WAREHAM PUBLIC SCHOOLS
48 Marion Road, Wareham, MA 02571 – 508-291-3500 x3541

Grades: 8 – 12

Student Registration Packet

School Year: 2018/2019

This packet is also available in other languages. Please call 508-291-3500 x 3544 for details.
Documents needed to register new students:

Provided by parent:
1. Proof of residency (see policy)
2. Proof of guardianship (if foster/non parental guardian) i.e: mittimus and placement letter
3. Original Birth Certificate
4. Health records, including immunization and most recent physical
5. Registration packet

Provided by sending school:
1. Transcript
2. MCAS
3. SAT
4. IEP or 504
5. Grades to date
6. Attendance record
7. Discipline record

Please call 1-508-291-3500 ext. 3541 to schedule an appointment.

Registrar: Erika Kauranen
48 Marion Road Room 224
Wareham, MA 02571

ekauranen@wareham.k12.ma.us
Phone: 508-291-3500 ext. 3541
Fax: 508-291-3536
RESIDENCY

Purpose

The purpose of this policy is to provide guidance to school administrators, parents and/or legal guardians regarding the admission of students to the Wareham Public Schools. The right to attend the schools is regulated by statute and is generally limited to students who reside in Wareham and to certain nonresident students who are eligible to attend the schools under specific programs or conditions approved by the Wareham School Committee.

Eligibility

In accordance with the laws governing the provision of special education services, Wareham provides services to students ages 3 through 21. Wareham School Committee Policy entitled “Entrance Age" establishes Wareham’s age requirements for enrolling in kindergarten and 1st grades. Wareham establishes a maximum permissible age for school attendance at 21 years for individuals who do not have a high school diploma or its equivalent.

Every student seeking admission to school for the first time must present proof of vaccination and immunizations as required by the state.

Verification of Residency

Before a student is enrolled in the Wareham Public Schools, Wareham must receive appropriate evidence of the student’s residency in Wareham. This evidence may include the following:

1. Copy of an executed lease or rental agreement stating the beginning date of residency and duration of the lease/rental agreement;
2. Copy of an executed Purchase and Sale Agreement stating the closing date;
3. Copy of deed or most recent property tax bill and record of most recent mortgage statement (financial information may be omitted);
4. Copy of a utility bill;
5. Copy of a Section 8 agreement;
6. A valid MA driver’s license, Photo ID Card, Passport, or other Government-issued Photo ID; or
7. A voter’s registration card

The school district reserves the right to require additional documentation where, in the judgment of the Superintendent, a student’s actual residence has not been established.

Relationship to Federal and Massachusetts Laws and Regulations

It is the intent of the foregoing policy that the Wareham Public Schools shall also be in compliance with all Federal and State laws and regulations bearing upon enrollment issues, including but not limited to:

- 42 USC 11431 et seq.: McKinney-Vento Homeless Assistance Act
- 105 CMR 220: Immunization of Students Before Admission to School
- 603 CMR 8.02: Kindergarten: Minimum School Age
- 603 CMR 28.00: Massachusetts Special Education Regulations

Legal References:

M.G.L. Chapter 76, Sections 5 and 6 and the above-referenced laws and regulations

ADOPTED: NOVEMBER 18, 2009
AMENDED: DECEMBER 8, 2010
AMENDED: MAY 23, 2012
AMENDED: OCTOBER 17, 2012
Reviewed by SCPRSCP: November 17, 2016
Reviewed by SCPRSCP: April 6, 2017
AMENDED: APRIL 26, 2017
WAREHAM PUBLIC SCHOOLS, Wareham, Massachusetts
Registration Form
Wareham Public Schools

Full Name

Last Name

First Name

Full Middle Name

Date of Birth: ___/___/___

City/Town of Birth

Gender:

Home Address

City

Zip

CHECK IF THIS IS A NEW ADDRESS

Mailing Address

City

Zip

Home Phone

Unlisted: Yes No E-mail Address:

