

Portland Virtual School

Registration

2023-2024



The Portland Virtual School will allow learners in grades 6-12 to learn in an online community that fosters independence, critical thinking, creativity and problem solving skills. Our alternative learning environment will provide a high quality, standards-driven curriculum that will allow students to learn anytime and anywhere.

Any Time, Any Place, Any Way, Any Pace

Student Name: _____

Assigned Computer #: _____ *Return Date:* _____

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PORTLAND VIRTUAL SCHOOL

School Registration / Emergency Form



Student's Legal Name _____ Male _____ Female _____
Last First Middle (Maiden)

Address _____
Street City State ZIP County

Home Phone _____ Student Cell Phone _____

Student Email _____

Date of Birth _____ Age _____ City/State of Birth _____ / _____

Ethnicity: American Indian _____ Asian American _____ Black _____ Native Hawaiian _____ White _____ Hispanic /Latino _____ N/A _____

With whom does the student reside? _____ Relationship _____

Mother's Name _____ Home Phone _____ Work/Cell _____

Address (if different from student's address) _____
Street City Zip County

Email Address _____

Father's Name _____ Home Phone _____ Work/Cell _____

Address (if different from student's address) _____
Street City Zip County

Email Address _____

Siblings in the District _____

Emergency Contact _____ Home Phone _____ Work Phone _____

Emergency Contact _____ Home Phone _____ Work Phone _____

Do you have any known allergies or medical conditions? _____

Who is your family doctor _____ Phone _____

If medical attention is required, which hospital do you prefer? _____

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PORTLAND VIRTUAL SCHOOL

School Registration / Emergency Form



Is the student currently under suspension/expulsion from any public or private school? Yes _____ No _____

If yes, please explain:

Are you currently on/or pending probation? _____

If yes, who is your probation officer _____ / _____
Name Phone

School District and County of Residence _____ Last grade completed _____

Did the student receive any special services at the above school? Yes _____ No _____

If yes, please check all that apply.

Special Education / IEP

____ Language ____ Vision
____ Math ____ Hearing
____ Speech ____ Occupational Therapy
____ Reading ____ Physical Therapy

Title I (K-5 only)

____ Math
____ Reading

Accommodations

____ 504 Plan
____ Behavior Plan

My son/daughter has permission for open campus during lunch: Yes _____ No _____

YOU MUST SIGN REGISTRATION FORM

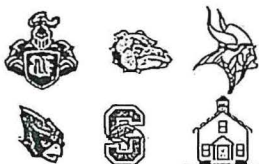
Student Handbook: By signing below my student and I agree to follow and abide by all policies and procedures stated in the student handbook.

For students under 18, parent signature is required

Student Signature _____ Date _____

Parent Signature _____ Date _____

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Non-Resident Enrollment Request

(For all requests other than Ionia ISD Collaborative Schools of Choice or 105c)
{1 Year Release Only}

Request for _____ School Year Resident District _____ Effective Date of Enrollment _____

Student Information					
Student Name	Gender	Birthdate	Grade Requested	Previous School Attended	School Requested

Parent Information	
Parent Guardian Name:	Daytime phone:
Street:	Email address:
	City/Zip:

Reason for Request	
This request is for release to a nonresident district: <input type="checkbox"/> To continue to complete the current school year in ESTABLISHED district <input type="checkbox"/> To complete senior year in ESTABLISHED high school <input type="checkbox"/> Parent/guardian is an employee of the requested district <input type="checkbox"/> Special program is not available at resident district - attach documentation Alternative Education Program <input type="checkbox"/> Other (describe in comments below):	Is the student receiving special education programs or services? <input type="checkbox"/> yes <input type="checkbox"/> no Parent: If yes, attach a copy of the current IEP. Has the student been expelled or suspended in the last two years? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, check ✓ the student name above and describe below.
Comments:	

The Ionia County Intermediate School District and constituent local districts do not discriminate on the basis of race, color, disability, religion, gender, or national origin. The district reserves the right to limit enrollment based on capacity of buildings or programs as well as failure of applicant to meet any special requirements for entry into its buildings or programs. Non-Resident enrollments may be denied to a student who has been suspended or expelled from, or has a history of truancy, at their previous district.

