

# Acknowledgement of Handbook & Agreement of Conduct

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

By signing this form, I acknowledge that I have received the Chartwell Family Handbook and understand that it contains important information on Chartwell School's general policies, rules, regulations and obligations as a Chartwell family. I acknowledge that I am expected to read, understand, and adhere to these policies and familiarize myself with the material in the handbook. I understand that it is my responsibility to review the information contained in this handbook with my Chartwell child. I further understand that Chartwell School may change, rescind or add to any policies or practices described in the handbook. Chartwell School will advise families of changes within a reasonable time, and I agree to abide by any new or revised policy.

**Please initial that you and your child understand and agree to abide by the policies and values outlined in the Chartwell Handbook, including but not limited to the following sections and sub-sections found within:**

## **LOWER & MIDDLE SCHOOL STUDENTS ONLY**

Parent      Student

_____	_____	Absenteeism, Attendance & Dismissal
_____	_____	Code of Conduct
_____	_____	Students Rights & Responsibilities
_____	_____	Behavior Intervention Policy & Procedures
_____	_____	Dress Code
_____	_____	Emergency/Disaster & Parent Reach Network
_____	_____	Internet & E-mail Rules
_____	_____	Student Technology Use Agreement
_____	_____	Cellular Phones/Communication/Electronic Items
_____	_____	Library Use Terms of Agreement
_____	_____	Field Experiences/Field Trips

## **HIGH SCHOOL STUDENTS ONLY**

Parent      Student

_____	_____	Standards
_____	_____	Computer Use & Conduct
_____	_____	Standards for Dances, Social Gatherings, Field Experiences
_____	_____	Safety & Emergency Procedures, Risk & Indemnification, Access, School Messenger

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

# CHARTWELL SCHOOL

## Emergency Contact Form

### STUDENT INFORMATION

Child's Name: \_\_\_\_\_ ☐ Female ☐ Male  
First Middle Last

Home Address: \_\_\_\_\_  
Street Number and Name Apartment Number PO Box

\_\_\_\_\_ City State Zip Code

Home Telephone: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

### PARENT 1 INFORMATION

Parent 1 Full Name: \_\_\_\_\_  
First Middle Last

Mailing Address: \_\_\_\_\_  
(if different than child's) Street Number and Name Apartment Number PO Box

\_\_\_\_\_ City State Zip Code

Parent 1 Cell Phone: \_\_\_\_\_ Parent 1 Email: \_\_\_\_\_

### PARENT 2 INFORMATION

Parent 2 Full Name: \_\_\_\_\_  
First Middle Last

Mailing Address: \_\_\_\_\_  
(if different than child's) Street Number and Name Apartment Number PO Box

\_\_\_\_\_ City State Zip Code

Parent 2 Cell Phone: \_\_\_\_\_ Parent 2 Email: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

*(If the school is unable to establish contact with a parent during an emergency or illness, list relatives or friends who are able to act on your behalf)*

Name #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name #2: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

### PERSON AUTHORIZED TO PICK UP CHILD AT SCHOOL *(other than parents & include carpool drivers)*

Name #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name #2: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**PHYSICIAN INFORMATION** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**DENTIST INFORMATION** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL AUTHORIZATION**

\_\_\_\_\_ I hereby grant Chartwell School permission to take whatever action may be necessary in supplying emergency medical services to my child. I understand that Chartwell will attempt to contact and follow the instructions of the parent/guardian, physician or other persons designated as emergency contacts. In the event that Chartwell is unable to contact any of the above persons, I hereby grant permission to Chartwell to contact and comply with the advice of an available physician, ambulance personnel or emergency room personnel. I hereby agree to be solely responsible for and will pay any expenses that may be incurred by Chartwell in making emergency medical treatment available to my child.