Child resides with: Both Parents Mother Father Foster Parents Legal Guardian (circle 1)

<table>
<thead>
<tr>
<th>NAME</th>
<th>Work Number</th>
<th>Call Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
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<tr>
<td>Mother</td>
<td></td>
<td></td>
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<tr>
<td>Guardian</td>
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</tbody>
</table>

Are there any legal restrictions against either parent or others? Yes No Person's Name

If the child does not reside with both natural parents, is there a custody order which addresses any aspect of the child's school attendance or educational program? Yes No (A copy of custody papers must be supplied to the school.)

Name and Address of parent living at a different address:

Name: ____________________________

Address: ________________________

Emergency Contacts: (When parent or guardian cannot be reached can student be released to Emergency contact?)

1. Name ____________________________ Relationship ____________________________ Phone ____________________________ Yes No
2. Name ____________________________ Relationship ____________________________ Phone ____________________________ Yes No
3. Name ____________________________ Relationship ____________________________ Phone ____________________________ Yes No

Primary Language spoken at home: ____________________________

Race: □ Native American □ Asian or Island Pacific □ Black □ White □ Hispanic

Has this student been enrolled in Wareham Schools before? Yes No

List schools previously attended and location (please provide information for the last 3 years if applicable)

Name of School ____________________________ Location ____________________________ Grade ____________________________

Name of School ____________________________ Location ____________________________ Grade ____________________________

Are you aware of any special school/classroom accommodations needed for your child? Yes No

If yes, please note: ____________________________

Is your child currently receiving or has he/she received any of the following services? Please provide current document.

□ Special needs Program/IEP □ 504 Plan Services □ Foster Student

□ Temporary Housing □ Free/Reduced Lunch

Parent/Guardian Signature: ____________________________ Date: ____________________________

FOR SCHOOL USE ONLY

Entry Code: ________________ Entry Date: ________________ Health Rec’d: ________________ Residency Verified: ________________

Curr Code: 1 2 3 SPED Trans. Code: Building: ____________ Residency Code: 1 2 3 4 5 6 7 8 8 9


The Wareham Public Schools renews that it does not discriminate on the basis of race, color, religion, sex, gender identity, national origin, age, handicap or sexual orientation in admission to, access to, or treatment in its programs or activities.

Rev. 10/2017 HPD
WAREHAM PUBLIC SCHOOLS

Home Language Survey

In order to assure that students of Wareham Public Schools have equal access to education, we need to know the language that your child speaks with you, friends, neighbors, and relatives. Based on your answers, we will place your child in the appropriate class in compliance with the Federal laws and regulations.

1. What language did your child first learn to speak? ____________________________

2. What language do you use most often when speaking to your child at home? ____________________________

3. What language does your child use most often when speaking to you at home? ____________________________

4. What language does your child use most often when speaking to brothers, sisters, friends, and other adults? ____________________________

Parent/Guardian Signature: ____________________________ Date: ____________________________

Race/Ethnicity Data Collection

Every school district in Massachusetts is required to report to the Massachusetts Department of Education each year student data by race and ethnicity categories that are set by the federal government. The Department of Education does not report individual student data to the federal government, but does report the total number of students in various categories in each school. These reports help us keep track of changes in student enrollments and ensure that all students receive the educational programs and services to which they are entitled.

The federal government recently changed the reporting categories for student data. With the new reporting categories, you may now identify your child by ethnic group (either Hispanic/Latino or not Hispanic/Latino) and by one or more racial groups (American Indian/Alaska Native, Asian, Black/African-American, Native Hawaiian/Other Pacific Islander, White). Starting with the 2005-06 school year, all schools in Massachusetts will report student data to the Department of Education using the new categories. Please note that we have the right to ask for this information; we do not have the right to question your answers. For more information about the student data reporting categories, please see: http://www.doe.mass.edu/info_services/dataguide/race_fac.html.