Parent Signature	
As parent/guardian of the above named student(s) I hereby request approval of transfer of the student(s) as indicated below. I understand that:	
a. I release all education records, including medical records, to the receiving district;	
b. Transportation of the student(s) to the receiving district is my sole responsibility;	
c. This document represents a commitment between the parent/guardian and the school district of enrollment for <u>one complete school year</u> ; and	
d. Any incomplete, inaccurate, or false statements may invalidate the transfer.	
Parent / Guardian Signature:	Date:
Releasing District Superintendent Signature	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Enrolling District Superintendent's Signature	Date

Note: Superintendent decisions on release and/or enrollment are final and discretionary with no appeal process.



Schools of Choice (SoC) 2023-2024 Application for Enrollment

Application Window: April 10, 2023 – September 8, 2023

- One application form per child must be received at the Central Office of your choice school district by 4:00 pm - 9/8/2023.
- Questions should be directed to the Central Office of the choice district.
- Do not submit separate applications to Ionia ISD.

District of choice:	Grade entering next semester:
In-County SoC (Student resides within Ionia ISD) Circle one: Yes No	Section 105c (Student resides in a county adjacent to Ionia ISD) Circle one: Yes No
Student Information	
Student Name:	Birthdate:
Address:	Parent's Email:
City/State/Zip:	Home Phone:
Resident District:	Work Phone:
Parent / Guardian:	
School District and Building Currently Attending:	
Does your student receive Special Education or other services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Has your child ever been expelled from school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Has your child been suspended from any school in the last two years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
K-12 Sibling Information	
Is this student residing in the same household as students currently enrolled through School of Choice in the immediately preceding school year, semester or trimester? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Sibling Name	Entering Grade
Parent Signature	
By signing below, I acknowledge that I have been provided a copy of, and accept the policies and regulations of the Ionia ISD Schools of Choice Program. I also understand that incomplete, inaccurate or false information I have provided may invalidate the transfer. <i>If my child is accepted as a Schools of Choice (SoC) student, I also understand that transportation shall be my sole responsibility.</i>	
Parent/Guardian Signature:	Date:
Student Signature (if 18 or older):	Date:
Choice District Superintendent Signature	
The Ionia Intermediate School District and constituent local districts comply with all federal state laws and regulations prohibiting discrimination, and with all requirements and regulations of the United State Department of Education and the Michigan Department of Education. The following signature indicates acceptance of the student:	
Authorized Signature:	Date:



PORTLAND PUBLIC SCHOOLS

List of Potential Disclosures of Directory Information and Opt-Out Form



The Board may disclose appropriately designated "directory information" without written consent, unless the parent or adult student advises the Board to the contrary by filling out, signing and returning this form to the District.

The primary purpose of directory information is to allow the Board to include this type of information in certain school publications. The following is a list of uses for which the District commonly would disclose a student's directory information:

Yearbook	School Awards
Website/Social Media	Honor Rolls/Academic Lists
Drama/Music Productions	Athletic Programs/Sports Activity Sheets
Graduation Programs	Newsletters
Class Lists	School Publications

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's or adult student's prior written consent. In addition, two (2) Federal laws require the District to provide military recruiters, upon request, with three (3) directory information categories; names, addresses, and telephone listings – unless parents or adult students have advised the District that they do not want their student's information disclosed without their prior written consent.

The district has designated the following information about each student as "directory information":

- A student's name;
- Major field of study;
- Participation in officially – recognized activities and sports;
- Height and weight, if a member of an athletic team;
- Dates of attendance;
- Date of graduation;
- Awards received;
- Honor rolls;
- Scholarships; and
- School photographs or videos of students participating in school activities; events or programs.

The Board will make the above information available upon a legitimate request unless a parent, guardian, or adult student has opted-out of provision of their information in some or all circumstances by filling out, signing and returning the Opt-Out Form or notifies the School in writing within 14 days from the date of this notification that s/he will not permit distribution of any or all such information. Directory information will not be provided to any organization for any profit-making purpose.

If you elect to opt-out of the above, please sign below, and return to the office of your child's school.

If you do not wish to opt-out of any of the above common uses, you do not need to return this form or take any other action.

Student Name

Parent/Guardian Signature

Date

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PORTLAND PUBLIC SCHOOLS

Student Services Questionnaire



This information will be used to help Portland Public Schools address the needs of our students and families.

Student Name: _____ Gender: _____ Grade: _____

Address: _____ Birthdate: _____

Parent/Guardian: _____ Phone #: _____

Does your student receive special education services (IEP or 504)? _____ yes _____ no

Do you currently receive or believe you may qualify for free or reduced lunch? _____ yes _____ no

Is the student's parent/guardian, step-parent or sibling currently in the military? _____ yes _____ no

Is your child's native language (first) tongue a language other than English? _____ yes _____ no

If yes, which language? _____

Is the primary language used in your child's home or environment a language other than English? _____ yes _____ no

If yes, which language? _____

Who does your student live with most (most days of the year)?

