to customize their iPad (screen background). Appropriate media will be used.

#### **e. Printing**

Limited printing services will be available with the iPad. Students should talk to their teachers about the need to print and printer availability.

#### **f. Home Internet Access / Printing**

Students are allowed to set up additional wireless networks on their iPads. This will be necessary to use web based services outside of the school setting. Printing at home will require a wireless printer, proper settings on the iPad, an eprint compatible printer and possibly an additional app or software on your home computer/printer.

#### **g. iPads and Extra Curricular Activities**

Coaches/sponsors for individual activities may limit whether or not iPads are allowed to be used at particular events.

### **4. MANAGING YOUR FILES & SAVING YOUR WORK**

#### **4.1 Saving to the iPad/Home Directory**

Students should save work. It is recommended students regularly back up data. Limited storage space will be available on the iPad – data will NOT be backed up in the event a iPad has to be re-imaged or restored to factory settings. It is the student's responsibility to ensure that work is not lost due to mechanical failure or accidental deletion. iPad malfunctions are not an acceptable excuse for not submitting work.

### **5. SOFTWARE ON iPads**

#### **5.1 Originally Installed Software**

5.1.1 The apps and operating system originally installed and must remain on the iPad in usable condition and be easily accessible at all times. From time to time the school may add additional apps and upgrades.

5.1.2 Periodic check of iPads will be made to ensure that students have not removed required apps or installed inappropriate material.

#### **5.3 Inspection**

Students will be selected at random to provide their iPad for inspection. iPad use and contents will also be monitored remotely.

#### **5.4 Procedure for re-loading software**

If technical difficulties occur, the iPad will be restored from a backup (if last sync'ed to a home personal computer) or will be re-set to factory settings in the event a home computer is not available. The school does not accept responsibility for the loss of any apps or documents deleted due to the necessity of a re-format and/or re-image.

#### **5.5 Software upgrades**

Upgrade versions of licensed software/apps are available from time to time. Students may be required to check in their iPads for periodic updates and syncing.

### **6. ACCEPTABLE USE**

The use of the BSTA technology resources is a privilege, not a right. The privilege of using the technology resources provided by BSTA is not transferable or extendible by students to people or groups outside the school and terminates when a student is no longer enrolled in BSTA. This policy is provided to make all users aware of the responsibilities associated with efficient, ethical, and lawful use of technology resources. If a person violates any of the User Terms and Conditions named in this policy, privileges may be terminated, access to the school district technology resources may be denied, and appropriate disciplinary action shall be applied.

**Violations may result in disciplinary action up to and including suspension and/or expulsion for students. When applicable, law enforcement agencies may be involved.**

#### **6.1 Parent/Guardian Responsibilities**

6.1.1 Talk to your children about values and the standards that your children should follow on the use of the Internet just as you do on the use of all media information sources such as television, telephones, movies, and radio. Parents should establish ground rules for iPad use outside of the school day.

6.1.2 Technology devices using the school's network will be filtered. iPads will be installed a special filtering software to filter the use in other networks also.

#### **6.2 School Responsibilities are to:**

6.2.1 Provide internet and email access to its students

6.2.2 Provide internet filtering at school.

6.2.3 Provide network data storage.

6.2.4 Provide staff guidance to aid students in doing research and help assure student compliance of the acceptable use policy.

6.2.5 Provide user accounts for free information storage in cloud-based applications.

6.2.6 Monitor pictures, video, and audio recordings of any student or staff member and ensure they are being utilized in an appropriate manner.

#### **6.3 Students responsible for:**

6.3.1 Using iPads in a responsible and ethical manner.

6.3.2 Obeying general school rules concerning behavior and communication that applies to iPad/computer use.

6.3.3 Using all technology resources in an appropriate manner so as to not damage school equipment.

6.3.4 Helping BSTA protect our computer system/device by contacting an administrator about any security problems they may encounter.

6.3.5 Monitoring all activity on their account.

6.3.6 Securing their iPad after they are done working to protect their work and information.

6.3.7 Notifying a school employee in the event they receive correspondence containing inappropriate or abusive language or if the subject matter is questionable.

6.3.8 Using school's Wi-Fi only for educational purposes while using their iPads. Students should keep the wi-fi password secure and not share it with other students in school.

