East Helena Public Schools

School District No. 9

P.O. Box 1280 * East Helena, MT. 59635

Superintendent/Administration Office (406) 227-7700

Eastgate Elementary School (406) 227-7770 * Prickly Pear Elementary (406) 227-7720

Radley Elementary School (406) 227-7710 * East Valley Middle School (406) 227-7740

East Helena High School (406) 227-7730

"Success For All"

Substitutes

Please initial that you have received the following forms:	**Form Returned**
_____ Employment Application	_____
_____ Application Disclosure Affidavit	_____
_____ Applicant Survey	_____
_____ Substitute Teaching Application	_____
_____ Teachers' Retirement System (TRS) Form	_____
_____ New Employee Questionnaire	_____
_____ Measles Immunization	_____
_____ Substitute Emergency Information Sheet	_____
_____ New Hire Reporting Form	_____
_____ Staff Acceptable Use Policy for Computer/Ipad	_____
_____ Substitute Teacher Duties	n/a
_____ Employee Safety Handbook	n/a

For Office Use Only

Background Check Form		_____
W-4 (for tax deductions)		_____
I-9 Form	(with 2 forms of I.D.)	_____
Teaching Certificate		_____
Three hours of Frontline training		_____

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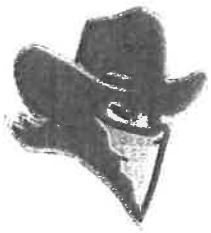
"Success For All"



EMPLOYMENT APPLICATION - CLASSIFIED PERSONNEL

FOR DISTRICT USE ONLY	
Interviewed	by: ____
Date:	_____
Rejection Letter	Sent: ____
Step: Hours	Salary
Date of Hire:	_____

The information contained on this form is sought in good faith. It will not be used in any way to discriminate against any applicant for employment in violation of state or federal law.

Board Policy 30:20.010

Equal Opportunity Employment

It is the policy of the East Helena Public Schools to prohibit discrimination against any individual for reasons of race, creed, religion, color, national origin, age, marital status, sex, political affiliation, disability, and socio-economic conditions. The district shall follow state statutes with respect to discrimination in employment (49-2-303,307, and 310; 49-3-210 and 205, MCA).

EMPLOYMENT PREFERENCE: The veteran's Public Employment Preference Act and the Persons with Disabilities Public Employment Preference Act provide preference in public employment for certain military veterans and people with disabilities or their eligible relatives. An applicant claiming employment preference must complete an **Employment Preference Form**. This form is available at Central Office, 226 E. Clinton St., East Helena, MT.

IMPORTANT: Please type or print in ink. You must sign and date in ink each application you submit. **INCOMPLETE OR UNSIGNED** applications will not be considered.

PLEASE READ THE JOB VACANCY ANNOUNCEMENT CAREFULLY TO FIND: (a) what attachments must be submitted; (b) where to submit your application; (c) the required special qualifications or licenses; and (d) the closing date for receipt of applications. An application tailored to the position is to your advantage.

Mr., Mrs., Ms._____
Last First Middle Initial

Present Address:_____
Street/P.O. Box City State Zip

Telephone: Home:_____ Work:_____

In accordance with the Montana Department of Health requirement 16:28.1005 A.R.M. you are required to provide documentation of the results of a tuberculin skin test done within the year prior to initial employment. Documentation must be provided to the school within two weeks of initial employment or employment will be suspended.

PLEASE INDICATE POSITION FOR WHICH YOU SEEK EMPLOYMENT - AS SPECIFIED ON THE JOB VACANCY ANNOUNCEMENT:

_____

My signature below certifies that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. Falsifications or misrepresentations may disqualify me from consideration for employment or, if hired, may be grounds for termination at a later date. **Employers may be contacted as references.**

SIGNATURE:_____ DATE SIGNED:_____

COMPLETED EDUCATION

	Name and Location Of School	Dates Attended (Optional)	Degree Date (Optional)	Credits Earned	Major Field
High School					
College(s)					
Other Schools or Training Courses Which Help You Qualify				Title or Description of Course	

List current Professional Licenses, Registration, or Certifications (engineering, medical, CPA, CPR,etc.)