_____ biological mother _____ biological father _____ aunt _____ uncle
_____ other family member _____ grandparent _____ step-parent _____ other

During the school year, where does your student live? (check one box)

The answers you give will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they do not have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Section A

- _____ In a shelter, a motel, car, camper, etc. _____ Choices in Section A do not apply
_____ Awaiting foster care placement or within first 6 months of placement
_____ With another family or person due to loss of housing or economic hardship
_____ With more than one family in a house or apartment
_____ Other temporary living situation (please describe) _____

Section B

If you checked a box in Section A, complete Section C. If you checked Section B, no need to answer C.

Section C My student lives with:

- _____ 1 parent _____ 1 parent and another adult _____ alone with no adults
_____ 2 parents _____ a relative, friend or other adult _____ an adult that is not the parent/guardian

Signature of Parent/Guardian: _____ Date: _____

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PORTLAND PUBLIC SCHOOLS

Student Health History



Date form received by school: _____

Student Name: _____

Date of Birth: _____

School: _____

Grade: _____

Teacher: _____

To provide a safe environment for your child, it is important that we have an understanding of your child's health status. Please complete and return it to school.

Health History:

Health Condition:	Yes:	No:	Health Conditions Cont.	Yes:	No:
Food Allergy (describe in comments)			Chronic Diarrhea or Constipation		
Bee Sting Allergy			Chronic Respiratory Problems		
Latex Allergy			Urinary/Kidney Condition (describe in comments)		
Seasonal Allergies			Brain (injury, condition, surgery)		
Other Allergy (describe in comments)			Eye/Vision Problems/Glass/Contacts		
Diabetes			Dietary Concerns		
Skin Condition			Ear/Hearing Problems		
Blood Disorder (list in comments)			Frequent Headaches		
Asthma			Frequent Stomach aches		
Bone/Joint Problems			Heart Health Condition (describe in comments)		
Cancer			Seizure disorder (list date of last seizure in comments)		
Behavior Concerns			Physical Disabilities (describe in comments)		
ADD/ADHD (describe comments)			Other health concerns not listed: (list in comments)		

Emergency Medications for Allergies, Seizures, Asthma, Diabetes:	Yes:	No:
Epi-Pen/AUVIQ Allergy prescribed for:		
Benadryl (for an allergy) Allergy:		
Diastat		
BAQSIMI		
Glucagon		
Inhaler Prescribed for:		
Other:		

Medications	Yes:	No:
Does student take routine medications? (list in comments section along with health condition it is taken for)		
Will medication be given at school?		

Other Health Information	Yes:	No:
Do your child's health problems affect activities of daily living or school participation? (explain in comments section)		

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PORTLAND PUBLIC SCHOOLS

Student Health History



Dear Parent/Guardian,

Included with this letter you will find a Student Health History form. Your child's learning and academic success depends upon good health. To assist us in providing the safest and healthiest school environment for your child, please provide all pertinent medical information. We will collect and review the information and if medically necessary, we will alert teachers and staff about health concerns.

Prescription Medications:

The physician that prescribed your child's medication needs to sign the school Medication Administration Authorization form for any medication that your child takes or carries at school. This includes medicine such as rescue inhalers, Epi-pens, Glucagon, and Diastat. This form must be filled out entirely and be on file at the school before any medication can be taken/used on school grounds. All medications must be brought to school by the parent/guardian and be in their original container with an untampered prescription label. Students are not permitted to self-carry or self-administer any medication unless written permission is on file in the office. This paperwork must be completed every year.

Over the Counter Medications:

Portland Public Schools is not able to supply any medications for students. The parent/guardian will need to supply any medication(s) their student may need. Please bring a new, unopened container of the medication to your student's school. This includes medicine, such as Benadryl, for allergies. Be sure to also fill out a Medication Administration Authorization form. Medications should not be sent to school with a student.

Allergies and Chronic Conditions:

For any allergy or chronic health condition that may require intervention(s) at school (asthma, diabetes, epilepsy, etc.) we require an action plan/care plan that is signed by the child's doctor.

Please return the Student Health History sheet as soon as possible to your child's school secretary. If you have any questions or concerns, please feel free to contact one of the district nurses below.

