DISTRICT OFFICE
1970c Easton Turnpike
Lake Ariel, Pennsylvania 18436

WESTERN WAYNE
SCHOOL DISTRICT

Western Wayne School District
Acceptable Use of Technology and Gradebook

This agreement shall remain in effect as long as the student is in the same building or until the parent/guardians note in writing that it is no longer valid.

PARENT/GUARDIAN
As the parent or legal guardian of _____, I have read the Acceptable Use of Computers and Technology Policy as well as the terms and conditions for Gradebook users contained in the Student Handbook. I understand that the use of computers and the internet is a privilege and is intended to be used for educational purposes. I also understand that the Western Wayne School District has taken precautions to filter the internet access to block access to objectionable materials in accordance with Federal Laws. However, I also realize that it may be impossible to block access to all objectionable material and that my child understands that he/she is responsible for using the computers and the internet appropriately for educational purposes in accordance with the policy. By signing below, I give permission for a computer access account to be established for my child to use the school's computers and for my child to use the School District computers and network to access the Internet. By signing below, I also acknowledge that I have read the terms and conditions placed upon Gradebook users and agree to abide by them as well as to keep confidential the information that is associated with this account.

Parent or Legal Guardian Name (please print): _____

Signature: _____

STUDENT
I have read, understand and agree to abide by the Acceptable Use of Computers and Technology Policy contained in the Student Handbook. I further understand that any violation of the policy may result in disciplinary action and/or criminal prosecution. Should I commit any violation, my access privileges may be revoked; school disciplinary action may be taken, as well as possible appropriate legal action. I also understand that I will be required to pay for computer or technology equipment that I have intentionally damaged.

Student Full Name (please print): _____

User Signature: _____

Date: _____

DISTRICT OFFICE
1970c Easton Turnpike
Lake Ariel, Pennsylvania 18436

WESTERN WAYNE
SCHOOL DISTRICT

Western Wayne School District
Information/Photo/News Release

Student Name: _____ Grade: _____

Directory information about students may be released by the district without parent/guardian consent, provided annual notification has been given and the school does not have on file written denial to release directory information. Schools do use discretion when they receive requests for directory information and will not release such information if it is the principal's judgment that releasing such information would not be in the best interest of the student.

Examples of general directory information are:

- participation in officially recognized activities and sports
- field of study
- weight and height of athletes
- enrollment status
- degrees and awards received
- dates of attendance
- most recent previous school attended
- grade level

This information will be made available to qualified agencies upon request. Qualified agencies include, but are not limited to, colleges and universities, scholarship providers, trade/technical schools, potential employers, newspapers web-site.

Parent/guardians have the right to have directory information withheld upon written request. If you prefer to deny release of your student's directory information, please complete the following form on this page and return it to your child's school.

I request that directory information **(including photograph**) for my child:

_____ be **withheld** from all agencies and organizations*

_____ be **released** to all agencies and organizations*

***Organizations include the <u>school yearbook</u>, newspapers, videos, and the Western Wayne website for publicity**.

Parent or Legal Guardian Signature: _____

Telephone: 1.800.321.9973 www.westernwayne.org **Fax: 570.341.1221**

DISTRICT OFFICE
1970c Easton Turnpike
Lake Ariel, Pennsylvania 18436

WESTERN WAYNE
SCHOOL DISTRICT

Western Wayne School District
Emergency Contact Card

Child's Name: Last:	First:	DOB:
		Home Phone:
		Mother Cell:
		Mother Work:
		Father Cell:
		Father Work:
1. Emergency Contact/Release	Relationship to Child:	Phone:
2. Emergency Contact/Release	Relationship to Child:	Phone:
3. Emergency Contract/Release	Relationship to Child:	Phone:
Family Physician:	Phone:	Hospital Child is to be Taken in Event of Serious Injury/Illness:
Allergies:	Special Conditions:	
Prescription medication taken on a regular basis at home: ☐ None		
Please check if any of the following pertain to your child:		

Telephone: 1.800.321.9973 www.westernwayne.org **Fax: 570.341.1221**

DISTRICT OFFICE
1970c Easton Turnpike
Lake Ariel, Pennsylvania 18436

WESTERN WAYNE
SCHOOL DISTRICT

☐ Dental Appliance ☐ Contacts ☐ Glasses ☐ Hearing Device

The school physician has written standing orders for the following medication to be given at school, should the need arise. Place a check next to each medication that your child may be given (generic equivalent products are provided):

☐ Acetaminophen ☐ Ibuprofen ☐ Antacid Tablets

I hereby give authorization for one of the school nurses and/or school officials to sign permission to provide medical treatment in the event that there is emergency medical treatment needed and we cannot be contacted. I give permission for the school nurse to give my child the medication that I have indicated above.

Parent Name: _____

Parent Signature: _____

In the event of an emergency/disaster, your child will remain at their assigned student assembly area until you or the person designated by your signature comes to the school and personally signs your child out. By signing below, you are granting the school personnel permission to release your child to those individuals listed as Emergency Contact/Release on this form.

Parent Name:_____

Parent Signature: _____

I release my son/daughter to any adult with whom he/she feels comfortable, in the event of an emergency/disaster:

☐ YES ☐ NO

Please indicate if Student's Parent(s) and/or Legal Guardian(s) are members of the Armed Forces: ☐ YES ☐ NO

Military Family: When Student's Parent and/or Legal Guardian is currently an ACTIVE duty member of the armed forces (Army, Navy, Air Force, Marine, and Coast Guard) including full time Reserve or National Guard duty.