**PRESCRIPTION MEDICATION**

\_\_\_\_\_ My initials authorize Chartwell to dispense prescription medication to my child. ***Chartwell will only dispense prescription medication in the original pharmacy bottle with the child's name, dosage, doctor's name, and date on it.***

Medication #1: \_\_\_\_\_ Dosage: (Amount) \_\_\_\_\_ Time: \_\_\_\_\_

Reason: \_\_\_\_\_

Medication #2: \_\_\_\_\_ Dosage: (Amount) \_\_\_\_\_ Time: \_\_\_\_\_

Reason: \_\_\_\_\_

**OVER-THE-COUNTER MEDICATION**

Chartwell School may dispense the following over-the-counter medication(s) to my child as needed: *(check all that apply)*

Acetaminophen \_\_\_ Ibuprofen \_\_\_ Tums \_\_\_ Cough drops \_\_\_ Antihistamine \_\_\_ Other : \_\_\_\_\_

Provide any additional pertinent information: \_\_\_\_\_

**MEDICAL INSURANCE CARRIER INFORMATION**

Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

- Please explain any allergies or dietary restrictions your child has (include allergies to medications):

\_\_\_\_\_

- Please explain any medical conditions your child has that the school should be aware of:

\_\_\_\_\_

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

# CHARTWELL SCHOOL

## Permission & Release Form

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

(Please initial **each** relevant section to indicate that you grant permission)

### **SCHOOL ROSTER**

\_\_\_\_\_ Chartwell School provides a school roster containing contact information for each student, including the student's name, parent names, home address, home phone, cell phone and email address. Information included on the roster is to be used for school purposes only. Please list any information you **DO NOT** want published on the school roster/shared with other parents:

\_\_\_\_\_

\_\_\_\_\_

### **STUDENT'S PHOTOGRAPH**

Chartwell School may use images of Chartwell students on bulletin boards, educational publications, social media, or in general media releases on a controlled basis. Any images would highlight the students either demonstrating learning techniques or participating in approved school activities. This shall be effective during the entire period of my child's enrollment at Chartwell School.

\_\_\_\_\_ I/We **consent** to the use of my child's image; use may include all Chartwell publications.

\_\_\_\_\_ I/We do **NOT** consent to the use of my child's image for any Chartwell publication, with the exception of the Chartwell yearbook.

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

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

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

Counseling services are available for your Chartwell student at no cost to families.

Carolyn Kelleher, M.A., LMFT, a licensed Marriage & Family Therapist, provides services for our students and families. Working from a developmental perspective, she helps students learn how to manage social situations by teaching them skills to navigate the various social roles they encounter. Ms. Kelleher has been licensed for 20 years, spending the majority of her career working with students diagnosed with learning differences. Counseling sessions are a place where your child can discuss thoughts and feelings, improve relationships and self-esteem, resolve conflicts, and learn coping techniques. Services may be provided in an individual or group setting.

Our intention is that children receiving counseling services know they are in a safe and confidential environment where they may freely discuss their thoughts and feelings. Chartwell School staff works as a team to provide the best experience for your child; therefore, by giving permission for your child to receive counseling services, you also give permission for Chartwell School staff members to consult with each other regarding your child. Ms. Kelleher may need to review your child's cumulative records and medical history. Information disclosed within sessions is confidential and will not be revealed by the counselor or staff without your written permission *with the following exceptions as mandated by law*: If there is a suspicion that a child may harm him/herself, someone else or someone else's property, or if there is a suspicion that a child is being physically, sexually or emotionally abused. If more intensive professional intervention is necessary, Ms. Kelleher will inform you and assist you in this process. If you have questions regarding these services, contact Carolyn Kelleher at (831) 394-3468, extension 2090.

I have read and understand these conditions, and I give permission for my child to receive counseling services.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preferred Time to Contact Parent / Guardian

\_\_\_\_\_  
Preferred Phone Number to Call

## After-School Homework Program Agreement

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

Homework Fee – \$25 flat rate

The After-School Homework Program is available from 3:30 to 5:00 PM, Monday - Thursday.  
Check which days your student will attend:

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

By enrolling the above-named student (the "Student") in Chartwell School's After-School Homework Program ("Program"), each of the undersigned agrees as follows:

1. **Fee.** I agree to pay Chartwell School the flat-rate fee of \$25 billed to the Student's Smart Tuition account. The flat-rate is the minimum fee charged. For late pickups, an additional fee will be charged to the Student's Smart Tuition account of \$10 for pick-ups between 5:01 and 5:15; and an additional \$10 for every fifteen minutes thereafter.
2. **No Refund.** I understand that the overhead expenses of Chartwell School do not diminish should the Student depart during the course of the above identified Program(s) and that my obligation to pay the tuition is final and unconditional. I further understand that no portion of the Student's tuition will be refunded and my obligation to pay the tuition will not be canceled, notwithstanding the absence, withdrawal, dismissal or disenrollment of the student from Chartwell School.
3. **Rules and Regulations.** I agree to accept the rules, regulations and policies of Chartwell School. The School requires that its students, faculty and administrators follow the rules and regulations of the School. The School also expects parents to recognize and follow the rules and regulations of the School. Courtesy and civility are part of this, especially when it relates to dealings between parents and the School administrators, or representatives of the school, such as the teaching staff. Parents are subject to the rules, regulations and policies of the School, in that they have a contractual relationship with the school, but most importantly they also set an example to our students. Therefore, Chartwell School places great emphasis on comportment of all the members of the school community including parents and families.
4. **Damages.** I agree to be responsible for all damages to Chartwell School or other private property caused by the Student.
5. **Personal Effects.** I understand that the Student's personal effects are his or her sole responsibility and that Chartwell School will not be responsible for loss of or damage to these effects.
6. **Learning Disabilities.** I understand that Chartwell makes neither warranty nor guarantee that it will achieve success with every student and that attendance at Chartwell will not result in the cure or elimination of dyslexia or any other learning disability being experienced by the Student.
7. **Removal of Students.** Chartwell School reserves the right to remove a student at any time if, in the judgement of the Head of School, the Student's industry, progress, conduct or influence on or off campus is not in keeping with Chartwell School's accepted standards. In such case, there will be no refund of tuition, and any unpaid balance will be payable in full according to the tuition payment plan.
8. **Agreement.** This Agreement shall be construed under the laws of the State of California.

## After-School Homework Program

### Page 2

9. **Modification.** This Agreement can only be modified in writing with full consent and agreement of Chartwell School.

10. **Enforceability.** Should a court of competent jurisdiction find any provision of the Agreement unenforceable, the remaining provisions shall continue in full force and effect.

Chartwell School seeks to the best of its ability to respond to the special education needs of enrolled students. A complete, independent interpretation of these needs includes Chartwell staff reviewing all records related to these needs as other professionals have observed them over the course of the child's developmental history.

If your child has experienced either organically or emotionally based problems, which have necessitated the use of medication or therapeutic intervention, it is of the utmost importance that this be indicated and described at the time of application. This information will allow us to address your child's needs more effectively. Withholding such information can only jeopardize your child's well-being and deter from the school's ability to handle any problems that may arise.

If it is determined that such critical information including, but not limited to any psycho-educational, sensory-perceptual, psychiatric, counseling, diagnostic or academic assessments, has been either intentionally or inadvertently withheld, Chartwell School reserves the right to withdraw a student's acceptance or terminate placement. Parents' signature authorizes Chartwell School to contact educators representing prior educational placement and professionals responsible any of the above referenced for evaluations.

This Enrollment Agreement must be signed by either parent of the Student or by any other individual accepting responsibility for payment of tuition for the Student. In case of delinquency in the payment of tuition, Chartwell School will endeavor to look first for payment to the individual assuming primary financial responsibility, but all signatories to this Agreement accept liability for payment of tuition. This agreement is effective upon acceptance by Chartwell School. No Student shall be allowed to attend classes until this document is signed and returned to Chartwell School.

**Please call 831-394-3468 x 2010 if your child won't be attending the homework program on your scheduled day.**

### **Parent Authorization**

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

### **School Authorization**

Head of School Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Chartwell School**

### **Volunteer Driver - Vehicle Use Policy**

Volunteers may use their personal vehicle(s) for school business purposes if it is less expensive than renting a car, taking a taxi, or using alternate transportation. The following policy outlines the requirements and standards we expect our participants to uphold when using their personal vehicles for school purposes. This policy applies to those that occasionally drive for school business, and to individual's whose volunteer positions requires them to drive their own vehicles.

It is the personal responsibility of the vehicle owner to carry adequate insurance coverage for their protection and for the protection of any passengers.

#### **DMV Pull Notice Registration**

Chartwell requires all school drivers hold a valid drivers license and be enrolled in the Department of Motor Vehicle's Employer Pull Notice (DMV-EPN) program. The DMV-EPN Program allows Chartwell to review DMV records before a driver is approved, and notifies the school when a driver has any of the following actions/activities added to his/her driver record: convictions, failures to appear, accidents, driver license suspensions or revocations or, any other actions taken against the driving privilege.

School drivers shall have no more than three (3) driving record points for moving violations (speeding, failure to stop, etc.), no major violations in the previous three (3) years (reckless driving, etc.), and must not have been convicted of any alcohol-related or drug-related driving offense during the past three (3) years.

