

Portland Public Schools

Student Registration / Emergency Form

Student Information

Last:	First:	Middle:
Address (no PO Boxes):		
City:	State: MI	Zip: County:
Is your current address a temporary living arrangement? _____ yes _____ no		
Is your temporary living arrangement due to loss of housing or economic hardship? _____ yes _____ no		
Home Phone:	Birth City & State:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth date: ____ / ____ / ____ Grade Entering: _____

Ethnicity

Is this student Hispanic/Latino? (Choose only one)

- ☐ No, not Hispanic/Latino
- ☐ Yes, Hispanic/Latino-(A person of Cuban, Mexican, Puerto Rican, South/Central American, or other Spanish culture or origin, regardless of race.)

Race

The question to the left is about ethnicity, not race. No matter what you selected, **please continue to answer the following** by marking one or more boxes indicated what you consider your student's race to be.

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Asian American |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> White | |

Family Information

Student resides with:	Name(s)	Relationship
Parent/Guardian #1 Name:	Birth date: ____ / ____ / ____	
Address if different than primary residence:		
City:	State:	Zip:
Home Phone:	Work Phone:	
Cell Phone:	E-Mail Address:	
Employer & Occupation:		
Parent/Guardian #2 Name:	Birth date: ____ / ____ / ____	
Address (if different than primary residence):		
City:	State:	Zip:
Home Phone:	Work Phone:	
Cell Phone:	E-Mail Address:	
Employer & Occupation:		
Other Parent/Guardian Name:	Birth date: ____ / ____ / ____	
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	
Cell Phone:	E-Mail Address:	
Other Parent/Guardian Name:		
Address:		Birth date: ____ / ____ / ____
Cell Phone:	E-Mail Address:	
Employer & Occupation:		

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Emergency Contacts: (We can release your child to the below individuals, other than the parents/guardians on the front)

Name:	Relationship:	Cell #:
		Home #:
Name:	Relationship:	Cell #:
		Home #:
Name:	Relationship:	Cell #:
		Home #:

Please list all children in the family even if they are not in school.

Name:	Grade:	Birth date:
Name:	Grade:	Birth date:
Name:	Grade:	Birth date:
Name:	Grade:	Birth date:

School Last Attended: _____
(Name of School) (City) (State) (Zip)

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

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

If yes, please check all that apply.

Special Education / IEP		Title I (K-5 only)	Accommodations
<input type="checkbox"/> Language	<input type="checkbox"/> Vision	<input type="checkbox"/> Math	<input type="checkbox"/> 504 Plan
<input type="checkbox"/> Math	<input type="checkbox"/> Hearing	<input type="checkbox"/> Reading	<input type="checkbox"/> BIP (Behavior Plan)
<input type="checkbox"/> Speech	<input type="checkbox"/> Occupational Therapy		
<input type="checkbox"/> Reading	<input type="checkbox"/> Physical Therap		

HEALTH / MEDICAL NEEDS

Allergies:

Medications:

Medical Conditions:

Other:

EMERGENCY CARE:

In case of an emergency and 911 has been contacted, your child's information will be shared with the appropriate medical personnel.

Doctor:

Phone: ()

Preferred Hospital:

Field Trip Release: During the course of the school year, teachers may plan field trips designed to add to our educational program. Some of the trips are walking trips and some are bus trips.

My child has my permission to go on any field trips within 20 miles of school. I understand that I will be informed in advance of any field trips and that a separate permission slip will be required for field trips which will take my student more than 20 miles from school.

Student Handbook:

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

Parent Signature:

Date: _____

By typing my name I am signing this document

By signing this form I also certify that all the information contained in this document is accurate.



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 PPS**
- ☐ 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
mblaschka@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: Shannon Schnicke
sschnicke@portlandk12.org

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

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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.
_____ 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

_____ Choices in Section A do not apply

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: _____

By typing my name I am signing this document

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PORTLAND PUBLIC SCHOOLS

Student Health History



Date form received by school: _____

Student Name: _____ DOB: _____

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 check the boxes of medical conditions that your child has been diagnosed with. This form must be completed and returned to school annually.

Health History:

Health Condition:	Yes:	Health Conditions Cont:	Yes:
ADD/ADHD (describe in comments)		Dietary Concerns	
Asthma		Ear/Hearing Problems	
Behavior Concerns		Eye/Vision Problems/Glasses/Contacts	
Blood Disorder (list in comments)		Frequent Headaches	
Bone/ Joint Problems		Frequent Stomach aches	
Brain (injury, condition, surgery)		Heart Health Condition (describe in comments)	
Cancer		Physical Disabilities (describe in comments)	
Chronic Diarrhea or Constipation		Seizure disorder (list date of last seizure in comments)	
Chronic Respiratory Problems		Skin Condition (Eczema, etc.)	
Diabetes		Urinary/Kidney Condition (describe in comments)	
Dental Concerns		Other health concerns not listed: (list in comments)	

Comments:

Allergies:

Health Condition:	Yes:	Reaction Type (circle symptom your student experiences)
Food Allergy (describe in comments)		Hives Swelling Nausea/vomiting Diarrhea Difficulty in Breathing Other
Bee Sting Allergy		Hives Swelling Nausea/vomiting Diarrhea Difficulty in Breathing Other
Latex Allergy		Hives Swelling Nausea/vomiting Diarrhea Difficulty in Breathing Other
Seasonal Allergies		Hives Swelling Nausea/vomiting Diarrhea Difficulty in Breathing Other
Other : _____		Hives Swelling Nausea/vomiting Diarrhea Difficulty in Breathing Other

Comments/ Explanation of how you provide treatment at home for the allergy:



PORTLAND PUBLIC SCHOOLS

Student Health History



Emergency Medications for Allergies, Seizures, Asthma, Diabetes:	Yes:	No:
Epi-Pen/AUVIQ:		
Cetirizine/Zyrtec/Benadryl:		
Diastat/Valtoco:		
BAQSIMI:		
Glucagon:		
Inhaler:		
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)		
Does your child have a waiver for Immunizations?		

