



# ACORN MONTESSORI SCHOOLS

2018-2019

**Grades Primary-1: West Campus:** 7555 E Long Look Drive Prescott Valley AZ, 86314; Phone: 928.775.0238 Fax: 928.775.2638

**Grades 2-8: Main Campus:** 8556 E. Loos Drive Prescott Valley AZ, 86314; Phone: 928.772.5778 Fax: 928.775.8654

*Acorn is a complimentary blend of traditional national standards with Montessori tactile hands-on learning materials.*

**Print** all information. Primary Class \_\_\_\_\_ Pre-K \_\_\_\_\_ **Charter** start date \_\_\_\_\_ Grade \_\_\_\_\_  
Child's Full Legal Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Male \_\_\_ Female \_\_\_ Birthplace \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Parent email: \_\_\_\_\_  
Race (Required) White \_\_\_ Black \_\_\_ American Indian/Alaskan Native \_\_\_ Native Hawaiian/Pacific Islander \_\_\_  
Two or more races \_\_\_ Hispanic \_\_\_ Yes \_\_\_ No

What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_

What is the language most often spoken by the student? \_\_\_\_\_

What is the language that the student first acquired? \_\_\_\_\_

**Mother/Guardian Name** \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

**Father/Guardian Name** \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Child lives with (mark all that apply) \_\_\_ Mother \_\_\_ Father \_\_\_ Foster Parents \_\_\_ Grandparents \_\_\_ Other

Do parents (if apart) have legal joint custody? \_\_\_ Yes \_\_\_ No Custody Documents \_\_\_ Yes \_\_\_ No \_\_\_ Provided

Visitation arrangements (if applicable) \_\_\_\_\_

Sibling's names and ages \_\_\_\_\_

Family circumstances that school should be aware of \_\_\_\_\_

Does your child now or in the past have an IEP? \_\_\_ Yes \_\_\_ No Does your child have a 504 Plan? \_\_\_ Yes \_\_\_ No

If so please describe services \_\_\_\_\_

Please indicate last school your child attended. Please list address and phone number.

Name of school \_\_\_\_\_ Phone \_\_\_\_\_

Dates attended \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Areas of concern regarding your child's education? \_\_\_\_\_

Has your child ever been expelled \_\_\_ Yes \_\_\_ No

If so, please give dates/circumstances \_\_\_\_\_

Why did you choose Acorn Schools? \_\_\_\_\_

Please indicate date you wish your child to start \_\_\_\_\_

## Acorn Montessori Charter School Discrimination Policy

Acorn Montessori Charter School is an equal opportunity provider and employer.

In the operation of the Child Nutrition Programs, no individual in the United States shall solely by reason of his or her race, color, national origin, sex, age, or disability, be excluded from the participation in, denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

The immediate remedy for any act of discrimination shall be to end it, treat the individual equally, and, as much as practically possible, to eradicate any effects of discrimination. Discipline should be imposed where appropriate.

Date of application: \_\_\_\_\_ Start date: \_\_\_\_\_ Admin: \_\_\_\_\_ Residency form: \_\_\_\_\_

Birth Cert: \_\_\_\_\_ Imm. \_\_\_\_\_ Rec. Req: \_\_\_\_\_ Language Svy: \_\_\_\_\_ ELL: \_\_\_\_\_

**ADHS**

LICENSING

CDC/SGH# or name: \_\_\_\_\_

Arizona Department of Health Services

Bureau of Child Care Licensing

**Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:  
(Pursuant to R9-5-304.B, at least two contact persons are required.)

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

In case of injury or sudden illness, I request that this individual be called first:	
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The following individual(s) may NOT remove my child from the facility:

Name(s):
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Custody papers have been provided and are on file at the facility.  yes  no

Telephone Authorization Code (optional): \_\_\_\_\_

**Immunization Information**

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

[www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day/ yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day/ yr

**Medical Information**

Is child allergic to food or other substances?  No  Yes  
 If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:

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Is child usually susceptible to infections and if so, what precautions need to be taken?  No  Yes  
 If yes, list precautions:

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Is child subject to convulsions and what should be our procedure if one occurs?  No  Yes  
 If yes, specify procedure:

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Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)?  No  Yes  
 If yes, list precautions:

Additional comments:

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Other special instructions:

This Emergency Information and Immunization Record Card is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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# REQUEST FOR STUDENT EDUCATION RECORDS

1<sup>ST</sup> Request \_\_\_\_\_ 2<sup>nd</sup> Request \_\_\_\_\_ 3<sup>rd</sup> Request \_\_\_\_\_

Student's Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade Level \_\_\_\_\_

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

School Address \_\_\_\_\_

School Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Please send the following information: (Please **DO NOT** send the cumulative folder.)