Thank you for your cooperation and understanding.

Julia Crowley, LPN
PPS District Nurse
jcrowley@portlandk12.org
(517) 647-2991 or (517) 647-2989

Jessica Schroeder, RN
PPS District Nurse
jschroeder@portlandk12.org
(517) 647-2991 or (517) 647-2989

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PORTLAND PUBLIC SCHOOLS



Consent for Disclosure of Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat.

Sharing immunization and personally identifiable information including the students name, date of birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

I authorize Portland Public Schools to release my child's immunization record to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan law. This includes any immunization information and limited personally identifiable information from the school.

Student's Name: _____

Date of Birth: _____

Signature of Parent/Guardian
Or Eligible Student: _____

Printed Parent/Guardian Name: _____

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PORTLAND PUBLIC SCHOOLS
Virtual Course Consent



In order for a student under 18 to take a virtual course with Portland Public Schools we are required to have parental consent. Typically this is done at the time of registration as this allows us to schedule students for virtual courses as they are needed throughout the year.

I consent for my child to take virtual courses through Portland Alternative Education or Portland Virtual School.

Parent Signature

Date

*** MUST BE RETURNED FOR BOTH ATTENDING
AND VIRTUAL STUDENTS ***

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PORTLAND VIRTUAL SCHOOL

Contract for Online Learners



Introduction

Welcome to Online Learning with the Portland Virtual School. Participation has similar requirements to other courses at Portland Schools. Learners are bound by the standards in the Student Handbook. The big difference is learners are expected to be more independent in terms of learning and meeting the requirements established by the course instructors, mentors, and director.

Code of Student Conduct

Students enrolled in the Virtual School program must read, follow and adhere to the Code of Student Conduct. Infractions will result in disciplinary measures as outlined in the School Handbook.

Learner Commitment

It is expected that the learner will: be committed to the course(s), adhere to the course schedules as prescribed, and understand that drops will be allowed only with permission of the coordinator, communicate with the mentor on a weekly basis and provide weekly progress reports, and work according to pacing guides in order to complete the requirements of the course.

Parent/Guardian Commitment

It is expected that parents'/guardians' participation in a child's education will help determine his/her likelihood of success. Therefore, parents/guardians are expected to monitor and support the child in his/her studies, agree to be accessible to the mentor to discuss the child's progress, and promote good attendance and time management of the child's participation.

Online Attendance Policy - Weekly Requirements

Login to classes and complete 4 hours of coursework per class. **Students must have two-way communication with the mentor teacher every week.** Engage in two-way communication with the content teacher as needed. A student who is not actively logging in or completing their coursework, can be dropped from the program.

Online Attendance Policy - Semester Requirements

Log in for each State of Michigan Count Days in October and February and an additional 10 days following the Count Day. Take all appropriate grade-level state assessments at the school on the designated days. These include 9th grade MEAP, and 11th and 12th MME/ACT.

Mentor Contact

Each student is required to communicate by email, phone, in person, or video conference with their mentor every week during the school year. This communication must be two-way, meaning students must contact their mentor each week and mentors must contact the students each week.

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PORTLAND VIRTUAL SCHOOL

Contract for Online Learners



Acceptable Use Policy and Equipment

It is the responsibility of the learner to know the contents of the Acceptable Use Policies. Anything that learners do in the course(s) taken can be retrieved and monitored by the mentor/coordinator/instructor at any time. Any student that chooses to use equipment (tablet, computer, internet, calculator, etc.) owned by the Virtual School, agrees to be financially responsible for this equipment if it is damaged or lost. All students checking out a laptop computer must read, agree, and sign a Student Laptop Computer Agreement along with a parent/guardian. There is a \$50 deposit for laptops. This deposit will be refunded upon return of the laptop. **All laptops must be returned within 2 weeks of leaving Portland Virtual School or the end of the school year.**

Tests/Exams

An alternative test must be completed in order to unblock assignments for each unit of each class. It is to the students benefit to do well on the alternative tests. Learners may be required to have some of the tests/exams proctored by the mentor or other responsible adult or physically come to the PACE building. Arrangements will be made with the mentor as needed. Learners enrolled in the district seat time waiver program must take the grade appropriate state assessment exam.

Testing out

The Board of Education of Portland Public Schools acknowledges that some students may have acquired knowledge or skills at levels that would allow them to demonstrate a reasonable degree of mastery without taking specified courses. Portland High School students may request an opportunity to demonstrate such mastery either through a written examination or other culminating experience normally reserved for students upon completion of a class, referred to as "testing out". It is the intent of the Board to extend to all students the opportunity to demonstrate mastery in a range of courses offered at Portland High School, and to allow for the most efficient use of instructional time.