Licensing Agency Name and Location	Type of License	Endorsement/Restriction (if applicable)	Date Licensed

Special skills: Check the skills you possess. Specify speed/errors where requested.

____Typing____/____ ____Data Entry____/____ ____Ten-Key____/____

____Other_____

____Computer Programming Languages (specify)_____

_____

____Computer Software_____

_____

Equipment: List types of equipment you can operate and specify name or model you have used (e.g., word processor, computers, food service equipment, custodial equipment, etc.

_____

_____

To The Applicant: After completing this application, please return it to the Office of Superintendent, East Helena Public Schools, Box 1280, East Helena, Montana 59635

WORK EXPERIENCE: (List ALL Employment Experience Including Military)

Current Employer: Name:_____ Address:_____

City:_____ State:_____ Zip:_____

Supervisor	Job Title	Duties	From Mo. Yr.	To Mo. Yr.

Former Employers (Begin With Most Recent)

1. Name:_____ Address:_____

City:_____ State:_____ Zip: _____

Supervisor	Job Title	Duties	From Mo. Yr.	To Mo. Yr.

2. Name:_____ Address:_____

Supervisor	Job Title	Duties	From Mo. Yr.	To Mo. Yr.

3. Name: Address:

Supervisor	Job Title	Duties	From Mo. Yr.	To Mo. Yr.

NOTE:(1) You may add additional employers to this section on a separate sheet of paper if all questions are answered and the same format is used.

(2) Do you want to be informed before we contact your present employer: Yes___No

PERSONAL REFERENCES:(OTHER THAN RELATIVES AND FORMER EMPLOYERS)

Name	Address	City, State, Zip	Telephone

Do you need any accommodation in order to perform the duties of the job you are applying for which are set forth in the job description? If so, what is that accommodation?

_____

_____

Have you within the past seven years been convicted of, or pleaded to, any offense that involves any form of violence, such as assault, rape, child abuse, child molesting, extortion, blackmail, coercion, or any crime which involves drugs?_____If yes, explain nature of crime, place, and date. (Attach a separate sheet if necessary) _____

_____

_____

Have you within the past seven years been convicted of, or pleaded to, any offense that involved embezzlement, fraud, stealing, robbery, extortion, blackmail, or coercion?_ If yes, please explain nature of crime, place and date._____

_____

_____

If required for this position (See Job Vacancy Announcement), do you have:

Valid driver's license? _ Yes _ No Commercial driver's License? _ Yes No
If commercial, specify: Type_____Class_____ Hazardous Material_____Tank_____Airbrakes

When are you available for work?_____Do you desire full-time work?_____

Will you accept night work?_____Do you wish seasonal or permanent employment? _____

Are you interested in substitute employment? _____

SPECIAL QUALIFICATIONS:
What special work experience, training, or other qualifications do you have which you feel will make you successful in the job you are seeking? (Attach separate sheet if necessary)

_____

_____

APPLICANT DISCLOSURE AFFIDAVIT

(Please Read Carefully)

The East Helena School District #9 screens prospective employees and volunteers to evaluate whether an applicant poses a risk of harm to the children and youth it serves. Information obtained is not an automatic bar to employment or volunteer work, but is considered in view of all relevant circumstances. This disclosure is required to be completed by applicants for positions in order to be considered. Any falsification, misrepresentation, or incompleteness in this disclosure alone is grounds for disqualification or termination. It is understood that this information will remain confidential and will not be released without prior signed permission.

APPLICANT _____

(Please print complete name)

State law requires that East Helena School District #9 conduct a criminal background check on all persons employed who will be in contact with the children and youth it serves. State law allows this facility to conditionally employ persons pending receipt of the results of a criminal background check. However, persons conditionally employed are required to affirm that they have not been convicted of certain offenses, which are a bar to employment.