- Birth certificate, legal custody documentation
- Health/medical records
- General administrative data, attendance data
- Official transcript, report cards, test scores
- Withdrawal grades, formal withdrawal slip
- Discipline Records
- Arizona SAIS Number (if Applicable) \_\_\_\_\_

**Mail or Fax the above records to:**

**Kindergarten- 2<sup>nd</sup> Grade**  
**Attn: Tasha Espinosa**

\_\_\_\_\_ 7555 E. Long Look Dr.  
Prescott Valley, AZ 86314  
Phone: 928-775-0238  
Fax: 928-775-2638

**3rd – 8<sup>th</sup> Grade**  
**Attn: Cathy Blair**

\_\_\_\_\_ 8556 E. Loos Dr.  
Prescott Valley, AZ 86314  
Phone: 928-772-5778  
Fax: 928-775-8654

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**Acorn Montessori Schools uses IEP PRO, records may be transferred using this system. MOST CURRENT SPECIAL EDUCATION programs and records, or any other confidential information should be mailed to:**

Acorn Montessori Schools  
**Attn: Cheryl DeTemple**  
8556 E Loos Drive  
Prescott Valley, AZ 86314  
(928) 772-5778      (928) 775-8654 Fax

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**Please respond to the SPECIAL SERVICES OFFICE if you DO NOT have any Special Education records.**

**A.R.S. 15-828.F** Notwithstanding any financial debt owed by the pupil, any school requested to forward a copy of a transferring pupil's record to the new school shall comply and forward the record within ten days after receipt of the request.

**NOTE:** According to the Final Regulations (Family Educational Rights and Privacy Act, Buckley Amendment, June 17 1976), it is no longer necessary to obtain written consent to release records between schools. School officials may receive student records without written consent from the parent, guardian, or student.



State of Arizona  
Department of Education  
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)  
Home Language Survey**  
(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_
2. What is the language most often spoken by the student? \_\_\_\_\_
3. What is the language that the student first acquired? \_\_\_\_\_

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Date of Birth \_\_\_\_\_ SAIS ID \_\_\_\_\_

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

District or Charter \_\_\_\_\_

School \_\_\_\_\_

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.



Estado de Arizona  
Departamento de Educación  
Servicios de Aprendizaje del Inglés

**Idioma Principal en el Hogar excluyendo el inglés (PHLOTE)**  
**Encuesta sobre el Idioma en el Hogar**  
(Efectivo el 4 de abril de 2011)

Preguntas en conformidad con R.7-2-306(B)(1), (2)(a-c) del Reglamento de la Junta Directiva.

Las respuestas que proporcione a las preguntas siguientes serán usadas para determinar si se evaluará la competencia en el idioma inglés de su hijo(a).

1. ¿Cuál idioma se habla principalmente en su hogar sin considerar el idioma que habla el estudiante? \_\_\_\_\_
2. ¿Cuál idioma habla el estudiante con mayor frecuencia? \_\_\_\_\_
3. ¿Cuál fue el primer idioma que aprendió el estudiante? \_\_\_\_\_

Nombre del estudiante \_\_\_\_\_ Núm. de identificación \_\_\_\_\_

Fecha de nacimiento \_\_\_\_\_ Núm. de SAIS \_\_\_\_\_

Firma del padre o tutor \_\_\_\_\_ Fecha \_\_\_\_\_

Distrito o Charter \_\_\_\_\_

Escuela \_\_\_\_\_

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.

Child's Name \_\_\_\_\_

**MOVIE RELEASE FORM**

I give permission for my child to view age appropriate movies in the classroom. Some of these movies will be of historical events and correlate classroom studies.

Yes\_\_\_ No\_\_\_

Initials\_\_\_

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**PHOTO RELEASE FORM**

I give Acorn Montessori permission to take photos or videos of my child.

Yes\_\_\_ No\_\_\_

Initials\_\_\_

I give permission for my child's photo to be taken and possibly submitted to the area newspapers and/or school website.

Yes\_\_\_ No\_\_\_

Initials\_\_\_

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**Field Trip Form**

I give permission for my child to participate in, on or off campus field trips. For each trip a detailed permission slip will be sent home for approval.

Yes\_\_\_ No\_\_\_

Initials\_\_\_

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**Physical Education Release Form**

Due to the physical activity of this class, are there any medical conditions that may keep your child from participating.