1. This policy will apply equally to all students of Portland High School.
2. No grade shall be earned by testing out of a course; the notation of successful completion will be noted on the student's transcript.
3. "Credit" earned shall be applied toward the fulfillment of a course requirement and as a fulfillment of prerequisite class requirement.
4. "Credit" earned through this provision shall not be counted toward graduation.
5. A student may not test out of a class in which he/she is currently enrolled or has been previously enrolled.
6. To earn "credit" the student must achieve a grade of at least a C+ on the course final exam, or where there is no final exam; pass the culminating experience for the course with a minimum of a C+ grade.
7. After earning "credit" in a course via testing out, the student may not receive "credit" thereafter for a course lower in the sequence in the same subject area.
8. The following will be the allowable times in which a student may attempt to test out of a class:
 - a. For first semester classes the final exam period at the end of the previous academic year (last week of school for the 8th graders who are about to enter high school).
 - b. For second semester classes the final exam period at the end of the first semester.
 - c. One day set aside during the week prior to the start of school in the fall.

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PORTLAND VIRTUAL SCHOOL

Contract for Online Learners



A student who wishes to attempt to test out of a class must file a request ten (10) school days before the end of the previous semester or in the case of an 8th grader moving up to the high School, ten (10) business days prior to the start of school.

Pre and Post Assessments

All students will be required to take pre and post assessment tests which will be used to monitor student growth in the virtual school program.

Technology

A computer will be offered to learners enrolled under an approved seat time waiver that includes internet capacity and appropriate software configuration for use by the pupil in the home for the length of time that the pupil is enrolled in the seat time waiver program. The broadband internet capacity shall be a minimum of 1 Mbps up/3 Mbps down for use in the home for the length of time that the pupil is enrolled in the seat time waiver program. Where broadband access is severely limited, the Michigan Department of Education must give written approval for "offline" computer based delivery of instruction and an alternative means of providing teacher-pupil interaction shall be required and shall be documented. Parents/Guardians can/should opt-out if access is adequate at home. If the learner loses internet connectivity, it must be communicated to Portland Schools within 24 hours.

Course Costs

Portland Schools will bear the cost of the online course if the learner is registered in the Portland Schools. Failure to meet the guidelines in this contract will result in reimbursement to Portland Schools of costs incurred.

Portland Schools Transcript

All final scores provided by the instructor will be converted to a letter grade as per the Portland Schools handbook and will be listed on the learner's transcript and included in the cumulative Grade Point Average (GPA).

Cheating/Plagiarism

A student will not plagiarize, cheat, gain unauthorized access to, or tamper with educational materials or records. Consequences for academic misconduct will be determined by the instructor and/or office.

Definitions:

1. Plagiarism is using someone else's words or ideas, as a whole or in part, and claiming them as your own.
2. Cheating is gaining or providing improper or unauthorized access to answers.
3. Unauthorized access or tampering with educational material or records includes but is not limited to: access to grades, grade books, answer keys or copies of tests, quizzes and assignments without permission.

These offenses may result in loss of grade for assignment, parent and administration informed, suspension from class, and students/parents to cover the cost of the course.

Contract Violation

Consequences for violation of provisions of this contract:

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PORTLAND VIRTUAL SCHOOL

Contract for Online Learners



1st offense: Verbal warning. Parents and local school district administration notified.

2nd offense: Written warning. Parents and local school district notified.

Possible removal from program.

Portland Virtual Schools Academic Benchmarks

Portland Virtual School students will be required to maintain an acceptable level of academic progress. Students must make a minimum of 10% progress in each class each week. If this level of performance is not met, students may be asked to attend a Friday virtual school lab session in order to get back on track. Friday virtual school lab sessions will run from 7:30am - 11:15am. These sessions will take place every other Friday for the duration of the year. Students who are required to attend a Friday session due to lack of progress, but fail to do so will be given an opportunity to make up their time at the following Friday session. Failure to attend two lab sessions or to get back on pace in all virtual classes will result in being dropped from the virtual program. Students dropped from the virtual program will then be automatically enrolled in our alternative education program.