You must check one item from the first column and one or more items from the second column.

Ethnicity (please check one):

☐ Hispanic, Latino, or Spanish Origin. A person of Cuban, Mexican, Puerto Rican, Cuban, South- or Central American, or other Spanish culture or origin, regardless of race.

☐ Not Hispanic or Latino

Race (please check one or more as appropriate):

☐ American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

☐ Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodian, Chinese, Indochinese, Japanese, Korean, Vietnamese, Philippine Islander, Thai, and Vietnamese.

☐ Black or African American. A person having origins in any of the black racial groups of Africa.

☐ Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Parent/Guardian signature: ____________________________ Date: ____________________________

The Wareham Public Schools reaffirm that it does not discriminate on the basis of race, color, religion, sex, national origin, age, handicap, or sexual orientation in admission to, or treatment in its programs or activities.
Massachusetts Parental Notice for One Time Consent to Allow the School District To Access MassHealth (Medicaid) Benefits

School District Name and Code: Wareham Public Schools 3100000

School/District Contact: Melissa Fay, Director of Student Services, 48 Marion Road, Wareham, MA 02571

Dear Parent/Guardian:

The purpose of this letter is to ask for your permission (also known as consent) to share information about your child with MassHealth. Local communities in Massachusetts have been approved to receive partial reimbursement from MassHealth for the costs of certain health-related services provided by the district to your child (or children). In order for your community to get back some of the money spent on services, the school district needs to share with MassHealth the following types of information about your child: name; date of birth; gender; type of services provided, when, and by whom; and MassHealth ID.

With your permission, the school district will be able to seek partial reimbursement for services provided by MassHealth, including, among others, a hearing test or eye exam; a school physical; occupational or speech or physical therapy; some school nurse visits; and counselling services with the school social worker or psychologist. Each year, the district will provide you with notification regarding your permission; you do not need to sign a form every year.

The school district cannot share with MassHealth information about your child without your permission. As you consider giving permission, please be advised of the following:

1. The school district cannot require you to sign up for MassHealth in order for your child to receive the health-related and/or special education services to which your child is entitled.

2. The school district cannot require you to pay anything towards the cost of your child’s health-related and/or special education services. This means that the school district cannot require you to pay a co-pay or deductible so that it can charge MassHealth for services provided. The school district can agree to pay the co-pay or deductible if any such cost is expected.

3. If you give the school district permission to share information with and request reimbursement from MassHealth:
   a. This will not affect your child’s available lifetime coverage or other MassHealth benefit; nor will it in any way limit your own family’s use of MassHealth benefits outside of school.
   b. Your permission will not affect your child’s special education services or IEP rights in any way, if your child is eligible to receive them.
   c. Your permission will not lead to any changes in your child’s MassHealth rights; and
   d. Your permission will not lead to any risk of losing eligibility for other Medicaid or MassHealth funded programs.

4. If you give permission, you have the right to change your mind and withdraw your permission at any time.

5. If you withdraw your permission or refuse to allow the school district to share your child’s records and information with MassHealth for the purpose of seeking reimbursement for the cost of services, the school district will continue to be responsible for providing your child with the services, at no cost to you.

I have read the notice and understand it. Any questions I had were answered. I give permission to the school district to share with MassHealth records and information concerning my child(ren) and their health-related services, as necessary. I understand that this will help our community seek partial reimbursement of MassHealth covered services.

Parent/Guardian Signature: ___________________________ Date: ___________________________

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>Date of Birth:</th>
<th>SASID # (for district to add):</th>
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<tbody>
<tr>
<td>Child’s Name:</td>
<td>Date of Birth:</td>
<td>SASID # (for district to add):</td>
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<tr>
<td>Child’s Name:</td>
<td>Date of Birth:</td>
<td>SASID # (for district to add):</td>
</tr>
</tbody>
</table>

Massachusetts DESE Mandated Form 28M/13

Revised June 2018
MILITARY FAMILY STATUS

In May 2012, as part of the VALOR Act, Massachusetts became a member of the Interstate Compact on Educational Opportunity for Military Children. The Compact aims to make the transition to a new school easier for military children in areas such as enrollment, assessment, graduation, etc. The provisions of the Compact also apply to students whose Parent/Guardian is currently deployed, or who was discharged from active duty due to a disability or died while on active duty within the past year.

