

## 2023/2024 INDIAN RIVER SCHOOL DISTRICT- DELAWARE EMERGENCY TREATMENT CARD

GRADE: \_\_\_\_\_ ID# \_\_\_\_\_

TEACHER: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

## PARENT/GUARDIAN INFORMATION:

Name:		Name:	
Relationship:		Relationship:	
Date of Birth:		Date of Birth:	
Driver's License ID		Driver's License ID	
Home Street Address		Home Street Address	
City, State, Zip		City, State, Zip	
Alert Now Number:		Alert Now Number:	
Home/Cell Number:		Home/Cell Number:	
Place of Employment:		Place of Employment:	
Work Phone #	Ext.	Work Phone #	Ext.
E-Mail Address:		E-Mail Address:	
Custody Situation: (Must have custody papers)			
*****PLEASE NOTIFY THE SCHOOL IF YOUR PHONE NUMBER OR CONTACT INFORMATION CHANGES DURING THE YEAR*****			

Name/School of other children living in household: \_\_\_\_\_

## IF PARENTS CANNOT BE REACHED, CALL:

1. _____	NAME	RELATIONSHIP TO STUDENT	PHONE	CELL PHONE
2. _____	NAME	RELATIONSHIP TO STUDENT	PHONE	CELL PHONE

 MEDICAL INSURANCE: ( ) Yes ( ) No Type: \_\_\_\_\_ MEDICAID ( ) Yes ( ) No Type: \_\_\_\_\_  
 Number: \_\_\_\_\_ Number: \_\_\_\_\_
**School Nurses can give non-prescription and prescription medications with written parental/guardian permission. See the below process:**

1. The school nurse must assess the child's complaint and symptoms to determine if other measures can be used before medication.
2. All medications must be brought to school by parent or adult designee. Medications cannot be sent to school on the bus and must be in the original container/package (DE Law). They may not be kept with the student during school hours, with the exception of an annual/completed "permission to carry form".
3. The school nurse will keep a record of the medication given to your child.

**Please check yes or no below for the medications your child is allowed to have during school hours.**
 ( ) YES ( ) NO Acetaminophen/Tylenol (pain/fever) ( ) YES ( ) NO Ibuprofen/Motrin/Advil (pain/fever)  
 ( ) YES ( ) NO Antacid (stomach upset) ( ) YES ( ) NO cough drops/chloraseptic spray (Sore throat relief)  
 ( ) YES ( ) NO Anbesol/Orajel (mouth pain) List allergies to any medications: \_\_\_\_\_

\*\*NOTE: Nurses use antiseptic wash, antibiotic ointment, anti-itch cream/lotion, hydrocortisone cream &amp; eye wash for routine first aid care.

If you do not want these treatments used on your child, please make the nurse aware.

**SCHOOL EMERGENCY PROCEDURES**

Your schools have adopted the following procedures in caring for a student when he/she becomes sick or injured at school:

In case of a life-threatening emergency, the school will call 911 and then follow the steps below. In case of other emergencies and/or need of medical or hospital care:

1. The school will call the home. If there is no answer,
2. The school will call the father's, mother's or guardian's place of employment. If there is no answer,
3. The school will call the other telephone number(s) listed and the physician.
4. If none of the above answer, the school will call an ambulance, if necessary, to transport the student to a local medical facility.
5. Based upon the medical judgment of the attending physician, the student may be admitted to a local medical facility.
6. The school will continue to call the parents, guardians, or physician until one is reached.

 If I cannot be reached and the school authorities have followed the procedures described, I agree to assume all expenses for moving and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia which may be carried out based on the medical judgment of the attending physician. **HOSPITAL PREFERENCE:** \_\_\_\_\_
I have read and understand the information on **BOTH SIDES** of this form and I understand that this information will be shared with staff and administration on a need to know basis unless you notify us otherwise.**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_**DATE** \_\_\_\_\_**PLEASE TURN OVER AND COMPLETE OTHER SIDE**

## 2023/2024 INDIAN RIVER SCHOOL DISTRICT- STUDENT HEALTH HISTORY UPDATE

*This information will be shared on a need to know basis with staff, administration and emergency medical staff in the case of an emergency unless you notify us otherwise.*

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

Student \_\_\_\_\_ DOB: \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

PLEASE CHECK IF CHILD HAS HAD DIFFICULTY WITH ANY OF THE FOLLOWING. GIVE DATES AND ADDITIONAL INFORMATION UNDER COMMENTS.