(A) A person for whom the East Helena School District is entitled to obtain criminal history record information may be denied employment in the District if the person has been convicted of an offense listed in this subsection:

1) Any felony
2) Rape or other sexual assault
3) Drug or alcohol related offenses
4) Abuse of a minor, whether physical or sexual
5) Incest
6) Kidnapping, false imprisonment, or abduction
7) Sexual Harassment
8) Sexual exploitation of a minor
9) Sexual conduct with a minor
10) Annoying/molesting a child
11) Lewdness and/or indecent exposure
12) Lewd and lascivious behavior
13) Obscene Literature
14) Assault, battery, or other offense involving a minor
15) Endangerment of a child
16) Any misdemeanor
17) Any offense classification involving a minor or to which a minor was a witness
18) Unfitness as a parent or custodian
19) Removing children from a state or concealing children in violation of a law or court order

Please answer "Yes" or "No" to the following questions and provide a brief explanation of any "Yes" answers on a separate sheet of paper.

(B) Have you, at any time (whether as an adult or juvenile):

YES	NO		
____	____	1)	Pleaded guilty to (whether or not resulting in conviction) any offense listed above in Subsection A, or any allegation, any conduct, matter, or thing (irrespective of the name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction) any of the offenses listed above in subsection (A)
____	____	2)	Pleaded nolo contendere or no contest to any of the offenses listed above in subsection (A)
____	____	3)	Admitted to any of the offenses listed above in subsection (A)
____	____	4)	Had any judgment or order rendered against you (whether by default or otherwise) to any of the offenses listed above above in subsection (A)
____	____	5)	Been convicted of a crime involving child abuse, child neglect, moral turpitude or physical violence
____	____	6)	Been named as a perpetrator in an indicated or founded report of child abuse in accordance with the Child Protective Service Law
____	____	7)	Evidenced drug or alcohol addiction determined or documented by a licensed physician
____	____	8)	Entered into any settlement of an action or claim against you of any of the offenses listed above in subsection (A)
____	____	9)	Had any restrictions or limitations placed on you regarding contact or visitation with children or minors
____	____	10)	Had any license, certificate, or employment suspended, revoked, terminated, or otherwise adversely affected because of any of the offenses listed above in subsection (A)
____	____	11)	Suffered any serious mental illness which might create a risk to those served by the East Helena School District as determined by and documented by a licensed physician or licensed psychologist
____	____	12)	Resigned under threat of termination of employment or volunteer work for any reason
____	____	13)	Do you have any pending criminal arrests and/or charges

EMPLOYEE AFFIDAVIT

I have read this document and have been given an opportunity to ask any questions about any part that I do not understand. I hereby affirm that I have no convictions of an offense listed above which would bar employment and acknowledge that a criminal background check will be conducted. I further understand that other offenses are a potential bar to employment under state law and/or the employment policies of the East Helena School District and that my statement in this affidavit in no way limits my disclosure of other criminal offenses as required by the employment application. I also understand that any incomplete information, or misrepresentation, including by omission, on this form or on the East Helena School District employment application may be considered grounds for immediate termination.

_____ _____

APPLICANT SIGNATURE **DATE**

APPLICANT SURVEY

Title VII of the U.S. Civil Rights Act requires the School District No. 9 to "make and keep records relevant to the determinations of whether unlawful employment practices have been or are being committed." This is also a requirement of the Montana Human Rights Act and state and federal laws providing employment opportunities for veterans and persons with disabilities. The following survey helps to fulfill these requirements.

This applicant survey will be separated from your application. The survey information will be kept confidential, used only for computerized statistical reports and other lawful uses. Analysis of the information you and others provide will be used to monitor recruitment and selection practices in school government.

Because this sheet is separated from your application, please give us your name, address and phone number again. East Helena School District has a Human Resource System that automates recruitment information. To prevent duplicate records, please answer the following questions. Thank you for your cooperation.