Please fill in and return this form to your child's school if any of the following statements are true.

Military Family is defined as students who are children of:

(Please check the box that applies)

☐ Yes, child of active duty member.
☐ Yes, child of member or veterans who are medically discharged or retired for 1 year.
☐ Yes, child of member who died on active duty.

Student Name: __________________________  Name of School: __________________________

Name of Person completing this form: __________________________________________ Date: ______________

PLEASE PRINT

For more information, please visit:  www.mic3.net

WPS-July 2017
Wareham Public Schools
Registration and Supplementary Health Form

STUDENT INFORMATION
Full legal name: ___________________________ Sex: [ ] Male [ ] Female
Street address: _____________________________
Mailing address: _____________________________
Are either of these a new address? [ ] Yes [ ] No
Home telephone: ___________________________ Cell phone: ___________________________
Birth date: ___________________ Place of birth: ___________________ Age: _______ Grade level: _______

PARENT/GUARDIAN INFORMATION
Father’s name: ____________________________ Occupation: ____________________________
Place of employment: __________________________ Work phone: __________________________
Mother’s name: ____________________________ Occupation: ____________________________
Place of employment: __________________________ Work phone: __________________________
Name of parent/guardian with whom student resides: ____________________________
Address: ____________________________
Name of legal guardian other than parent: ____________________________

MEDICAL INFORMATION
Name of doctor: __________________________ Name of dentist: __________________________
Person(s) who have agreed to care for your child when parent or guardian cannot be reached:
Name: __________________________ Phone number: __________________________
Name: __________________________ Phone number: __________________________
If your child is sick or injured and you cannot be reached, what do you wish us to do?
Are you willing for necessary treatment to be initiated if you cannot be reached? [ ] yes [ ] no
Name of hospital or medical plan: __________________________ Number (if applicable): __________________________
Is your child allergic to bee, hornet, or wasp stings? [ ] yes [ ] no
Is your child allergic to medication, or foods? [ ] yes [ ] no
If yes, what medication or treatment has been ordered for the reaction?
Indication type of reaction: [ ] Local swelling [ ] Hives/breathing problem
What medications, if any, does your child take?
Does your child need medication during the school day? [ ] yes [ ] no
If yes, please fill out the authorization to administer medication form.
Has your child ever attended Wareham Schools? [ ] yes [ ] no

Signature of parent or legal guardian:
Date: __________________________

Date of entry __________________________
Registration and Supplementary Health Form for Grades 1-12, revised September 2010
TRANSPORTATION APPLICATION 2018-2019

Please complete one (1) application per family and include all students that will attend Wareham Schools, even if no payment is due and/or student is not using bus transportation.

Parent/Guardian Name(s): ________________________________

Number of children attending Wareham Public Schools: ________________

Street Address: ___________________________________________

Home Phone: _____________________________________________

Complete Mailing Address if different: __________________________

Cell/Work Phone: __________________________________________

Please list names of all students in family, even if no payment is due.  Please check one below:

<table>
<thead>
<tr>
<th>Student(s) Name(s)</th>
<th>School in 2018-2019</th>
<th>Grade in 2018-2019</th>
<th>Will use bus</th>
<th>Will not use bus</th>
</tr>
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<tbody>
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School Use Only

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<tr>
<th>Eligible</th>
<th>Amount Paid</th>
<th>Scanned to other schools</th>
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Parent/Guardian Signature: ________________________________