- |   |  |  |                                  |
|---|--|--|----------------------------------|
| 1. <input type="checkbox"/> ADD/ADHD          | <input type="checkbox"/> Bone/Spine    | <input type="checkbox"/> Heart               | <input type="checkbox"/> Speech  |
| <input type="checkbox"/> Allergies            | <input type="checkbox"/> Bowel/Bladder | <input type="checkbox"/> Infections          | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Asthma               | <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Kidney              | <input type="checkbox"/> Vision  |
| <input type="checkbox"/> Blood Disorder       | <input type="checkbox"/> Emotional     | <input type="checkbox"/> Physical Disability |                                  |
| <input type="checkbox"/> Body Piercing/Tattoo | <input type="checkbox"/> Hearing       | <input type="checkbox"/> Seizures            |                                  |
| <input type="checkbox"/> OTHER _____          |  |  |                                  |

Comments: \_\_\_\_\_

2. Does your child have allergies to medicine, food, latex or insect bites?  
NO ☐ YES ☐ To What \_\_\_\_\_ What happens \_\_\_\_\_ Treatment \_\_\_\_\_
3. Has your child had any illnesses since school ended in June?  
NO ☐ YES ☐ Type of illness, with date(s) \_\_\_\_\_
4. Has your child had surgery since school ended June?  
NO ☐ YES ☐ Type of surgery, with date(s) \_\_\_\_\_
5. Has your child received any immunizations since school ended in June?  
NO ☐ YES ☐ List immunizations, with dates \_\_\_\_\_
6. Is your child being treated or evaluated for any health conditions?  
NO ☐ YES ☐ List condition \_\_\_\_\_
7. Is your child on any medication or treatment?  
NO ☐ YES ☐ Name of medication and/or treatment \_\_\_\_\_  
Does your child need medicine during school hours?  
NO ☐ YES ☐ *\*If yes, please contact the school nurse to make arrangements.*
8. Has your child ever been examined by an eye doctor?  
NO ☐ YES ☐ Date of last exam \_\_\_\_\_  
NO ☐ YES ☐ Glasses Prescribed \_\_\_\_\_  
If your child wears glasses or contact lenses, when was the prescription last changed? \_\_\_\_\_
9. Has your child had any emotional upsets (recent move, death, separation, divorce) since school ended in June?  
NO ☐ YES ☐ List \_\_\_\_\_
10. What is the name of your child's dentist? \_\_\_\_\_  
What is the date of his/her last dental exam? \_\_\_\_\_
11. What is the name of your child's primary healthcare provider? \_\_\_\_\_  
What is the date of his/her last physical exam? \_\_\_\_\_
12. If your child or anyone in your household has tested positive within last 2 weeks or tests positive for COVID-19, please contact the school nurse.

### IMPORTANT REMINDERS

- \*If your child has a medical condition requiring medication, treatment, or specialized care, please contact the school nurse.
- \*If your child is missing any requirement for attending a public school in Delaware, he/she may be excluded from school (Physical, Lead, TB, Immunizations).
- \*Screenings: (Screenings per Delaware guidelines)-GRADES: K,2,4,7,9 or 10 & new enterers will have vision and hearing screening. GRADES: 5-9 will have scoliosis screening. (A letter will be sent home with your child if a follow-up with his/her physician is needed).

**Please contact the nurse's office with any questions or concerns.**

**\*\*\*THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM\*\*\***

The Indian River School District is an equal opportunity employer and does not discriminate or deny services on the basis of race, color, national origin, sex, disability, and/or age.

# INDIAN RIVER SCHOOL DISTRICT

“A Model of Excellence”

Jack F. Owens, Ed.D.  
Superintendent

Karen Blannard  
Assistant Superintendent



## Acknowledgement: Student Code of Conduct and Attendance Policy

It is the philosophy of The Indian River School District that students need to attend school daily and exhibit safe, orderly, and respectful behaviors to assure the highest educational outcome. The Indian River School District outlines acceptable student codes of conduct within our annual calendar, on the district's website and within school handbooks where available. This allows ample communication to students and parents/guardians about responsible behaviors within the school climate. Students and parents/guardians have the responsibility to know and respect the outlined acceptable codes of conduct

- The Student Attendance Policy (JE) which outlines attendance expectations for students can be found at <https://irsdnet.finalsite.com/fs/resource-manager/view/ba0dc48a-0fbb-4d2e-a652-ac2ffe4ef7a3>
- The student code of conduct matrix which outlines various discipline infractions and consequences can be found at <https://irsdnet.finalsite.com/fs/resource-manager/view/5346f987-fe6d-4335-a8e2-e19157e8cf25>