The Portland Virtual School is committed to high academic standards and will require seat time waiver learners to validate their learning by the following assessments as required in the Michigan Department of Education Pupil Accounting Manual (5-O-B: Seat Time Waiver):

Grade Appropriate Assessment — Pupils enrolling in a district seat time waiver program must take the grade appropriate state assessment exam.

Michigan Merit Examination (MME) — Pupils enrolled in a district seat time waiver program, who have earned 10 or more credits toward the high school diploma, must take the MME as scheduled by the Department of Education's Office of Assessment and Accountability.

Portland Schools will provide a learner with the testing materials at a location and time TBA. Portland Virtual School learners and parents/guardians will be notified of the dates and locations of the appropriate testing. Learners and parents/guardians will be responsible to be in attendance for the appropriate exams.

State assessments are required for:

Grade 11 MSTEP (Multiple days)

Grade 10 PSAT

Grade 9 PSAT

Grade 8 PSAT

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PORTLAND VIRTUAL SCHOOL

Contract for Online Learners



Learner and Parent/Guardian Acknowledgment and Understanding

I have read and understand the expectations in this contract.

Learner: _____ Date: _____

Parent: _____ Date: _____

PACE Representative: _____ Date: _____

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PORTLAND PUBLIC SCHOOLS

Acceptable Use Policy

and

Agreement for Acceptable Use of Portland Public Schools

Technology Resources

Students Grades K-12



Building/Program Name

Student Name

This agreement is entered into this _____ day of _____, 20____, between _____ ("Student" or "User") and the Portland Public Schools ("PPS"). The purpose of this agreement is to grant access to and define acceptable use of PPS's mission statement. "Technology Resources" include, but are not limited to: (1) internal and external network infrastructure, (2) Internet and network access, (3) computers, (4) servers, (5) storage devices, (6) peripherals, (7) software, and (8) messaging or communication systems. These resources may be provided to users to: (1) assist in the collaboration and exchange of information, (2) facilitate personal growth in the use of technology, and (3) enhance information gathering and communication skills.

In exchange for the use of PPS's Technology Resources either at school or away from school, you understand and agree to the following:

- A. Your use of the PPS's Technology Resources is a privilege that may be revoked by the PPS at any time and for any reason.
- B. The PPS reserves all rights to any material stored on PPS Technology Resources. You have no expectation of privacy when using PPS Technology Resources. PPS reserves the right to monitor all use of its Technology Resources, including, without limitation, personal email and voice mail communications, computer files, data bases, web logs, audit trails, or any other electronic transmissions accessed, distributed, or used through the Technology Resources. PPS also reserves the right to remove any material from the Technology Resources that the PPS, at its sole discretion, chooses to, including, without limitation, any information that PPS determines to be unlawful, obscene, pornographic, harassing, intimidating, or disruptive.
- C. The Technology Resources do not provide you a "public forum." You may not use the Technology Resources for commercial purposes or to lobby or solicit political positions or candidates unless expressly authorized in advance by a teacher or administrator as part of a class program or activity. You may, however, use the Technology Resources to contact or communicate with public officials.
- D. The PPS's Technology Resources are intended for exclusive use by registered users. You are responsible for your account/password and any access to the Technology Resources made using your account/password. Any problems arising from the use of your account/password are your responsibility. Use of your account by someone other than you is forbidden and may be grounds for loss of access privileges and other disciplinary consequences for both you and the person(s) using your account/password.
- E. You may not use the Technology Resources or any other communication/messaging devices (including devices not owned by PPS while on campus, at school sanctioned events – home or away, and/or on school busses) to engage in cyberbullying. Cyberbullying means "the use of email, cell phone and pager text messages, instant messaging (IM), defamatory personal websites, and defamatory online personal polling websites to support deliberate, repeated and hostile behavior by an individual or group that is intended to harm others."
- F. Misuse of Technology Resources may result in suspension of your account privileges and/or other disciplinary action, up to and including expulsion, as determined by the PPS. Misuses includes, but is not limited to: authorized person, *during adult use*, to enable access to bona fide research or for other lawful purposes.
- G. It is the policy of PPS to prohibit its minor students from (1) accessing inappropriate matter on the Internet; (2) engaging in hacking or other unlawful online activities; (3) disclosing, using, or disseminating personal information online; or (4) accessing materials that are harmful to minors. It is also the policy of PPS to educate

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PORTLAND PUBLIC SCHOOLS

Acceptable Use Policy

and

Agreement for Acceptable Use of Portland Public Schools

Technology Resources

Students Grades K-12



students about cyberbullying awareness and response and about appropriate online behavior, including safely interacting with other individuals in social networking websites, chat rooms, and by email.