Yes\_\_\_ No\_\_\_

I give permission for my child to participate in this class.

Yes\_\_\_ No\_\_\_

Initials\_\_\_

## Permission to give Tylenol-Advil, Cough Drops, or Tums.

In the event my child has a headache/cough/stomach ache, medicine can be administered by Acorn Staff. I understand that the dosage will be based on the weight and age of the child. Any child that has been diagnosed with a fever of 100 degrees F or more you will be notified, and child must be picked up within 30 minutes. Child must be fever free for 24 hours before returning to school.

\*Over the counter medicine cannot be administered to our pre-school program. Students may carry their asthma medication.

Yes\_\_\_ No\_\_\_

Initials\_\_\_

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## Volunteer Program

Every year Acorn Montessori Schools have special events that would not be possible without the help from our great volunteers.

Trips away from our schools, volunteers need to obtain a Department of Public Safety Fingerprint Clearance Card. There is a cost for this, if interested please contact the front office.

Thank you in advance for your support of this awesome program.

Select Campus: Acorn Main \_\_\_ (2-8) Acorn West\_\_\_ (K-1)

I would like to be a volunteer. Yes\_\_\_ No\_\_\_

\_\_\_\_\_  
Parent's Name Printed

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

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## Waiver of Liability

I as the parent of \_\_\_\_\_ do hereby acknowledge that I will not hold Acorn Montessori Schools or any agent of Acorn Montessori liable for any accident or injury by my child.

\_\_\_\_\_  
Parent's Name Printed

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

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**Arizona Department of Education  
Arizona Residency Documentation Form**

Student \_\_\_\_\_ School \_\_\_\_\_

School District or Charter Holder \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

As the Parent/Legal Guardian of the Student, I attest\* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- Valid Arizona Address Confidentiality Program authorization card
- Real estate deed or mortgage documents
- Property tax bill
- Residential lease or rental agreement
- Water, electric, gas, cable, or phone bill
- Bank or credit card statement
- W-2 wage statement
- Payroll stub
- Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- Temporary on-base billeting facility (for military families)
- I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.



**State of Arizona  
Affidavit of Shared Residence**

Student Name: \_\_\_\_\_

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

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

School District or Charter Holder: \_\_\_\_\_

Name of Arizona Resident: \_\_\_\_\_

I, (resident name) \_\_\_\_\_ swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me: \_\_\_\_\_

Location of my residence: \_\_\_\_\_

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- \_\_\_\_\_ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- \_\_\_\_\_ Valid Arizona Address Confidentiality Program authorization card
- \_\_\_\_\_ Real estate deed or mortgage documents
- \_\_\_\_\_ Property tax bill
- \_\_\_\_\_ Residential lease or rental agreement
- \_\_\_\_\_ Water, electric, gas, cable, or phone bill
- \_\_\_\_\_ Bank or credit card statement
- \_\_\_\_\_ W-2 wage statement
- \_\_\_\_\_ Payroll stub
- \_\_\_\_\_ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- \_\_\_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

Printed Name of Affiant: \_\_\_\_\_

Signature of Affiant: \_\_\_\_\_

**Acknowledgement**

State of Arizona  
County of \_\_\_\_\_

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

By \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_

Notary Public

## RIGHTS OF HOMELESS STUDENTS

The school district shall provide an educational environment that treats all students with dignity and respect. Every homeless student shall have access to the same free and appropriate educational opportunities as students who are not homeless. This commitment to the educational rights of homeless children, youth, and unaccompanied youth, applies to all services, programs and activities provided or made available.

A student may be considered eligible for services as a "Homeless Child or Youth" under the McKinney-Vento Homeless Assistance Act if he or she is presently living:

- In a shelter, temporary shared housing, or transitional living program
- In a hotel/motel, campground, or similar situation due to lack of alternatives
- At a bus station, park, car or abandoned building
- In temporary or transitional foster care placement

According to the McKinney-Vento Homeless Act, eligible students have rights to:

**Immediate enrollment:** *Documentation and immunization records cannot serve as a barrier to the enrollment in school.*

**School Section:** *McKinney-Vento eligible students have a right to select from the following schools:*

- The school he/she attended when permanently housed (School of Origin)
- The school in which he/she was last enrolled (School of Origin)
- The school in the attendance area in which the student currently resides (School of Residency)

**Remain enrolled** *in his/her selected school for the duration of homelessness, or until the end of the academic year in which they become permanently housed.*