*Please review the Student Code of Conduct and the Attendance Policy with your child and have a discussion regarding school expectations.*

***This is to confirm that I have reviewed the IRSD Student Code of Conduct and Attendance Policy (JE) with my child. Return the signed sheet to your child's school designee by September 21, 2023 or within ten school days of your child's registration into the Indian River School District.***

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

\_\_\_\_\_  
Student Signature/Date

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

***Please contact the school's main office for a paper copy of these documents if you do not have access to a computer.***

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## IRSD Digital Use Agreement

The Indian River School District (IRSD) expects that all stakeholders, especially students, will make every effort to contribute to our digital community in appropriate and productive ways. The Telecommunications Access Acceptable Use Policy is a large document that explains the rules and consequences in great detail. Below are the important points of that policy that both the student and parent agree to acknowledge and comply with. **The full version of the Acceptable Use Policy is available at <http://aup.irsd.net>. Printed copies may be requested from the school's main office. By signing this agreement, both student and parent affirm that they agree to the full version of the Acceptable Use Policy.**

### Use of Technology

Technology improves a student's educational experience. IRSD will provide access to electronic devices, the Internet, and many accounts provisioned by curriculum and service providers. IRSD will protect the students personal information at all times. Parents are giving us permission to use these tools for educational purposes.

### Education in the Use of Technology

IRSD uses technology protection measures (or "Internet filters") to block inappropriate information from the Internet or other forms of electronic communication. Instruction will cover (a) safety on the Internet; (b) interacting with other individuals on social networking websites and in chat rooms; and (b) cyber-bullying awareness and response.

### Monitoring of Technology Use

Users have no expectation of privacy in their use of and access to any Electronic Resource. Suspected violations of safe usage will be investigated. Everything created electronically in school belongs to IRSD and will be monitored. All Electronic Data, such as documents, data, and information that is stored, transmitted, and processed on the IRSD Network or Electronic Resources are the property of the District. District administrators and authorized personnel monitor the use of Electronic Resources by students.

### Violations of Use

Accessing, Creating, or Posting Inappropriate Material is NOT permitted. It shall be a violation of this Policy for any User to use any Electronic Resource to upload, post, mail, display, store, access, or transmit, any Inappropriate Material. Inappropriate Material is defined as any content, communication, or information that conflicts with the fundamental policies and mission of the District.

Students need to protect their personal information and logins. This requires reasonable steps to protect their privacy and personal information when using Electronic Resources. Students must not disclose personal contact information. It is a violation to use another student's login. Students are not permitted to download/install software without direction from IRSD staff.

Violation of this Policy by a student may result in the revocation or suspension of access to the IRSD Network, as well as other disciplinary and/or legal action. All violations will follow the IRSD Student Code of Conduct.

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

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

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## 2023 – 2024 MILITARY-CONNECTED YOUTH STUDENT INFORMATION UPDATE FORM

All Delaware public schools starting with the 2016 – 2017 school year are required to annually identify enrolled students who are “military-connected youth” pursuant to 14 **DE Admin. Code** 932, 14 **Del.C.** Chapter 1, §122 (b)(28), 10 U.S.C. §101(d) (2014), and the reauthorized Every Student Succeeds Act (2015), 20 U.S.C. 6301 et seq. in order to possibly provide your student with additional supports and services if needed.

Please read the following statements and check the appropriate box below.

- If you are a parent or a step-parent, only check the box that specifically applies to you, your duty status and branch of the United States armed forces.
- If you are a parent or a step-parent meeting the definition of box one or two, and there is an immediate family member residing in the same household that meets the definition of box three, then both boxes should be checked.
- If your student is not a “military-connected youth”, please check the fourth box, “Non-Applicable”.

### PARENTS OR STEP-PARENTS

☐ “**Active Duty**” - I am a parent or step-parent who is an “**active duty**” member of the Armed Forces (United States Army, United States Navy, United States Air Force, United States Marine Corps, or United States Coast Guard) pursuant to 10 U.S.C. §101(d) (2014), and the reauthorized Every Student Succeeds Act (2015), 20 U.S.C. 6301 et seq.