- H. PPS does not guarantee that measures described in paragraphs F and G will provide any level of safety or security or that they will block all inappropriate material from PPS's minor students. You agree that you will not intentionally engage in any behavior that was designed to be prevented by paragraphs F and G.
- I. The PPS does not warrant or guarantee that its Technology Resources will meet any specific requirement, or that they will be error free or uninterrupted; nor will PPS or its Internet provider be liable for any direct or indirect, incidental, or consequential damages (including lost data, information, or time) sustained or incurred in connection with the use, operation, or inability to use the Technology Resources.
- J. When utilizing the PPS Technology Resources, you may use only PPS authorized messaging and communication systems. There is no expectation of privacy in electronic communications. The PPS reserves the right to monitor electronic communications.
- K. As soon as possible, you must disclose to your teacher or other school employee any message you receive that is inappropriate or makes you feel uncomfortable, harassed, threatened, or bullied, especially any communication that contains sexually explicit content. You should not delete such content until instructed to do so by a staff member.
- L. The PPS and/or the Internet provider will periodically determine whether specific uses of the PPS's Technology Resources are consistent with this acceptable use policy. The PPS or its Internet provider reserves the right to log Internet use and to monitor mail space and file server utilization by users. The PPS reserves the right to remove a user account on the PPS's Technology Resources to prevent further unauthorized activity.
- M. You may not transfer software belonging to PPS without the permission of the PPS Technology Coordinator or his/her designee. Without first obtaining such permission, you will be liable for any damages and will be required to pay the cost of any damages caused by such transfer, whether intentional or accidental.
- N. You are responsible for the proper use of Technology Resources and will be held accountable for any damage to or replacement of the Resources caused by your inappropriate use.

In consideration for the privileges of using the PPS's Technology Resources and in consideration for having access to the information contained therein, I release the PPS, its Board of Education, individual Board members, administrative employees and agents, the Internet provider and its operators from any and all claims of any nature arising from my use, or inability to use, the Technology Resources. I agree to abide by this Acceptable Use Policy and Agreement and by any rules or regulations that may be added from time-to-time by the PPS and its Internet provider as well as PPS's Internet Safety Policy and its Student Code of Conduct. All additional rules, regulations, and policies are available in hardcopy in the Principal's office.

I have read this Acceptable Use Policy and Agreement and sign it knowingly and freely.

Parent Signature

Date

Student Signature

Date

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PORTLAND PUBLIC SCHOOLS

District Chromebook Agreement



Student Name _____

Device Asset ID Number _____

Parent/Guardian Responsibilities and Permission

I have received a District Chromebook device to use at home and school to support my student's learning and achievement. By accepting the possession of the device, I agree to the following:

- o I understand that it is to be used for educational purposes only and in accordance with Student Acceptable Use Policy.
- o I understand that I am responsible for any loss or damage to the device and charger.
- o The District may request the device be returned at any time.
- o I must return the device to the District in the same condition as it was received.

Students must follow the Responsible Use and Care Guidelines as outlined below. A list of assigned equipment and accessories is also provided below with cost if damaged, stolen, or lost.

I am authorizing the assignment of a Chromebook device to my child currently enrolled in Portland Public Schools. I understand that the device is to be used as a tool for learning and that my child will comply with the Responsible Use and Care Guidelines. I will ensure the safe and timely return of the device within the loan period or upon request by the District. I understand that in the event of theft, misuse or carelessness, there is no provision for replacement. I also understand that I am financially responsible for any willful, malicious, or accidental damage to the device.

By accepting the device, you are responsible for any and all damages and costs incurred.

Internet Content Filtering

The District has implemented technology protection measures and content filtering on all student Google accounts both on campus and offsite. This will ensure that anywhere students are logged in with their school Google accounts, they will be protected required under the guidelines of the Children's Internet Project Act. While Portland Public Schools uses technology protection measures to limit access to material considered harmful or inappropriate to students, it may not be possible for the District to absolutely prevent such access.

Student Responsibilities

By accepting the device, the student is agreeing to follow the guidelines in this policy and is agreeing to report any misuse of the Chromebook to the person designated by the School for such reporting. Misuse means any violations of this policy or any other use that is not included in the policy, but has the effect of harming another or his or her property. Additionally, misuse includes anything that violates the school student handbook or the district technology agreement.