**Participate in programs** *for which they are eligible, including Title I, National School Lunch Program, Head Start, Even Start, etc.*

**Transportation services:** *A McKinney-Vento eligible student attending his/her School of Origin has the right to transportation to and from that School of Origin.*

**Dispute Resolution:** *If you disagree with school officials about enrollment, transportation, or fair treatment of a homeless child or youth, you may file a complaint with the school district. The school district must respond and attempt to resolve it quickly. During the dispute time, the student must be immediately enrolled in the school and provided transportation until the matter is resolved. The Homeless Liaison will assist the student in making decisions, providing notice of any appeal process, and filling out the dispute forms.*

For more information, refer to <http://www.ade.az.gov/asd/homeless/>, or contact: alexis.clermont@azed.gov

Alexis Clermont State Coordinator for Homeless  
Arizona Department of Education  
1535 W. Jefferson Street, Phoenix, AZ 85007  
Telephone: (602) 542-4963

Student Name: \_\_\_\_\_

\_\_\_\_\_ No, I do not need assistance at this time.

\_\_\_\_\_ Yes, I do qualify for assistance due to the following circumstances:

\_\_\_\_\_ Foster home: Short-term temporary placement? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Stepping Stones/Turning Point/Group Home

\_\_\_\_\_ With Grandparent(s) with legal custody? \_\_\_\_\_ Yes \_\_\_\_\_ No (temporary)

\_\_\_\_\_ Name of parent/guardian \_\_\_\_\_

\_\_\_\_\_ Doubled up (living with others due to hardship)

Living with \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Unsheltered (living in cars, parks, etc.) \_\_\_\_\_

\_\_\_\_\_ Hotel/Motel \_\_\_\_\_

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

\_\_\_\_\_  
Contact Phone

\_\_\_\_\_  
School of Attendance

\_\_\_\_\_  
Date



Acorn Montessori Schools  
8556 E. Loos Dr. / 7555 E. Long Look Dr.  
Prescott Valley, AZ 86314  
928-772-5778 / 928-775-0238

**School-Parent Compact 2018-2019**

**School's Responsibilities:**

- Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the Arizona state standards.
- Hold parent-teacher conferences twice a year. The conferences will be held Oct. 25-27 and March 21-23.
- Provide parents with frequent reports on their children's progress.
- Provide parents reasonable access to staff. Your child's teacher will be available for consultation with parents.
- Provide parents opportunities to volunteer and participate in their child's class, and to observe classroom activities.
- Have and enforce a "Zero Tolerance Policy" regarding bullying, acts of physical aggression, violence or harassment of any kind.

**Parent's Responsibilities:** We, as parents will support our children's learning in the following ways:

- Monitor my child's attendance
- Make sure that homework is completed
- Monitor the amount of television my child watches.
- Participate in decisions relating to my child's education.
- Stay informed about my child's education and communicates with the school by promptly reading all notices from the school and respond as appropriate.

**Student's Responsibilities:** I, as a student will share the responsibility to improve my academic achievement and achieve the Arizona state standards. I will:

- Give my best effort in my classroom every day.
- Do my homework every week and ask for help when I need it. Attend homework club if or when my teacher indicates the necessity.
- Read at least 15 minutes each day.
- Give my parents all letters and notices sent home by my teacher.

\_\_\_\_\_ Tear off and return to the school \_\_\_\_\_

By signing and returning this portion of the School-Parent Compact, we are acknowledging understanding, acceptance and receipt of our parent, school and student responsibilities compact.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date



ACORN MONTESSORI CHARTER SCHOOL  
CHILDREN FIRST, ALWAYS

RETURN COMPLETED FORM

I give/do not give (circle choice) permission for my child \_\_\_\_\_ to accompany his/her class for all scheduled fieldtrip events.

Please return signed slip or your child will not participate in the scheduled field trip event.

IF YOU ARE INTERESTED IN VOLUNTEERING ON THIS DAY PLEASE CONTACT YOUR CHILD'S TEACHER DIRECTLY.

AS A VOLUNTEER, I UNDERSTAND THAT:

- I MUST APPLY AND RECEIVE A DPS BACK GROUND CHECK PRIOR TO PARTICIPATION.
- THIS USUALLY TAKES AT LEAST 4-6 WEEKS TO OBTAIN.
- 

During the scheduled fieldtrip event, I may be reached at:

Other emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Allergies / Medical conditions: \_\_\_\_\_

Adults accompanying: \_\_\_\_\_

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

- ❖ This permission slip is for all scheduled field trips that are on the school calendar. These trips may include Mountain Valley Park, Prescott Valley Library and/or any event off your child's campus. More detailed permission slips will be sent home closer to the event. Please ensure that we can contact you in case of emergency by keeping your contact information updated. Events will be added to school calendar throughout the year. We will do our best to keep parents updated. Please watch for monthly calendars coming home with your child's homework.