Date: ______________________
WAREHAM PUBLIC SCHOOLS
Transportation Department
Phone: 508-291-3574 FAX: 508-291-3570

Regular Education Transportation Request Form

Date: ______________________

New Student [ ]  Change of Address [ ]  Transferred out of District [ ]

Status: Walker [ ]  Parent Transports [ ]  WPS Transports [ ]

Bus #1 ________  Bus #2 ________  Take off Bus ________

Attending School: ___________________________________________  Grade: ________

STUDENT INFORMATION:
LASID: ________  Last Name: ___________________________  First Name: ___________________________

Phone #: ___________________________  Cell Phone #: ___________________________

Parent/Guardian Name(s): ___________________________________________

Home Address: ___________________________________________

Section of Town: ___________________________________________

Mailing Address (if different): ___________________________________________

Emergency Contact: ___________________________  Phone: ___________________________

Emergency Contact: ___________________________  Phone: ___________________________

STUDENT TRANSPORTATION INFORMATION:
For students in Preschool – Kindergarten: The following people are designated to receive the student off the bus.

Name: ___________________________  Phone: ___________________________

Name: ___________________________  Phone: ___________________________

This form is not for variance requests.

For Administrative Use Only:

Date to begin: ______________  Approved by: ___________________________

Revised August 2017
WAREHAM PUBLIC SCHOOLS
WAREHAM, MA 02571

INFORMED WRITTEN CONSENT
FOR RELEASE AND EXCHANGE OF INFORMATION
BETWEEN WAREHAM PUBLIC SCHOOLS AND
OUTSIDE INDIVIDUALS, AGENCIES, AND PROGRAMS

Child’s Name: ___________________________ Date of Birth: _______________________

☐ DISCLOSURE TO WAREHAM PUBLIC SCHOOLS. I authorize
(insert name of individual, organization, or agency) to release the information indicated below and to communicate
with WAREHAM Public Schools about my child. Such information can be through any means, including written, oral, or
electronic.

INFORMATION TO BE DISCLOSED:

Education Information/Records
(Specify which information or
records you consent to have released
or indicate “all”)
☐ All records
☐ Specific records:

Health Information/Records
(Specify which information or
records you consent to have released
or indicate “all”)
☐ All records
☐ Specific records:

Other Information or Records
☐ Discipline records
☐ Specific records:

School Name: ___________________________
Street _________________________________
Town _____________________________
and Zip: _____________________________

School Name: ___________________________
Street _________________________________
Town _____________________________
and Zip: _____________________________

ACKNOWLEDGMENTS & SIGNATURE:

I understand that a copy of this Consent will be given to me and another copy will be included in my child’s records.
Revocation of Authorization — I understand that I have the right to revoke this Consent at any time and I understand that
such revocation does not affect records or information already released and exchanged. I understand that my revocation is
effective only if it is in writing and submitted to the individual/entity that is releasing information. Voluntary
Authorization — I voluntarily authorize the above Consent for release and exchange of information.

This consent is valid for one year. A copy of this form is as effective as the original. I certify that I am the parent, legal
guardian, or agency authorized to act on behalf of the above named student, or that I am the student with the authority to
sign this authorization.

Signature: ___________________________ Print Name: ___________________________
Relationship to Student: ___________________________ Date: _______________________
(parent, guardian, agency legally authorized to act on behalf of
the student, or eligible student)
The Wareham School Department requires payment of a bus fee for all students intending to use bus transportation for the 2018-2019 school year. Under the following guidelines, Massachusetts General Law CH. 71, S. 68, requires that school committees provide free transportation, once daily to and from school for students in grades K-6 who live more than two (2) miles from their assigned schools. Therefore, no bus fee will be charged for students in Grades K-6 residing two (2) or more miles from their assigned school. A BUS FEE WILL BE CHARGED for students in Grades K-6 residing less than two (2) miles from their assigned school, and all students in Grades 7-12, regardless of distance. If your are in the non-serviceable area (1.0 mile or less) of your school you are not eligible for transportation. If your child qualifies for free/reduced lunch, your child will not be charged a fee to ride the bus. It is mandatory that all parents fill out a bus registration form regardless of your fee status to ensure your child has a seat on the bus.