☐ “**Active Duty/Recently Retired/Reserves/Identified as a Disabled Veteran/Killed in Action**” - A parent or step-parent *residing in the same household*, who is on active duty, serving in the reserve component, identified as a disabled veteran, killed in action, or recently retired (within 18 months prior to September 30 of the current school year) from a branch of the United States armed forces. Such branches consist of the United States Army, United States Air Force, United States Marine Corps, United States Navy, National Guard, United States Coast Guard, National Oceanic and Atmospheric Administration or the United States Public Health Service pursuant to 14 **DE Admin. Code** 932, 14 **Del.C.** Chapter 1, §122 (b)(28), 10 U.S.C. §101(d) (2014).

### IMMEDIATE FAMILY MEMBER OR ANY OTHER PERSON RESIDING IN SAME HOUSEHOLD

☐ “**Active Duty/Recently Retired/Reserves/Identified as a Disabled Veteran/Killed in Action**” - An immediate family member, including a sibling or any other person *residing in the same household*, who is on active duty, serving in the reserve component, identified as a disabled veteran, killed in action or recently retired (within 18 months prior to September 30 of the current school year) from a branch of the United States armed forces. Such branches consist of the United States Army, United States Air Force, United States Marine Corps, United States Navy, National Guard, United States Coast Guard, National Oceanic and Atmospheric Administration or the United States Public Health Service pursuant to 14 **DE Admin. Code** 932, 14 **Del.C.** Chapter 1, §122 (b)(28), 10 U.S.C. §101(d) (2014).

☐ **NON-APPLICABLE**

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

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

Homeroom Teacher Name: \_\_\_\_\_

Please return this form to your student’s homeroom teacher on or before Monday, September 18, 2023.



## Transportation Policy for Pre-Kindergarten and Kindergarten Students

To provide safe transportation and ensure students of pre-kindergarten and kindergarten age are properly monitored, a parent/guardian or caregiver must follow the procedures below during release at the bus stop:

1. Parent/guardian or caregiver must be at the bus stop. Once the bus comes to a complete stop and the doors are opened, the parent should approach the bus to retrieve his/her child. This way the bus driver can ensure that each pre-kindergarten and kindergarten student has a parent/guardian or caregiver present.
2. The bus driver may ask for the name of the child before releasing him/her. (At the start of school year or if there is a substitute driver)
3. If the parent/guardian has to cross the road after receiving his/her child, he/she must wait for the bus driver's verbal command to cross.
4. Older students will not be permitted to take pre-k or kindergarten students home. A parent/guardian or caregiver must receive the child.

In the event a parent/guardian is not present at the bus stop, the driver is required to notify the school and return children to school at the end of his/her route. School administrators should follow the below matrix to ensure compliance:

- **1<sup>st</sup> Offense:** A letter will be sent to the parent notifying him/her that the child was returned to school. The parent will be told that this is against district policy to not be present to receive his/her child. It will be explained to the parent that if this continues, transportation services can be discontinued.
- **2<sup>nd</sup> Offense:** A letter will be sent to the parent notifying him/her that the child was returned to school for a second time. The parent will be told once again that this is against district policy to not be present to receive his/her child. It will be explained to the parent that if this infraction occurs again, a five school day bus suspension will occur.
- **3<sup>rd</sup> Offense:** A letter will be sent stating that transportation services will be suspended for a period of five school days.
- **4<sup>th</sup> Offense:** A letter will be sent notifying the parent/guardian that transportation services will be suspended for 30 school days.
- **5<sup>th</sup> Offense:** Transportation services are terminated for the remainder of the school year.

*I acknowledge I have received a copy of the pre-kindergarten and kindergarten transportation requirements.*

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*Parent/ Guardian Signature*

*Date*

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Jay F. Owens, Jr. Ed.D.  
Superintendent

Karen T. Blannard  
Assistant Superintendent

## HAND SANITIZER USE CONSENT

Dear Parent/Guardian:

As we begin the 2023-2024 school year, the Indian River School District is committed to ensuring the safety and well-being of our students and faculty.

Part of the plan is to ensure that hand sanitizer stations are available for use in various settings across the school. In accordance with the Center for Disease Control guidance, we have to use alcohol based hand sanitizer that contains at least 60% alcohol in order for it to be effective with the COVID-19 virus.

**Please note that if this form is not returned, it will be implied that permission is granted.**

If you have any questions or concerns regarding this consent form, please contact the administration or school nurse at your building for assistance. Please check the appropriate statement below with your preference for use of hand sanitizer. As always, we appreciate your commitment to a continued partnership to ensure the safety and well-being of our students and faculty.