#### **6.4 Student Activities Strictly Prohibited:**

6.4.1 Illegal installation or transmission of copyrighted materials.

6.4.2 Any action that violates existing Board policy or public law.

- 6.4.3 Sending, accessing, uploading, downloading, or distributing offensive, profane, threatening, pornographic, obscene, or sexually explicit materials.
- 6.4.4 Inappropriately utilizing photos, video, and/or audio recordings of any person.
- 6.4.5 Changing iPad settings in an effort to circumvent the filtering system.
- 6.4.6 Downloading inappropriate apps.
- 6.4.7 Spamming-Sending inappropriate emails.
- 6.4.8 Gaining access to other student's accounts, files, and/or data
- 6.4.9 Vandalism to your iPad or another student's iPad.
- 6.4.10 Sharing school Wi-Fi password with other students in the school.

#### **6.5 iPad Care:**

- 6.5.1 Students will be held responsible for maintaining their individual iPads, and keeping them in good working order.
- 6.5.2 iPad batteries must be fully charged and ready for school each day.
- 6.5.3 iPads that malfunction or are damaged must be reported to administration.
- 6.5.4 Students will be responsible for the entire cost of repairs to iPads that are damaged intentionally, stolen, or lost.**
- 6.5.5 iPads that are stolen must be reported immediately to the office and the Sandy Police Department.

#### **6.6 Legal Propriety:**

- 6.6.1 Students must comply with trademark and copyright laws and all license agreements. Ignorance of the law is not immunity. If you are unaware, ask a teacher or parent.
- 6.6.2 Plagiarism is a violation of the BSTA handbook. Give credit to all sources used, whether quoted or summarized.
- 6.6.3 Violation of applicable state or federal law will result in criminal prosecution and/or disciplinary action by the School.

#### **6.7 Student Discipline:**

If a student violates any part of the above policy, board policy, or BSTA handbook policy, he/she may be subject to the following disciplinary steps:

- 6.7.1 Student will check-in/check-out their iPad from the office or designated classroom/teacher daily.
- 6.7.2 Required to attend a iPad refresher class.
- 6.7.3 Loss of individual iPad and be issued a generic loaner iPad.
- 6.7.4 Loss of iPad while being required to complete coursework.
- 6.7.5 Disciplinary/Legal action as deemed appropriate.

## **7. PROTECTING & STORING YOUR IPAD**

#### **7.1 iPad Identification:**

Student iPads will be labeled in the manner specified by the school. iPads can be identified based on serial number and identification number.

#### **7.2 Storing Your iPad:**

Nothing should be placed on top of the iPad. Students are encouraged to take their iPads home every day after school, regardless of whether or not they are needed. iPads should not be stored in a student's vehicle at school or at home.

#### **7.3 iPads Left in Unsupervised Areas:**

Under no circumstance should iPads be left in unsupervised areas. If an iPad is found in an unsupervised area, it will be taken to the office. A student will be charged \$10.00 to retrieve their iPad that has been turned into the office due to not being supervised and may have disciplinary consequences as well.

## **8. REPAIRING OR REPLACING YOUR IPAD / COST OF REPAIRS**

BSTA recognizes that with the implementation of the iPad initiative there is a need to protect the investment

by both the school and the Student/Parent. Therefore, we have set the following guidelines in place.

### **8.1 Deposit**

Students will be asked a refundable \$50.00 deposit in the beginning of the year. Depending on the condition of the device at the end of the year, the deposit can be refunded in full.

### **8.2 Damage**

Students will be responsible for caring for their device and will be expected to return them at the end of the year in good working condition.

### **8.3 Personal Home or Homeowners coverage**

Students or parents may wish to carry their own personal insurance to protect the iPad in cases of theft, loss, or accidental damage. Please consult with your insurance agent for details about your coverage of the iPad computer.

## **9. SCHOOL RIGHTS:**

9.1 BSTA's network, facilities, and/or mobile devices are to be used in a responsible, efficient, and ethical manner in accordance with the philosophy of BSTA. Student must acknowledge their understanding of this policy as well as the following guidelines. Failure to adhere to these standards may result in disciplinary action and/or revocation of the offender's mobile device and/or network privileges.

9.2 The administration and/or their designee(s) have the right to inspect a mobile device, application, or peripheral device associated with any or all BSTA technology. This includes but is not limited to email, documents, pictures, music, or other components associated with all BSTA technology.