Comments:

Parent/Guardian Signature _____ Date _____
By typing my name I am signing this document

Printed Name of Parent/Guardian _____



PORTLAND PUBLIC SCHOOLS
Kindergarten Oral Health Assessment
Michigan Department of Health and Human Services (MDHHS)



SECTION 1 - STUDENT INFORMATION

Child's Name (Last, First, Middle)

Date of Birth

Address (Number, Street, City, Zip Code)

Home/Cell Phone Number

Parent/Guardian Name (Last, First, Middle)

Parent/Guardian Email

School Name

SECTION 2 - DENTAL EXAM OR ASSESSMENT RECOMMENDATIONS
(Licensed dental professional must complete this section)

Date of Service

Type of Service

Dental Exam Dental Assessment

Findings (Circle all that apply)

Recommendations (Circle **one**)

No Findings

Treated decay

Untreated decay

Routine care

Referral for dental treatment

Referral for urgent dental care

Provider Type (Circle **one**)

Dentist

Dental Therapist

Dental Hygienist

Provider Signature

Agency/Local Health Department

Provider Name (Print)

Phone Number

Additional Comments

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

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PORTLAND PUBLIC SCHOOLS
Medical Statement for Student *Without* a Disability
(Requesting Special Foods in Child Nutrition Programs)



Student's Name: _____ Age: _____ Grade: _____

Name of parent/guardian: _____ Phone Number: _____

Description of child's medical or other special dietary needs that restrict the child's diet:

Foods to Omit:	Foods to Substitute:

Other information regarding diet or feeding: (provide additional information below or on back of form or attach to this form).

Signature of Medical Authority

Date

Office Phone Number

Please fax completed form to Portland Public Schools: (517) 647-2975.

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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: _____
By typing my name I am signing this document

Printed Parent/Guardian Name: _____

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PORTLAND PUBLIC SCHOOLS

Transportation Request Form



Student Name: _____ Date of Birth: _____

Home Address: _____ City: _____ Zip: _____

School: _____ Grade: _____

Parent/Guardian Student resides with: Name _____ Relationship _____ Daytime phone # _____

1. _____

2. _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Emergency Contact Person: _____ Phone: _____

Other students at home address:

1. _____ School: _____

2. _____ School: _____

3. _____ School: _____

4. _____ School: _____

In order for the transportation department to provide a safe and orderly environment for your child, parents/guardians are encouraged to identify one (1) pick-up and one (1) drop off location for the school year. The bus stop may or may not be located at the home address.

Requested pick-up address: _____

Drop off address: _____

- ☐ My child does NOT need transportation provided by the school district
- ☐ I requested transportation at the above addresses

Parent/Guardian Signature: _____ Date: _____

By typing my name I am signing this document

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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 *By typing my name I am signing this document*

Date

Student Signature *By typing my name I am signing this document*

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:

- I understand that it is to be used for educational purposes only and in accordance with Student Acceptable Use Policy.
- I understand that I am responsible for any loss or damage to the device and charger.
- The District may request the device be returned at any time.
- 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:
 - Uses that are offensive to others. Don't use access to make ethnic, sexual preference or gender-related slurs or jokes.
 - 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.
 - 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.
 - 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 *By typing my name I am signing this document*

Date

Student Signature *By typing my name I am signing this document*

Date

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PORTLAND PUBLIC SCHOOLS



This is to be signed and returned to Portland Public Schools by the end of the first week of school.

Parent-Student Handbook

As the parent or guardian of this student, I have reviewed the 2024-2025 appropriate Parent/Student Handbook. I understand that it is my child's responsibility to know, understand, and follow the policies outlined within. I further understand that if my child commits any violation, school disciplinary action may be taken, and/or appropriate legal action may be taken.

Concussion Awareness

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or Concussion Fact Sheet for Students provided by Portland Public Schools.

Virtual Course

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. To provide parents, students, and our district the flexibility needed for this school year we are asking that all parents provide consent this year for their child to take a virtual course.

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

Technology Acceptable Use Policy

This agreement is between student signature user below and the Portland Public Schools. The purpose of this agreement is to grant access to and define acceptable use of PPS's Technology Resources for legitimate educational purposes consistent with PPS's Mission Statement. Student is to follow all Use Policies indicated in the agreement.

Field Trip Release

During the course of the school year, teachers may plan field trips designed to add to our educational program. Some of the trips are walking trips and some are bus trips. My child has my permission to go on any field trips within 20 miles of school. I understand that I will be informed in advance of any field trips and that a separate permission slip will be required for field trips which will take my student more than 20 miles from school.

Signatures below indicate that I agree to the Parent-Student Handbook, Concussion Awareness, Virtual Course, Technology Acceptable Use Policy and Field Trip Release stated above.

Student Name Printed

Student Signature *By typing my name I am signing this document*

Parent/Guardian Name Printed

Parent/Guardian Signature *By typing my name I am signing this document*

Grade

Date

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