Sincerely,  
Indian River School District

\*\*\*\*\*

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

\_\_\_\_\_ Yes, my child has my permission to use hand sanitizer in the school building.

\_\_\_\_\_ Yes, my child has my permission to use hand sanitizer in the school building, but will require assistance with the use of hand sanitizer.

\_\_\_\_\_ No, my child DOES NOT have my permission to use hand sanitizer in the school building. If your choice is based upon any allergies, please make sure the school nurse is made aware of your child's allergy.

**Note: This completed form will be valid for the duration of the student's enrollment in the IRSD. A new form must be submitted only if the parent/guardian wishes to change the child's permission status.**

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

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## PARENTAL CONSENT FORM RELEASE OF CHILD'S PHOTOGRAPH AND OTHER INFORMATION

During each school year, occasions arise when students are photographed or interviewed by local media representatives and school district officials during special events such as assemblies, awards presentations, concerts, sporting events and education-related news reports. For the protection of every student, we seek parental permission prior to a child's photograph and name being published in local newspapers, district press releases, informational pamphlets, the district newsletter, the school district calendar and school and/or district web sites.

Please indicate your preference below and return this form to your child's school. If this form is not returned, it will be implied that permission is NOT granted. This form does not apply to yearbook photos. All students' images will appear in the yearbook unless the parent makes a separate request to the school principal for his/her child's photo to be excluded.

**Check one:**

- ☐ **YES**, I grant permission for my child \_\_\_\_\_(name) to have his/her photograph taken, to be interviewed by the media and to have his/her name and/or image and likeness published.
- ☐ **NO**, I do not grant permission for my child \_\_\_\_\_to have his/her photograph taken, to be interviewed by the media and/or to have his/her name published.

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

\_\_\_\_\_  
Date

NOTE: This completed form will be valid for the duration of a student's enrollment in the Indian River School District. A new form must be submitted only if the parent wishes to change the child's permission status.

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# Welcome Back, IRSD!

Your Chromebook is one of your most important learning tools. Here are some tips to help you care for it throughout the school year!



- Always carry your Chromebook with two hands; don't pick it up by the screen.
- Before putting your Chromebook in a backpack, make sure you have enough room and nothing inside that may scratch it.
- Always keep your Chromebook away from food and drinks.
- Turn your Chromebook off for a few hours each week.
- Don't let it die! Set up a routine to charge your Chromebook after school every day.



**For more information  
about Chromebook care,  
visit  
[bit.ly/irsdchromebook](https://bit.ly/irsdchromebook)**



# IRSD Instructional Tech

## Help! My Chromebook is broken :(



If your IRSD Chromebook becomes lost, damaged, or does not work properly:

Head to your school's main office to return your broken device for check-in, or to report a lost device. You will be issued a replacement device, and a notification will be sent home to inform your parent/guardian of the break.

### Responsible Digital Citizenship

As a responsible digital citizen, you are expected to care for your IRSD Chromebook as if it is your own personal device. If a device becomes lost or damaged, there are consequences.



Scan me for  
tips on  
Chromebook  
care!



### Lost or Broken Device Repair Matrix

Any Chromebook breaks not covered by warranty will follow the repair matrix below.

1

1st Strike

A letter will be sent home to notify your parent/guardian of the repair. You will not be charged for the repair; we understand accidents happen.

2

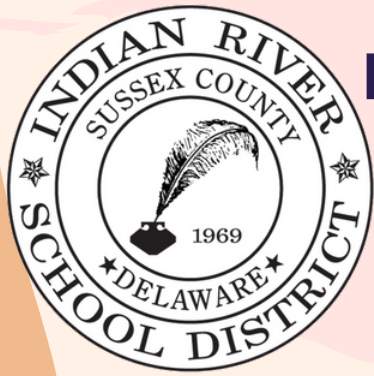
2nd Strike

A letter will be sent home to notify your parent/guardian of the repair. The cost of second repair is expected by end of school year.

3

3rd Strike

A letter will be sent home to notify your parent/guardian of the repair. You will be issued a "loaner" Chromebook which must be left at school at the end of the day until all repair costs are paid.



# Responsible Use of Technology Guidelines

The Indian River School District will provide you with a Chromebook and charger to help you complete learning activities assigned by your teachers. You are expected to follow the guidelines below when using an IRSD issued Chromebook or personal device for school-related activities.