9.3 BSTA reserves the right to define inappropriate use of technology.

***Student Pledge for iPad Use***

1. I confirm that I read BSTA's iPad policy, procedures, and information handbook
2. I will take good care of my iPad.
3. I will never leave the iPad unattended.
4. I will never loan out my iPad to other individuals.
5. I will know where my iPad is at all times.
6. I will charge my iPad battery as needed.
7. I will keep food and beverages away from my iPad since they may cause damage to the device.
8. I will not disassemble any part of my iPad or attempt any repairs.
9. I will protect my iPad by keeping it in a protective case.
10. I will use my iPad in ways that are appropriate, meet BSTA expectations, and are educational in nature.
11. I will not place decorations (such as stickers, markers, etc.) on the iPad. I will not deface the serial number.
12. I understand that my iPad is subject to inspection at any time without notice and remains the property of BSTA.
13. I will follow the policies outlined in the Handbook while at school, as well as outside the school day.
14. I will file a police report in case of theft, vandalism, and other acts covered by insurance.
15. I will be responsible for all damage or loss caused by neglect or abuse.
16. I agree to return the iPad and power cords in good working condition.
17. I will not utilize photos, video, and/or audio recordings of myself or any other person in an inappropriate manner.

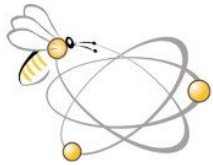
**I agree to the stipulations set forth in the above documents including the iPad Policy, Procedures, and Information; the Acceptable Use Policy; iPad Protection Plan and the Student Pledge for iPad Use.**

Student Name (Please Print): \_\_\_\_\_ Grade: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (Please Print): \_\_\_\_\_

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



GOOGLE APPS FOR EDUCATION PERMISSION SLIP  
BEEHIVE SCIENCE & TECHNOLOGY ACADEMY

BSTA has created Google Apps for Education accounts for all students in grades 6--12. Students will have access to following Google services:

- Gmail (Email accounts will be restricted. Students will be allowed to exchange emails with teachers only. Email accounts will be closed to outside traffic.)
- Calendar (Students will be able to use Google Calendar. They can add/remove events on their calendar)
- Drive (Google Drive will be used by students to create, upload, download, and save their school work. All stored work will be accessible from home, school, and anywhere there is an Internet connection.)
- Classroom (This is a communication tool that will be used by teachers and students to exchange files and provide feedback on assignments.)
- Sites (Students will create a Google Site for their STEM projects.)

Google Apps is a place for students to safely keep online communication and collaboration documents as they relate to school – school web sites, school documents, school videos, school calendars, and school email. It is not to be used it for personal things. The email naming convention is `firstname.lastname@student.beehiveacademy.org`. Students will have training on how to use Google Apps for Education.

### **Responsible Use Guidelines**

Teachers will make every reasonable effort to monitor student conduct related to class content in order to maintain a positive learning environment. All participants will respect the teacher's time and professionalism by supporting the same positive approach. Students will adhere to the BSTA Acceptable Use Policy. All participants will be respectful in their postings and comments. No cyber bullying, inappropriate language, personal insults, profanity, spam, racist, sexist or discriminatory remarks, or threatening comments will be tolerated.

All participants must protect their login and password information. If participants suspect that a password has been compromised, they must notify the teacher immediately. No participant may share his/her login information or information about the site with anyone who is not a participant. This includes adding monitoring software or other means by which outsiders can access the site without permission.

Any participant who is aware of violations of this agreement by others must report these violations to the teacher immediately, either verbally or in writing.

Copyrighted material that is not cited in any student work will be deemed as plagiarism and disciplined accordingly. Student users are strictly prohibited from

accessing documents other than their own unless documents have been shared with them.

Students are also prohibited from using the Goggle Chat feature. BSTA reserves the right to access the Google system of user accounts when there is suspicion that unacceptable use has occurred.

Access to and use of the student's Google account is considered a privilege. BSTA maintains the right to terminate the access and use of their Google account when there is reason to believe that violations of law or district policies have occurred. The alleged violation will be directed to the building principal and addressed according to the procedures outlined in the student handbook.

I agree to the terms and conditions in this document, and permit my child to use Google Apps for Education.

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

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

Parent/Guardian e-mail: \_\_\_\_\_

Student name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_