#### **Volunteer Drivers Transporting Students**

Volunteer drivers are to undergo a criminal background check and possess a clean record before being approved to transport students to any and all events. A criminal background check does not need to be performed by the volunteer driver if they will be in the continual presence of a school employee.

A criminal background check is performed byway of Live Scan--an inkless, electronic fingerprinting scanning method—performed at a Live Scan service center. A list of local companies providing this service is available at <https://oag.ca.gov/fingerprints/locations>. You may also want to contact the school directly as they may have scheduled Live Scan clinic throughout the school year.

The average time to process criminal background checks averages between three days to two weeks. Therefore, it is in your best interest to schedule an appointment with your local Live Scan service provider sooner rather than later.

#### **Getting Live Scanned**

Please be advised that at your Live Scan appointment, you will need to bring a valid photo identification card, a completed Request for Live Scan Services form (attached) and funds to cover the scanning costs fees (prices vary per center). The school we will reimburse you for the Live Scan processing fees you incur up to a maximum of \$25. The school will process the reimbursement of your fees after you have emailed a copy of your Live Scan form and receipt to Chartwell's Business Manager ([kstornetta@chartwell.org](mailto:kstornetta@chartwell.org)).



## **Insurance Coverage Requirements**

All school drivers who use their personal vehicle for school business are required to maintain a minimum of **\$100,000/\$300,000 bodily injury coverage and \$50,000 property damage coverage on their vehicles, or \$300,000 combined single limit (CSL).**

*A copy of the driver's insurance coverage limits must be submitted with this form.*

## **Understanding Your Liability In The Event of An Accident**

School drivers who use their personal vehicle for school business assume full responsibility in the event of an accident. The school driver's insurance shall serve as the primary insurance for expenses associated with any incident and damage to their own car. Additional coverage may be needed and provided by the school for its drivers after the primary insurance has covered its maximum amount of protection, excluding expense associated with the driver's vehicle repair costs. **Additional coverage by the school is contingent upon the driver ensuring proper coverage limits of \$100,000/\$300,000 bodily injury and a \$50,000 property damage, or \$300,000 combined single limit.**

### Acknowledgement of Chartwell Vehicle Use Policy

I hereby certify I have read, understand and acknowledge Chartwell's Vehicle Use Policy and that whenever I drive on behalf of the school the following standards, requirements and precautions will be met:

1. I have a valid driver's license in my possession in accordance with the State of California.
2. I authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available my driving record to Chartwell School, understand I will be enrolled in the Employer Pull Notice (EPN) program when I am serving as a school driver, understand Chartwell will receive a driver record report at least once every 12 months or when any subsequent conviction, failure to appear, accident, driver's license suspension, revocation, or any other action is taken against my driving privilege.
3. I acknowledge that I have fewer than three (3) driving record points for moving violations (speeding, failure to stop, etc.), no major violations in the previous three (3) years (reckless driving, etc.), and I have not been convicted of any alcohol-related or drug-related driving offense during the past three (3) years.
4. I have current automobile insurance with coverage limits of \$100,000/\$300,000 bodily injury and a \$50,000 property damage or \$300,000 combined single limit (CSL).
5. I have a current vehicle registration card and proof of insurance in the vehicle, as required by Vehicle Code Section 16020.
6. I will carry only passengers who are also on Chartwell business or students on a field trip.
7. I understand I must possess a clean criminal background check and acquire approval by the school if I will be transporting students to/from school events outside the presence of a Chartwell employee.
8. The vehicle I use for school purposes will be equipped with safety belts in good operating condition and all passengers will be required to wear them.
9. I will ensure the vehicle I drive for school business will be in safe mechanical condition as required by law, and I will perform the appropriate safety checks as needed prior to my trip.
10. All accidents will be reported within 24 hours to the Chartwell Business Office at (831) 394-3468.
11. I understand that permission to drive a vehicle on school business is a privilege, which may be suspended or revoked at any time, and that driving a personal vehicle on school business without meeting the requirements as stated above is considered a violation of Chartwell policy and may be grounds for disciplinary action.
12. ***I have provided the school with a copy of my driver's license and insurance coverage limits.***
13. School driver type: ☐ Chartwell Employee    ☐ Chartwell Parent    ☐ Volunteer