## Digital Citizenship

- I will use my Chromebook or device to participate in classroom activities, complete assignments, and learn new things.
- I will put my Chromebook or device away when instructed by my teacher.
- I will use respectful and appropriate language when communicating online.
- I will respect my classmates' work by not copying it and claiming it as my own.
- I will give credit to authors or sources when using information that is not my own.
- I will fact-check information before I share it online.
- I will not impersonate others or mislead people into thinking what I wrote was done by someone else.

## Device Care

- I will take care of my Chromebook and charger as if they belonged to me.
- I will come to school with my Chromebook or device fully charged.
- I will immediately tell my school or teacher if my Chromebook is lost or not working.
- I will return my Chromebook to the school when I am asked to do so.

## Safety

- I will only log onto the Chromebook or network with my own username and password.
- I will not share personal information (either myself or someone else's) on the Internet.
- If I find an inappropriate website while using my Chromebook or device, I will leave it right away and inform my teacher or a trusted adult so they can ensure the site is blocked in the future.
- I will immediately stop and tell a teacher or trusted adult if anything happens on the computer or on the internet that does not seem right or that makes me feel uncomfortable.

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Superintendent



Karen Blannard  
Assistant Superintendent

## IRSD STUDENT DEVICE AGREEMENT

2023-2024 School Year

**IRSD is committed to providing technology essential to student success. During this school year, students will be provided a device for home use as appropriate. By using this device outside of the physical school building, you agree to the terms of the student device agreement. If you do not agree to these terms, please contact your school administration to return the device and discuss alternate arrangements. Further details of the IRSD Student device initiative are available at <https://www.irsd.net/access/>**

**Definitions:** In this agreement, “we”, “us”, “our” and “the district” means the Indian River School District. “You” and “your” means the parent/guardian and student enrolled in Indian River School District (IRSD). The “property” is a Chromebook, iPad or other approved student device with charger owned by Indian River School District (IRSD)

**Terms:** You will comply at all times with the Indian River School District’s Parent/Student Telecommunications Access Policy, incorporated herein by reference, and made a part hereof for all purposes. Any failure to comply may terminate your rights of possession effective immediately.

**Title:** Legal title to the property is in the District and shall at all times remain in the District. Your right of possession and use is limited to and conditioned upon your full and complete compliance with this Agreement.

**Loss or Damage:** You may be charged the fair market value of any devices or parts that are damaged, or for devices or parts that are lost. You must report damage, loss or theft of the property to the school by the next school day after the occurrence. Damages or loss of minor parts (IE Chargers) will be invoiced with a three step process. The first incident in a school year will be recorded and the cost will be written off at the full expense of the district. A replacement device will be issued. A second incident will be recorded and an invoice will be issued for payment. A replacement device will be issued. A third or subsequent incident of damage will be recorded and an invoice will be issued for payment. Upon the third incident, the student will no longer be issued a device that may be taken outside of the school until the invoiced balance is paid. Further disciplinary action will be used at the discretion of administration based on the student discipline policy. In the case of theft, evidence must be presented to substantiate the claim in the form of official school or law enforcement documentation. School or District administration will also have discretion to issue another device if extenuating circumstances for inability to pay the invoice are petitioned in written form by the guardian.

**Terms of Agreement:** You have the right to use and possess the property according to guidelines set forth by the Indian River School District’s Parent/Student Telecommunications Access Policy. The full version of the Acceptable Use Policy is available at <http://aup.irsd.net>. Printed copies may be requested from the school’s main office.

**Appropriation:** Your failure to return the property in a timely manner and the continued use of it for non-school purposes without the District’s consent may be considered unlawful appropriation of the District’s property.

**Content Filtering:** The District will make a reasonable effort to filter inappropriate content to maintain CIPA compliance. The District may not actively monitor these filters and may not use all features present in the associated software package. You are solely responsible for any inappropriate, illegal, harmful or irresponsible use. The school code of conduct shall be in force anytime our devices are being used.

**Internet Access:** The district will make reasonable efforts to provide information regarding access to the internet, which is required for full functionality of the devices and distance learning. However, you are solely responsible for providing internet access outside of the school building.

**Teleconferencing:** The district may use online teleconferencing technology that may result your audio and video being displayed within the “virtual” learning environment. By accepting this agreement, you consent that audio or video may be broadcast with the instructor and immediate instructional group.

**Referenced Documents:** IRSD Policy Manual: EHAA Telecommunications Access and Acceptable Use - JFCB Care of School Property by Students - JG Student Discipline

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