<table>
<thead>
<tr>
<th>REGULAR FEE STRUCTURE</th>
<th>FREE/REDUCED FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRST STUDENT- $100</td>
<td>$0</td>
</tr>
<tr>
<td>SECOND STUDENT- $75</td>
<td>$0</td>
</tr>
<tr>
<td>THIRD STUDENT- $50</td>
<td>$0</td>
</tr>
<tr>
<td>MAX PER FAMILY- $225</td>
<td>$0</td>
</tr>
</tbody>
</table>

Transportation applications will be mailed home and will also be available online at Wareham Public Schools Homepage and at your child’s school during regular business hours. Bus fees are due in full with this application. PAYMENTS ARE NON-REFUNDABLE. Payments may be made by bank check, money order and online. Online payments can be made at (http://www.myschoolbucks.com) after May 24th, 2018.

NO CASH OR PERSONAL CHECKS WILL BE ACCEPTED. Please make bank checks/money orders payable to: "Wareham Public Schools - BUS FEE".

APPLICATIONS AND FULL PAYMENT SHOULD BE RETURNED TO ONE OF THE SCHOOLS WHERE ONE OF YOUR CHILDREN IS CURRENTLY ATTENDING, making sure to include the school names where all other children are enrolled. Secretaries will scan a copy to each school. Applications may be sent to school with your child until June 15th, 2018. Visit http://www.warehamps.org for individual school addresses. Passes will be distributed in the fall.
Chapter 71: Section 37H1/2 Felony Complaint or conviction of student; suspension; expulsion; right to appeal

Section 37H1/2. Notwithstanding the provisions of section eighty-four and sections sixteen and seventeen of chapter seventy-six:

Upon the issuance of a criminal complaint charging a student with felony or upon the issuance of a felony delinquency complaint against a student, the principal or headmaster of a school in which the student is enrolled may suspend such student for a period of time determined appropriate by said principal or headmaster if said principal or headmaster determines that the student's continued presence in school would have a substantial detrimental effect on the general welfare of the school.

To the best of my knowledge, ___________________________ has not been charged with any criminal complaints in either juvenile or adult court. (Enter name of student.)

____________________________                     ________________
Signature                                           Date

Please circle your appropriate role in relation to the above student.
Parent    Guardian    Ed Surrogate Parent    Foster Parent    Social Worker    Relative

Thank you.

"HOME OF THE VIKING SHIPS™ Scholarship, Citizenship, Craftsmanship, Leadership and Sportsmanship"
Wareham High School
Student Technology Guidelines and Procedures

Expectations for Student Learning as that relates to the use of Technology:

1. Technology will be used to support inquiry and personalized learning.
2. Technology will be used for the acquisition of knowledgeable.
3. Technology will be used to foster critical and creative thinking.
4. Technology will be used to communicate confidently, collaboratively, creatively and ethically.
5. The use of technology will reflect an understanding of digital citizenship.
6. The use of technology will assist in exploring points of view and perspective of others.
7. The use of technology will assist in encouraging and researching new ideas and strategies.
8. The use of technology will be balanced with teacher-guided instruction.
9. The use of technology will assist in articulating and demonstrating reflective practices.
10. The use of technology will support the growth of 21st century skills.

Internet--Terms and Conditions of Use 1:1:

1). Insurance will be available for parents / guardians to purchase if they so choose.

2). If you move or transfer prior to graduating from Wareham High School, the Chrome book is to be returned, just as you would return textbooks, to Wareham High School. A fee will be charged to you if you do not return the device.

3). Network Etiquette
You are expected to abide by the generally accepted rules of the network etiquette. These include (but are not limited to) the following:

• Be polite.