Have you applied for a School District job before?_____Yes _____No
Are you a current or past School District employee?_____Yes_____No

Name _____ _____ _____
First Middle Last

Mailing Address_____City/State/Zip_____
E-Mail_____Home Phone No._____
Other Phone Number_____Type_____

Job Applied For: Job Title_____Location _____

Highest Education Level – Please X the **one** box that best describes your highest education level.
_____Less than High School_____Some College_____Some Graduate_____Post-Doctorate
_ High School Graduate or Equivalent _ 2 years of College Degree _ Master's Level Degree
_ Technical School _ Bachelor's Level Degree _ Doctorate

REFFERAL SOURCE– How did you FIRST learn of this position?

_____Newspaper
_____Internet Listing
_____Career/Job Fair
_____Open House
_____Walk-In

Agency Contact (specify below)
_____Phone Inquiry
_____Written Inquiry
_____Posted in Agency Building

_____Job Service
_____School or Former School Employee
_____College Recruitment
_____Other

AGE 18 OR OLDER_____Yes_____No ____FEMALE_____MALE

SOCIAL SECURITY NO. This is voluntary and asked for in order to keep your records separate from others who may have the same name. _____

ETHNIC GROUP – Please X the **one** box that best describes your ethnicity.
____ **AMERICAN INDIAN or ALASKAN NATIVE**
____ **ASIAN or PACIFIC ISLANDER**
____ **BLACK** (Not of Hispanic origin)
____ **SPANISH** (Hispanic)
____ **WHITE** (Not of Hispanic origin)

MILITARY STATUS – Please X the one box that best describes your military status.
___No Military Service_____Active Reserves_____Inactive Reserve_____Retired_____Other Veteran

DISABLED VETERAN ____YES ____NO

Montana New Hire Reporting Form

https://dphhs.mt.gov/CSED

EMPLOYER SECTION – REQUIRED INFORMATION

Federal ID Number: 81-6000562

Business Name: East Helena Public Schools

Mailing Address: P O Box 1280

Address Line 2: 226 E. Clinton Street

City: East Helena State: MT Zip Code: 59635

Business Phone: 406-227-7700 Ext. _____ Fax Number: 406-227-5534

Email Address (optional) _____

If the above business address is new, please mark this box ☐

EMPLOYEE SECTION – REQUIRED INFORMATION

- **If your company address is outside of the United States, report online.**
- **If the individual *does not have a Montana address*, report online.**

Social Security Number: _____ **Date of Hire:** _____

Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____

Address Line 2 _____

City: _____ State: _____ Zip Code: _____

Home Address: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Optional Employee Information

Home Phone: _____ Date of Birth: _____

Work Phone: State of Hire:

Is Health Insurance Available: ☐ Yes ☐ No

Date Health Insurance Is Available:

Want the convenience of reporting your new hires online?

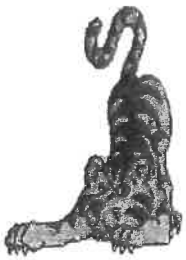
Go to: https://dphhs.mt.gov/CSED/employerinfo/newhirereporting

New Hire Reporting Helpline: 1-888-866-0327 or 406-444-9290

Fax to: 1-888-272-1990 / **Local Fax**: 406-444-0745

Or Mail To: Montana New Hire Reporting
PO Box 8013
Helena, MT 59604-8013

(REV 12/2017)



EAST HELENA PUBLIC SCHOOLS

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"Success For All"

New Employee Questionnaire

Last Name	**First**	**Middle Initial**	**Social Security Number**

Are you currently being reported to the Montana Teachers' Retirement System (TRS)? If Yes, please indicate you current employer:	Yes	No
Are you receiving a monthly retirement benefit from the Montana Teachers' Retirement System (TRS)? *If you are receiving monthly benefits from TRS, you are limited to a part-time employment and in the amount you may earn and still receive your monthly benefit. Please contact TRS to confirm the amount you may earn.	Yes	No
Are you currently being reported to the Public Employees Retirement System (PERS)? If Yes, please indicate your current employer:	Yes	No
Are you receiving a monthly retirement benefit from the Public Employees Retirement System (PERS)? *If you are receiving monthly benefits from PERS, you are limited to a part-time employment and in the amount you may earn and still receive your monthly benefit. Please contact PERS to confirm the amount you may earn.	Yes	No

Signature	**Date**

Montana Teachers' Retirement System

Congratulations on your new position!