# Acorn Montessori Charter School's Acceptable Internet Use Policy

\_\_\_\_\_  
Student's Last Name, First Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Home Phone Number

## Introduction

The Internet links thousands of computer networks around the world, giving Acorn Montessori Charter School students access to a wide variety of computer and information resources. Acorn Montessori Charter School does not have control of the information on the Internet. Some sites accessible via the Internet may contain material that is inappropriate for educational use in a K-8 setting. Acorn Montessori Charter School and the system administrators do not condone the use of such materials and do not permit usage of such materials in the school environment. There are security systems and filters in place to prevent students from getting to unauthorized sites. If a student does access an unauthorized site, it is a conscious selection and act and may result in the loss of Internet privileges. Acorn Montessori Charter School specifically denies any responsibility for the accuracy or quality of information obtained through its Internet accounts. Your child will learn Internet communication skills including the following: email safety, downloading files, WWW, keyword searches, etc.

## Student Guidelines

Students are expected to follow all guidelines stated below as well as those given orally by the staff and to demonstrate ethical behavior in using the network. Care of Acorn Montessori Charter School facilities go hand in hand with using computer hardware, software and the Internet in a responsible manner. Any actions that might harm the computer equipment or software, or impair its effective use or showing disregard for the proper procedures set up for network access will not be tolerated.

1. Before use, all students will receive an overview of the aspects of security and ethics involved in using the Acorn Montessori Charter School network.
2. Students may not allow others to use their account name and or their password. To do so is a violation of the Acceptable Use Policy.
3. Any action by a student that is determined by his classroom teacher or a system administrator to constitute an inappropriate use of the Internet at Acorn Montessori Charter School or to improperly restrict or inhibit others from using and enjoying the Internet is a violation of the Acceptable Use Policy.
4. Transmission of material, information or software in violation of any school district policy, or local, state or federal law is prohibited and is a breach of the Acceptable Use Policy.
5. Any use of the Internet proxy services to circumvent the network filters will result in suspension and loss of Internet privileges.

## Violating the Acceptance Use Policy may result in:

- Restricted network access
- Loss of Network access
- Disciplinary or legal action including, but not limited to, criminal prosecution under appropriate state and federal laws. In order to ensure smooth system operations, the Systems Administrator has the authority to monitor all accounts. Every effort will be made to maintain privacy and security in this process.

## Student Access Contract

I understand that when I am using the Internet or any other telecommunications environment, I must adhere to all rules of courtesy, etiquette and laws regarding access and copying of information as prescribed by either Federal, State or Local law and Acorn Montessori Charter School.

My signature below and that of my parent/guardian's, means that I agree to follow the guidelines of the Acceptable Use Policy for the Internet at Acorn Montessori Charter School

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

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

\_\_\_\_\_  
Date

## Parent/Guardian Agreement

A parent/guardian must also read and sign this agreement.

We ask you to review this policy with your child and to sign the consent form. Your child's teacher has already discussed this policy with your son/daughter. As the parent/guardian of this student I have read the Acceptable Use Policy for the Internet for Acorn Montessori Charter School. I hereby give my permission for my child to use the Internet through classroom curriculum projects. ~~I understand that this permission will remain in effect until my student leaves Acorn Montessori or I inform the school otherwise.~~

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Contact Numbers

\_\_\_\_\_  
Parent/Guardian contact email address(es)

## Denial of Permission

Please sign this area only if your child may not have any access to the internet.

\_\_\_\_\_  
Parent/guardian Name

\_\_\_\_\_  
Parent/guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian Contact Numbers

Parents/Guardians,

Acorn Montessori Charter School offers Wellness services and Behavior Intervention to our students each year. Wellness and behavior intervention services assist students in their adjustment to school and help them with emotional and personal goals. The development and maintenance of behavior and wellness skills in childhood encourages improvement in academic performance as well as home interactions. Wellness skills include self esteem, adjustment, character building, social skills, behavior improvement and management, coping skills, and academic planning and success. Services can be given in both individual and group settings. Wellness and behavior intervention encourages students to explore their emotions and learn effective life skills in order to thrive both in and out of the classroom.