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

License # \_\_\_\_\_

**Your request will be processed once you turn in the signed form, a copy of your driver's license and automobile insurance coverage limits (not insurance card) to the Business Office.**



# Chartwell School

2511 Numa Watson Road, Seaside, CA 93955

Tel 831.394.3468 | Fax 831.394.7991 | [chartwell.org](http://chartwell.org)

RE: Criminal Background

Dear Candidate,

We are delighted you have expressed an interest in obtaining employment and/or volunteer work at Chartwell School. As a Nonpublic Nonsectarian School certified through the Department of Education, Chartwell School is required to perform criminal background checks on all prospective individuals (employees, volunteers, school drivers and independent contractors) whose work at Chartwell will put them in contact with students. As a prospective candidate you have the right to decline these checks, however, you will no longer be eligible to be considered as a potential service provider of the school.

Your criminal background check is performed byway of Live Scan--an inkless, electronic fingerprinting scanning method—performed at a Live Scan service center. Lists of local companies providing this sort of service are provided in this document. The average time to process criminal background checks averages between three days to two weeks. Therefore, it is in your best interest to schedule an appointment with your local Live Scan service provider sooner rather than later.

Please be advised that at your Live Scan appointment, you will need to bring a valid photo identification card, a completed Request for Live Scan Services form (attached) and funds to cover the scanning costs fees (prices vary per center). The school we will reimburse you for the Live Scan processing fees you incur up to a maximum of \$50. The school will process the reimbursement of your fees after you have emailed a copy of your Live Scan form and receipt to Chartwell's Business Assistant ([business.assistant@chartwell.org](mailto:business.assistant@chartwell.org)).

The school will contact you after your check have been completed. Please know that in an effort to maximize the safety and security of our students, campus and school community, the school has established a policy that allows only individuals with clear criminal checks to be considered as suitable employee hires and volunteers of the school.

We thank you for your support and cooperation as we ensure the safety of our school.

Sincerely,  
Katia Stornetta  
Business Manager

*Because Not All Great Minds Think Alike*

Chartwell School is a Non-Profit 501(c)(3) Corporation | Tax ID 77-0119013

## **Live Scan Centers**

### **Aptos**

Cabrillo College Sheriff's Center  
6500 Soquel Drive., Bldg. 1185  
Aptos, CA 95003  
Contact: (831) 479-6314  
M-F 8:30am-12pm,  
12:30pm-4pm **Walk-in**

### **Capitola**

The UPS Store  
1840 41<sup>st</sup> Ave., Suite 102  
Capitola, CA 95010  
Contact: (831) 462-5909  
M-F 9am-6pm **Walk-in**  
Sat 10am-4:30pm **Walk-in**

### **Del Rey Oaks**

Uretsky Security  
201 Calle Del Oaks  
Del Rey Oaks, CA 93940  
Contact: (831) 324-0687  
**Appt. only**

### **Monterey**

Monterey Police Department  
351 Madison St.  
Monterey, CA 93940  
Contact: (831) 646-3830  
Wed. 9-11:30am/1:30-3:30pm  
**Appt. only**

### **Santa Cruz**

Santa Cruz Co. Sheriff's Office  
701 Ocean St., Room 340  
Santa Cruz, CA 95060  
Contact: (831) 454-3007  
M & F 9am-12pm **Walk-in**  
M,T, W, F 1pm-4pm **Walk-in**

### **Salinas**

Secure Direct Identification Co. (SDI)  
902 Park Row  
Salinas, CA 93901  
Contact: (831) 422-7233  
M-F 8:30am-5pm **Walk-in**  
Sat. **Appt. only**

### **Seaside**

CSUMB Police Department  
2081 Inter Garrison Road, Bldg 82E  
Seaside, CA 93955  
Contact: (831) 582-3360  
M-F 8am-4pm, appt. preferred

### **Watsonville**

Watsonville Police Department  
215 Union Street  
Watsonville, CA 95076  
Contact: (831) 768-3300  
W, Th 4pm-5pm **Appt. only**  
M, Th 8:30am-11:45am **Walk-in**

**REQUEST FOR LIVE SCAN SERVICE**

BCII 8016 (3/07)

***Applicant Submission***

ORI: \_\_\_\_\_ Type of Application: \_\_\_\_\_  
Code assigned by DOJ  
Job Title or Type of License, Certification or Permit: \_\_\_\_\_

Agency Address Set Contributing Agency:

Agency authorized to receive criminal history information

Mail Code (five-digit code assigned by DOJ)

Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

City State Zip Code

( )  
Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(Please print) Last First MI

Alias: \_\_\_\_\_ Driver's License No: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female Misc. No. BIL - \_\_\_\_\_  
Agency Billing Number

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. Number: \_\_\_\_\_

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

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Street No. Street or PO Box

Place of Birth: \_\_\_\_\_  
City, State and Zip Code

Social Security Number: \_\_\_\_\_

Your Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.)