Responsible Use and Care Guidelines

1. Modifying or changing the device settings and/or internal or external configurations is prohibited.
2. Using obscene, threatening or disrespectful language in any form online or in electronic communications is strictly prohibited.
3. Avoid placing heavy materials, such as books, on top of the device.
4. Protect the LCD display screen. Before closing the device, make sure there are no small items, such as a pencil or small earphones, on the keyboard.
5. When carrying a Chromebook, close it and carry it face up.
6. Report any damage that may have happened to the Chromebook immediately.
7. Parents and students agree to return the device and all components to the school in the same condition as when the device was issued to the student.

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PORTLAND PUBLIC SCHOOLS

District Chromebook Agreement



Chromebook Etiquette

All users must abide by the rules of Chromebook etiquette, which include:

1. Politeness. Use appropriate language. No swearing, vulgarities, suggestive, obscene, belligerent or threatening language.
2. Safety. The Chromebooks shall be used for only intended purposes to enhance learning. No personal information shall be shared that could compromise student or staff safety.
3. The following is a non-exhaustive list of offenses that are not acceptable uses of Chromebooks:
 - o Uses that are offensive to others. Don't use access to make ethnic, sexual preference or gender-related slurs or jokes.
 - o Uses that violate the law or encourage others to violate the law. Don't transmit offensive or harassing messages; offer for sale or use any substance whose possession or use of is prohibited by the School District's Student Code of Conduct.
 - o Uses of social networking sites. Chromebooks are provided as a tool of the student's education. School is not the appropriate setting for the use of social networking sites and such use is prohibited. Social networking sites are sites where individuals create and view personal profiles, create networks of friends, leave messages for each other, etc.
 - o Uses that are deemed harassment or bullying. Cyberbullying is strictly prohibited. Chromebooks shall not be used for this purpose or to persuade others to do so. If a student finds that other users are engaging in Cyberbullying or harassment, he or she should report such use to the person designated by the School.

Privacy

Students shall not share any information that could compromise the privacy of themselves or any other students/staff member at the school. This information includes, but is not limited to, the following:

1. Login information
2. Personal information like addresses
3. Descriptions of themselves or any other person that could be used for identification

Damage Charges

Equipment	Damaged Equipment Cost
Chromebook LCD Display	\$75
Chromebook Keyboard/Palm Rest	\$90
Chromebook (lost, stolen, or total replacement)	\$300
AC Charger	\$40

Parent Signature

Date

Student Signature

Date

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PORTLAND PUBLIC SCHOOLS

Receipt of Student Handbook



We, _____ (Parent/Guardian), and _____
_____ (Student), have received and read the Portland Public Schools Parent-Student Handbook. We understand the rights and responsibilities pertaining to students and agree to support and abide by the rules, guidelines, procedures, and policies of the School District.

Parent/Guardian Signature: _____

Student Signature: _____

Date: _____

PACE STUDENT HANDBOOK



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PORTLAND PUBLIC SCHOOLS

Release of Information



Student Name: _____
First Middle Last

Date of Birth: _____ Grade Level: _____

Name and Address of Previous School:

Name of School Address

City State Zip

Phone Fax/Email

This is to certify that the parent/guardian of the above student authorizes the release of the following information to Portland Public Schools:

- ☐ **Initial Request ONLY**
*Do not send CA60 or drop student
- ☐ Discipline Records
- ☐ Attendance Records
- ☐ Academic History
- ☐ Special Education Records

- ☐ **Full Request**
*Student is accepted to PHS
- ☐ CA60
- ☐ Standardized Test Scores
- ☐ Health Records (Immunization Records)
- ☐ Attendance Records
- ☐ Withdrawal Grades (Prior to End of Marking Period)
- ☐ Suspension or Expulsion Records
- ☐ Special Education Records
- ☐ Discipline Records

Please send above checked information to: (CIRCLE ONE)

Portland High School
1100 Ionia Rd.
Portland, MI 48875
Attn: Mindy Blaschka
mlaschka@portlandk12.org

Portland Middle School
745 Storz Ave.
Portland, MI 48875
Attn: Stacy Gross
sgross@portlandk12.org

Westwood Elementary
883 Cross St.
Portland, MI 48875
Attn: Robin Gross
rgross@portlandk12.org

Oakwood Elementary
500 Oak St.
Portland, MI 48875
Attn: Bailey Wittenbach
bwittenbach@portlandk12.org

PACE
1090 Ionia Rd.
Portland, MI 48875
Attn: Karla Wittenbach
kwittenbach@portlandk12.org

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