In public school districts, community colleges, and certain State agencies in the state of Montana, all persons whose job duties are primarily educational/instructional in nature[1] must participate in the Teachers' Retirement System (TRS) beginning with their first day[2] of employment.

What is TRS?

The Montana Legislature established TRS as a Defined Benefit pension plan in 1937. In a Defined Benefit pension plan, both you and your employer contribute to the system. Your *member* contributions are kept in your TRS member account, where they earn interest each month.

When you have accrued at least five years of *creditable service* with TRS, you will be a "vested" member, which means you are eligible for a future retirement benefit. The best part? Defined Benefit pensions pay retirees a monthly benefit *for life*, no matter how long they live!

TIP We encourage you to watch our **TRS 101: Retirement System Basics** presentation. You can find a link in the "Active Member" section of our website: ***trs.mt.gov***

What happens next?

1. First, your employer will deduct the required amount of member contributions from your pay and will remit them to TRS.
   - If you have questions about the amount or the timing of those contributions, you should check with your employer.
2. After your employer has remitted your first monthly contributions to TRS, we will mail a Welcome letter to your home address.
   - The letter will explain how to set up a secure "My TRS" online account and it will ask you to designate at least one beneficiary online. (This step can't be done until TRS has received your first monthly contributions from your employer.)

In the meantime, we hope you enjoy your new position. If you have specific questions about TRS, please call our office in Helena at (406) 444-3134 or (866) 600-4045.

---

[1] The TRS Fact Sheet, ***Which Positions are Reportable to TRS?*** provides more detailed information about participation requirements. Fact Sheets can be found on the TRS website: *trs.mt.gov.*

[2] If you are a new **substitute teacher or part-time teachers' aide / paraprofessional** and you are **not** already a member of TRS, you may be eligible to defer (postpone) membership in TRS. To learn about your options, read the TRS Fact Sheet, ***Substitute Teaching and Elective Membership Deferral***, available at *trs.mt.gov*.

TRS
Montana Teachers' Retirement System
P.O. Box 200139, Helena, MT 59620-0139
406-444-3134 ▪ 866-600-4045 ▪ trs.mt.gov

TRS Employer: Retain the employee's signed form in your personnel files.

FORM 106: MEMBERSHIP ELECTION – SUBSTITUTE TEACHER or PART-TIME TEACHER'S AIDE/PARAPROFESSIONAL

Alternative accessible formats of this document will be provided upon request.

The purpose of and legal basis for this form are explained in the TRS Fact Sheet, ***Substitute Teaching and Elective Membership Deferral***. This form **may not** be used for other short-term or temporary employees, such as coaches.

EMPLOYER INSTRUCTIONS

STOP BEFORE PROVIDING THIS FORM to an employee, follow the ***TRS New Hire Procedure for Employers*** to confirm the substitute teacher or part-time teacher's aide/paraprofessional:

(1) is **not** an active or inactive TRS member with contributions on account,

(2) is **not** currently a Montana University System Retirement Plan (MUS-RP) participant, and

(3) is **not** a retired member of TRS.

SCHOOL DISTRICT OFFICER'S CERTIFICATION – *Complete only if the employee meets all three criteria above.*

By my signature below, I certify that _____ is eligible to make a TRS membership election on their first day of work.
First and Last name of employee

I also understand the employee's signed election form must be retained permanently in the district office and that, if the employee elects to defer membership, the district is required to report all hours worked and all wages earned to TRS.