• Use appropriate language. Do not swear, use vulgarities or any other inappropriate language.

• Illegal activities are strictly forbidden. Where appropriate, communications including text and images may be disclosed to law enforcement or other third parties without prior consent of the sender or the receiver.

• Do not reveal your personal address, passwords, or phone numbers of you or other students or staff.

• Note that electronic mail (e-mail) is not guaranteed to be private. The system administrators do have access to all email. Messages relating to or in support of illegal activities may be reported to the authorities.
• All files and messages created on school equipment or messages sent or retrieved over the network or Internet, are the property of the school department and should not be considered confidential, consistent with the Electronic Communications Privacy Act.

• Copies of all information created, sent or retrieved are stored on the school backup system.

3) Abuse
Improper use of technology may result in suspension or termination of access privileges and may also result in other disciplinary action consistent with the disciplinary policies of the District.

• In addition, if such conduct constitutes a violation of law, criminal prosecution may result. Abuse includes, but is not limited to, the following conduct:

• Intentionally uploading, downloading, posting, e-mailing, or otherwise transmitting unlawful and/or inappropriate information on the system or any school owned device.

• Users must comply with the Massachusetts Law regarding cyber bullying. Cyber bullying is willful and repeated harm inflicted through the use of computers, cell phones, and other electronic devices.

• Intentionally uploading, downloading, posting, e-mailing, or otherwise transmitting profane, vulgar, threatening, defamatory, abusive, discriminatory, harassing or otherwise objectionable or criminal language in a public or private message on the system or any school owned device.

• Intentionally uploading, downloading, posting, e-mailing, or otherwise transmitting, or posting links to obscene or sexually explicit materials, including but not limited to, sexually explicit images, messages, cartoons, jokes, audio files, and video files.

• Intentionally uploading, downloading, posting, e-mailing, or otherwise transmitting information that would likely result in the loss of a recipient’s work or system.

• Making changes to the content or configuration of a computer, laptop, or Chrome book on the network.

• Attempting to gain access to unauthorized network resources.

• Attempting to trespass into another person’s files or folders.
• Intentionally revealing one's own or another person's personal address, telephone number, password, or other personally identifying information.

• Intentionally accessing web sites for the purpose of plagiarizing papers is a violation of the student code of conduct and will be subject to the existing disciplinary guidelines.

• The School District and its employees cannot be held responsible for improper student use of the technology. The school district's employees cannot be held liable for any information that may be lost, damaged, or unavailable due to technical or other difficulties.

• Students who do not return a signed compliance statement will not be able to use any technology at school.

It is the users' responsibility to abide by the rules set forth. Violations will result in an immediate loss of access and will be referred to an administrator for disciplinary action.

Network is monitored by the Wareham Public Schools. The school retains the right to review and edit any materials on user accounts. Messages relating to or in support of illegal activities will be reported to the authorities. Any user identified as a security risk will be denied access to the Network.

The Wareham Public School personnel will do their best to provide error free, dependable access to the computing resources associated with the Network. However, the Wareham Public Schools and its employees cannot be held liable for any information that may be lost, damaged, or unavailable due to technical or other difficulties. In addition, personnel will instruct the users on acceptable use of the Network and the proper Network ethics, but Wareham Public Schools and its employees cannot be held responsible for the individual's use of the Network.

These guidelines and procedures are available in Student Handbooks for reference.
Student Technology Guidelines and Procedures

1. Students have been provided a Chromebook by the Wareham Public Schools

2. Parents / Guardians, and Students have been provided all Procedures and Network Acceptable Use Policy.

3. Wareham Public Schools has partnered with the Worth Ave. Group to provide insurance to protect the Chromebooks used by the school’s students. You will need the serial number from your student’s Chromebook in order to complete the process – the serial number can be located on the bottom of the student’s Chromebook. Insurance with Worth Ave. Group will protect the Chromebook against:
   - Accidental damage (drops/spills)
   - Theft
   - Vandalism
   - Fire
   - Flood
   - Natural disasters
   - Power surge due to lightning strikes

This 3rd-party insurance policy will provide replacement cost coverage and protect the Chromebook worldwide (on and off school grounds). To enroll in the insurance policy visit my.worthavegroup.com/warehampsma OR print, fill out, and return the paper application. A link to the paper application can be found online at http://warehamps.org/STUDENTS and PARENTS>Chromebook Information. You can also call the Worth Ave Group directly at 800-620-3307.