Level of Service: ☐ DOJ ☐ FBI

If resubmission, list Original ATI  
Number: \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or PO Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

( )  
Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_  
Name of Operator Date

Transmitting Agency ATI No. Amount Collected/Billed



# Chartwell School

2511 Numa Watson Road, Seaside, CA 93955  
Tel 831.394.3468 | Fax 831.394.7991 | [chartwell.org](http://chartwell.org)

## Bring Your Own MacBook

Dear Parents:

We are still dedicated to providing each student with a laptop. However, you may opt out of using a school laptop and provide your own MacBook or MacBook Pro for school purposes. In compliance with Chartwell's Student Technology Use Agreement, these laptops will be used for academic reasons and will enable students to access learning content on their own device at school and home.

To participate in this optional program, students must:

- Return the signed Bring Your Own MacBook Parent Agreement form;
- Bring the laptop to the school so Chartwell staff can register it, install printers, and install access points to student servers. Like all devices at school, student computers will be monitored by faculty and the Chartwell IT Director.

Students must understand that all personal devices and equipment are brought into the school at their own risk. Chartwell is not responsible for the loss, theft, or damage of personal equipment. Students are encouraged to purchase a hardshell case for their computer. If you are concerned about your laptop, please contact your insurance company to ask about insurance coverage.

Please feel free to contact me if you have any questions.

Sincerely,

Billy Swift  
Head of High School  
[bswift@chartwell.org](mailto:bswift@chartwell.org)

**Participation is dependent upon these criteria. It is required that:**

- Laptops must be fully charged every day before school and used only when requested by a teacher, during class time for schoolwork.
- Work will be saved on the student server. Students who bring their device will be given the wifi password, a link to the student server, with the expectation that schoolwork is saved on school servers or in Google Apps so it is backed up each night.

Parent Initial \_\_\_\_\_ Student Initial \_\_\_\_\_

*Because Not All Great Minds Think Alike*

Chartwell School is a Non-Profit 501(c)(3) Corporation | Tax ID 77-0119013

**These devices must not:**

- Disrupt the education process;
- Endanger the health or safety of any student or anyone else;
- Invade the rights of others at school;
- Involve illegal or prohibited conduct of any kind.

Parent Initial \_\_\_\_\_ Student Initial \_\_\_\_\_

**Students may not:**

- Use devices to capture photos or videos of other students in classrooms, bathrooms, or on campus, nor post photos or videos on social media sites;
- Have computers outside, in the bathrooms, or in cubbies, unless directed by a teacher.

Parent Initial \_\_\_\_\_ Student Initial \_\_\_\_\_

**Procedures:**

- Using a case or bag and bring a charger;
- Students are responsible for silencing their devices and keeping them in the cart in their homeroom when not in use;

Parent Initial \_\_\_\_\_ Student Initial \_\_\_\_\_

**Bring Your Own Mac to School Parent Acknowledgement**

My child, \_\_\_\_\_, has my permission to bring her/his personal MacBook or MacBook Pro to school for use during class on school assignments. I understand the school is not responsible for possible theft, loss or damage of this computer and will not hold them responsible for any such loss. I have spoken with my child to make sure s/he understands the school's Student Technology Use Agreement and that it applies to all personal devices. Lastly, my child understands his/her peer students have a right to privacy at school and that all students need permission before capturing or posting photos or videos of students online.

To keep my child safe online, I agree to install (with support) an admin account on my child's computer. This voluntary account will allow staff at Chartwell School to keep my child safe and monitor their computer use while on campus. The Chartwell IT Director will contact families to support the install.

Parent Initial \_\_\_\_\_ DENY \_\_\_\_\_

X \_\_\_\_\_ date \_\_\_\_\_  
Parent Signature

X \_\_\_\_\_ date \_\_\_\_\_  
Student Signature