Certifying Officer's Printed Name _____ Certifying Officer's Title _____

Certifying **Officer's Signature** _____ **Date** _____

NEW EMPLOYEE INFORMATION and TRS MEMBERSHIP ELECTION – *To be completed by the employee*

Your Full Name: First _____ Middle _____ Last _____

XXX-XX-_____ Last 4 Digits of SSN

_____/_____/_____ Birth Date (mm/dd/yyyy)

(_____) _____ Telephone Number

Mailing Address: Street or P.O. Box _____ City _____ State _____ ZIP Code _____

Read the following options, elect <u>one</u> option by entering your initials, then sign and date below.

☐ (Initial) I elect to **participate** as a member of TRS **beginning with my first day** of service. I understand that my employer will deduct contributions from my pay and will remit them to TRS on my behalf.

☐ (Initial) I elect to **defer (postpone) membership in TRS until I have worked at least 210 hours** as a substitute teacher or part-time teacher's aide/paraprofessional in a fiscal year (July 1–June 30) for one or more TRS employers. I understand I will not accrue creditable service with TRS unless/until I become an active, contributing member.

SIGN AND RETURN THIS FORM TO YOUR EMPLOYER ▶

Signature _____ **Date** _____

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"Success For All"

TO: All New School District Employees

From: Dan Rispens, Superintendent
Kaylee May, District Nurse

RE: Measles Immunization

The School District has been advised by the Lewis & Clark County Health Department that they are taking the measles outbreak very seriously. The School District has been advised that by State Law, MCA 50-2-118, the County has the authority to send employees in the School District home who do not have documentation that they are immune to measles at the first appearance of the disease. Not only would this be a financial hardship on employees, but it will create an unmanageable situation for our 1700 + students. As a result, all employees must provide verification of their individual test results signed by a medical professional within 7 days of employment. This verification will be placed in the personnel file of the employees. Employees are responsible for their individual medical verification.

If you have any questions or concerns, please contact the Central Office at 406-227-7700 or our District Nurse

SUBSTITUTE TEACHING PLACEMENT

_____
Name (Please Print)

_____ _____
Address City State Zip

_____ _____
Telephone Number Email Address

I will be a substitute for the following positions: (Please ☑ all that apply)

☐Teacher ☐Paraprofessional

Grades Preferred:

☐KinderCubs/K (Eastgate)
☐1st/2nd (Prickly Pear)
☐3/4/5 (Radley)
☐6/7/8 (EVMS)
☐9/10/11/12 (EHHS)

Additional Notes/Comments: _____

_____

_____

Substitute Compensation for the 2025-2026 school year:

Non-certified Teacher/Tutor Substitutes - $130/day ($17.33 per hour)
After 30 days worked, pay increases to $145/day ($19.33 per hour)
Certified Teacher/Tutor Substitutes - $140 ($18.67 per hour)
After 30 days worked, pay increases to $155 ($20.67 per hour)
Paraprofessional Substitutes - $15.80/hour (included in 30 day count)

SUBSTITUTE EMPLOYEE EMERGENCY INFORMATION FORM

Employee's Name _____

Street Address _____ P.O. Box _____

City _____ ZIP _____ Home Phone _____

Birthdate _____ Male/Female _____

Emergency Contact _____ Relationship _____

Home Phone _____ Work Phone _____

Emergency Contact _____ Relationship _____

Home Phone _____ Work Phone _____

Emergency Contact _____ Relationship _____

Home Phone _____ Work Phone _____

Emergency Transport for Serious Injury: **YES** _____ **NO** _____

VETERAN **YES** _____ **NO** _____

HEALTH HISTORY

Please indicate if you have the following conditions:

Epilepsy _____ Diabetes _____

Hearing Loss _____ Visual Problems _____

Asthma _____ Inhaler _____

Allergies _____ Specify: _____

Heart Condition _____

Prothesis (i.e. Contacts, Dentures, etc.) Please specify: _____

Other Pertinent Medical Conditions _____

Physical restrictions or other medical problems that may require special consideration, special diet or food restrictions, daily medications, etc.

_____

_____

Physican's Name Physican's Phone Number

_____ _____

Acceptable Use Policy for Network Access & Equipment Use

The information systems and Internet access available through EHPS are available to support learning, enhance instruction, and support system business practices.