The cost for the Chromebook insurance coverage will be $32.60 for a one year policy; or $61.84 for a two-year policy; or $83.70 for a three-year policy. There are no deductibles on these policies. A discount may apply if the insurance is purchased online. Wareham Public Schools will not be handling any paperwork, payments or claims for this insurance. All communication must be made to the Worth Ave. Group directly.

4. If Parent / Guardian is opting not to acquire insurance, and the Chromebook is damaged or lost, a bill will be issued to the student for repair parts (if the Chromebook is deemed repairable by the district technology staff) or a replacement Chromebook. The price of a replacement Chromebook is $200.00

Student Chromebook Screen Repair Process

The following repair process should be followed for all students’ grades 8 through 12.

1. Obtain a Chromebook Repair Form and fill out the necessary information on the sheet. A repair form can be found at the front desk, on the website under STUDENTS/PARENTS, or from a technology representative.

2. Once the repair form has been completed, please make the amount payable by either a check or cash. All checks should be made out to Wareham Public
Schools. Payment should be given to the building secretary. A receipt and copy of the order form will be given once payment has been received.

3. Deliver the damaged Chromebook and the order form to the school technology representative.

4. All Chromebooks, based on parts availability, will be fixed within 5 school days.

5. The student will be allowed to use a loaner Chromebook during repair times. A loaner Chromebook is only to be used during normal school hours and under no circumstances be taken home. If the loaner Chromebook is not returned at the end of the school day, an order form for the full replacement cost will be issued.

6. Once the Chromebook has been fixed, the student will be contacted and can pick up their Chromebook from the technology office located at the school.

If the Chromebook is damaged for other reasons (non-screen related), the process above should still be followed but reviewed FIRST by a technology representative prior to the repair form being filled out. If the technology representative deems the Chromebook needs to be replaced, an order form for the full amount of the Chromebook will be issued.

Other Chromebook issues (non-damage related) should be given to the school technology representative for review. These issues will be fixed at no cost to the student/parent.

All pricing is direct from our supplier. There is no mark-up/margin added for repair labor. Under no circumstances should students/parents repair the Chromebook using an outside vendor unless through the selected insurance provider The Worth Ave Group.

Chromebook Part Pricing for the 2018-2019 School Year**

<table>
<thead>
<tr>
<th>Part</th>
<th>Description</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>HP/Lenovo Chromebook</td>
<td>Replacement Chromebook</td>
<td>$200.00</td>
</tr>
<tr>
<td>HP/Lenovo Screen</td>
<td>Replacement Screen</td>
<td>$32.00</td>
</tr>
<tr>
<td>HP/Lenovo TouchPad/Keyboard</td>
<td>Unresponsive/Missing Keys</td>
<td>$50.00</td>
</tr>
<tr>
<td>HP/Lenovo Shell Casing</td>
<td>Cracked/split because of drop</td>
<td>$20.00</td>
</tr>
<tr>
<td>HP/Lenovo Charger</td>
<td>Lost</td>
<td>$40.00</td>
</tr>
</tbody>
</table>

** All pricing is current as of 8/15/2018 and is subject to change based on supplier pricing**

Parent / Guardian Signature: __________________________ Date: ______

Please sign this document indicating that you have read and understand your required responsibilities:

Student Signature: __________________________ Date: ______

Parent Signature: __________________________ Date: ______