Parents/guardians, Principals, and teachers can refer students for wellness services. Students may also request counseling services. **In order to receive wellness and behavior intervention services, the attached permission slip must be signed and returned.** In some situations, including mental health emergencies, a signed permission form would not be required in order for us to render help. However, it is strongly recommended that you sign the attached form and return it so that professional help in non-emergency situations may be provided to your child.

The laws regarding confidentiality are as follows:

- By law, all mental health professionals are required to notify authorities about cases of **suspected abuse and neglect of a child dependent adult or developmentally disabled person, as well as cases involving imminent danger towards the client's self or others.** These issues are exempt from the requirements of confidentiality.

The Wellness Educator may share information with, the child's teacher, and/or administrators or school personnel who work with the child on a need to know basis, so that we may better assist the child as a team. If you would like the educator to share information with a third party, such as a community counselor, psychiatrist, social services worker, or pediatrician, you will need to sign an additional release of information form.

We hope your child will enjoy and benefit from the services we offer, and **we encourage you to contact us whenever you have a question, input or concern, or would like an update on your child's progress.**

Please sign the reverse side of this form to allow your child to receive Wellness and Behavior Intervention services at Acorn Montessori Charter School. If you would ever like revoke these services, please fill out another form, otherwise this form will remain in effect throughout your child's enrollment at Acorn Montessori Charter School.

If you have any questions or concerns, please feel free to contact the counselor directly Amber Herres MA QMHP phone number 928-772-5778



Child's Name \_\_\_\_\_ Grade \_\_\_\_\_  
Teacher \_\_\_\_\_

I, \_\_\_\_\_, am the legal parent/guardian  
of \_\_\_\_\_. I have read, understand, and agree to the terms of the attached  
**Mental health and Wellness Informed Consent.**

Please check one:

I give permission for my child to receive wellness and behavior services at Acorn Montessori Charter School

I choose to decline school wellness and behavior services for my child at this time.

Parent/Guardian (Signature)

\_\_\_\_\_ Date \_\_\_\_\_

Phone: Daytime phone \_\_\_\_\_ E-mail \_\_\_\_\_

Cell phone \_\_\_\_\_



# ACORN MONTESSORI CHARTER SCHOOL

## Student Computer Contract

Below are policies that will regulate our use of the Chromebooks, the internet, e-mail, documents, and printing. These rules have been designed to keep our Chromebooks and classroom functioning at the highest of standards. In order to have access to e-mail, the Internet, & laptops/Chromebooks during class, please read the following and sign below.

1. **NO FOOD OR DRINK** around Chromebooks, **EVER**.
2. Chromebooks and the internet should **ONLY** be used for educational purposes with permission & only use the programs the teacher allows, permits, and/or designates.
3. Games on the computer, Facebook, Instagram, Internet Games, YouTube, chat rooms, Instant Messengers, Blog Websites, etc. are **NOT** permitted (unless part of a lesson)!!! **If you aren't sure, ask.**
4. Bypassing the school's firewall & "hacks" of any sort are prohibited & have consequences. **Including any time while using an Acorn Montessori account.**
5. Students may not, under any circumstances, install software or apps onto the computers.
6. Students "hacking", altering unauthorized files, or using the network/devices in any way other than that is intended, will lose their computer privileges. depending on severity, other consequences may ensue.
7. Any behavior which threatens the physical or emotional safety of other students or the equipment, will lead to the loss of privileges and/or consequences.
8. **NEVER** give a password to anyone!!!
9. Shutdown, log off, & put laptop away appropriately every day.

**Consequences:**

**1st offense: 1 Week long loss of privileges and Referral/Email or Call with family about offense.**

**2nd offense: Loss of ALL electronic privileges for remainder of quarter.**

**IF ANY EQUIPMENT IS DAMAGED OR LOST, FAMILY MAY BE HELD RESPONSIBLE FOR REPLACEMENT OF EQUIPMENT.**

Device replacement will either be for full retail value of item, or if repairable the cost of the part plus \$50 per hour of labor to fix.

These policies and procedures must be obeyed, and any violations of them will be met with zero tolerance.

- Students must abide by their signed contracts.
- The use of Chromebooks is a privilege, not a right.
- If this contract is broken, student's privileges will be revoked.

**Sign and return to ensure students can use equipment:**

Student name (print): \_\_\_\_\_

Student Signature (sign): \_\_\_\_\_

Parent/Guardian (print): \_\_\_\_\_

Parent/Guardian signature (sign): \_\_\_\_\_

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