EHPS information systems are operated for the mutual benefit of all users. The use of the EHPS equipment and its Network is a privilege, not a right. Users should not do, or attempt to do, anything that might disrupt the operation of the network or equipment and/or interfere with the learning of other students or work of other EHPS employees. The EHPS Network is connected to the Internet, and network of networks, which enables people to interact with hundreds of thousands of networks and computers. All access to the EHPS Network shall be pre-approved by the principal or technology coordinator. The school or office may restrict or terminate any user's access, without prior notice, if such action is deemed necessary to maintain computing availability and security for other users of the systems. Additional information can be found in Children's Online Privacy Protection Act (COPPA), Children's Internet Protection Act (CIPA) as well as references stated in EHPS Board Policy 3095 for students and 5090 for staff.

Respect for Others

Users should respect the rights of others using the EHPS Network by:

- Using assigned equipment as directed.
- Being considerate when using scarce resources.
- Always logging off equipment and closing apps after finishing work.
- Not deliberately attempting to disrupt system performance or interfere with the work of other users.
- Leaving equipment and room in good condition for the next user or class.

Ethical Conduct for Users

Accounts on the EHPS Network, both school-based and central, are considered private, although absolute security of any data cannot be guaranteed. It is the responsibility of the user to:

- Use only his or her account or password. It is a violation to give access to an account to any other user.
- Recognize and honor the intellectual property of others; comply with legal restrictions regarding plagiarism and the use and citation of information resources.
- Not read, modify, or remove files owned by other users.
- Restrict the use of the EHPS Network and resources to the mission or function of the school system. The EHPS Network is not intended for personal use or private gain.
- Help maintain the integrity of the school information system. Deliberate tampering or experimentation is not allowed, which includes the use of EHPS Network and resources to illicitly access, tamper with, or experiment with systems outside EHPS.

Respect for Property

The only software, other than student' projects, to be used on school computers or the school network are those products that the school may legally use. Copying copyrighted software without full compliance with terms of a pre-authorized licensing agreement is a serious federal

offense and will not be tolerated. Modifying any copyrighted software or borrowing software in not permitted.

- Do not download or install software applications without permission.
- Do not modify or rearrange keyboards, individual key caps, monitors, printers, or any other peripheral equipment.
- Report equipment problems immediately to teacher or technology coordinator.
- Leave equipment and peripherals in their designated places.
- Do not use offensive, obscene, or harassing language when using any EHPS Network system. Information may not be posted if it: violates the privacy of others, jeopardizes the health and safety of students, is obscene or libelous, causes disruption of school activities, plagiarizes the work of others, is a commercial advertisement, or is not approved by the principals or technology coordinator.
- Users will not change or delete files belonging to others.
- Students are not to reveal personal information (last name, home address, phone number) in correspondence with unknown parties.
- Users exercising their privilege to use the Internet, as an educational resource shall accept the responsibility for all material they receive.
- Users are prohibited from accessing portions of the Internet that do not promote the instructional mission of EHPS.
- All student-produced web pages are subject to approval and ongoing review by the responsible teacher and/or principal. All web pages should reflect the mission and character of the school.

Parents must be vigilant in teaming with the district to monitor and educate students of the potential dangers of inappropriate uses of electronic media. The District assumes no responsibility for inappropriate actions taken by a student.

I, _____ (User's Name) understand that access to the EHPS network is designed for educational purposes but will also allow my access to external computer databases, networks, etc. that are not controlled by EHPS. I also Understand that some materials available through these external sources may be inappropriate and objectionable; however, I acknowledge that it is impossible for EHPS to screen or review all of the materials available through these sources. I agree to adhere and convey standards for appropriate and acceptable use when using the EHPS Network or any other electronic media or communications associated with EHPS.

_____	_____	_____
Date	User's Name (Please Print)	User's Signature

I agree that I will exclusively use any district issued device and refrain from allowing others, in particular students, to have access to it. _____

Initials