Ouachita Parish School Board

OPSB Chromebook Responsible Use Agreement

Please complete and return this form to the Main Office/WOHS

I have read, understand, and agree to abide by the terms and conditions of the OPSB Chromebook Responsible Use Policy and all associated policies it references. School administrators reserve the right to examine, use, and disclose any data found on the OPSB networks in order to further the health, safety, discipline or security of any student or other person or to protect property. I understand that I may face disciplinary action if I do not abide by the policies set forth.

Student:

First Name:_____ Last Name:_____ Grade: _____

School Name: **WEST OUACHITA HIGH SCHOOL**

Student Signature: Date:

Student Device Damage Coverage Program

I understand that my OPSB Student Fees include the cost of enrollment in the Student Device Damage Coverage Program. This coverage is for accidental damage or damage sustained from normal use and does not cover intentional or negligent damage by the student. This coverage also does not cover lost or stolen devices. A police report must be filed for the student to be issued another device in the event of theft. If a student shows a pattern of intentional or negligent damage with their Chromebook(s), they may be asked to purchase additional device coverage to receive a new Chromebook.

Please Note:

1. Lost or stolen devices are not covered under the Student Device Damage Coverage Program.
2. In the event of theft, the parent/guardian must file a police report for a new device to be issued.
3. Student Device Damage Coverage does not cover intentional or negligent damage.

Parent/Guardian:

First Name: _____ Last Name:_____

Parent/Guardian Signature:

Date: _____

CHECK OUT AUTHORIZATION 2025-2026

I, _____, parent/legal guardian

of _____, who attends West Ouachita High School, hereby give my permission for the adults ***(21 years of age or older)*** listed below to come to West Ouachita and sign my child out of school.

	NAME	RELATIONSHIP
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

SIGNED: _____ **DATE:** _____
(PARENT/LEGAL GUARDIAN)

IF THIS FORM IS NOT RETURNED TO THE SCHOOL, ONLY THE PARENT/LEGAL GUARDIAN WILL BE PERMITTED TO SIGN A STUDENT OUT OF SCHOOL.

RETURN THIS FORM TO:
MAIN OFFICE/WEST OUACHITA HIGH SCHOOL

CHECKING IN/OUT OF SCHOOL

****If a student arrives to school at or after 7:55 a.m., he/she must get a tardy slip to enter class.**
****If a student arrives at 8:20 am or after he/she must report to the Main Office to check in.**

Students may not check out other students!

The only reasons a student should be checked out are for the following:
1. Illness
2. Immediate - Family Emergency
3. A valid appointment

Once at school, unless one of the reasons listed above exists, the student must remain at school. Checking one's self out without using proper protocols could result in disciplinary actions. Due to the school's legal liability, students may not check out by fax or phone. A valid I.D. must be shown when checking out a student.

Parent/Guardian Contact Information

Student Name: _____ **Grade:** _____

Physical Address: _____

_____

Guardian 1: _____Relationship: _____

Cell:_____ Work:_____

Email: _____

Guardian 2: _____Relationship: _____

Cell:_____ Work:_____

Email: _____

Emergency Contact:

Name: _____Relationship: _____

Cell:_____ Work:_____

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____

Date: _____

PUBLISHED STUDENT INFORMATION RELEASE FORM

Student Name: _____

Please check ONE of the following boxes:

☐ **YES**, I give permission for the above-named student's full name, photograph, and works (art, written papers, voice, verbal statements, etc.) to appear on the school or school district's website. I understand that these pictures or works may or may not personally identify the student.

☐ **NO,** I DO NOT give permission for the above-named student's full name, photograph, and works (art, written papers, voice, verbal statements, etc.) to appear on the school or school district's website. I understand that these pictures or works may or may not personally identify the student.

Parent/Legal Guardian (please print) _____

Signature_____

Date_____

WEST OUACHITA HIGH SCHOOL

STUDENT HANDBOOK

We, the undersigned parent/guardian and student, have read the rules and regulations contained in this handbook and understand the meaning of each of them. We understand that we may contact the school for clarification of any regulation.

_____

STUDENT NAME (PRINTED)

_____

PARENT/GUARDIAN SIGNATURE

_____

STUDENT SIGNATURE

_____

DATE

Return to your first period teacher by September 13th