

MARTHA'S VINEYARD PUBLIC SCHOOLS

4 PINE STREET, VINEYARD HAVEN, MA 02568 · 508.693.2007 FAX: 508.693.3190 WEB: HTTP:// WWW.MVYPS.ORG

MATTHEW T. D'ANDREA, LP.D.
SUPERINTENDENT

Excellence and Equity For All Children

HOPE T. MACLEOD, M.ED., BCBA
DIRECTOR OF STUDENT SUPPORT SERVICES
(SECONDARY)

RICHARD M. SMITH, ED.D.
ASSISTANT SUPERINTENDENT

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DIRECTOR OF STUDENT SUPPORT SERVICES
(ELEMENTARY)

RECORDS RELEASE REQUEST

LAST NAME		FIRST NAME	M.I.	GRADE	DATE OF BIRTH	SS#	SOCIAL SECURITY NUMBER
ADDRESS		CITY			STATE	ZIP	
PARENT/GUARDIAN						TELEPHONE #	

SCHOOL-LEAVING

SCHOOL-ENTERING

SCHOOL/AGENCY RELEASING INFORMATION

SCHOOL/AGENCY REQUESTING INFORMATION

Phone No. _____

Phone No. _____

Fax No. _____

Fax No. _____

E-Mail address: _____

E-Mail address: _____

TYPE OF MATERIAL:

- | | |
|---|---|
| <input type="checkbox"/> Standard Education Record | <input type="checkbox"/> Special Education Record |
| <input type="checkbox"/> Copy of Birth Certificate | <input type="checkbox"/> Psychological Report |
| <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Eligibility/IEP |
| <input type="checkbox"/> Certificate of Hearing, Vision, and Dental | <input type="checkbox"/> Placement Records |
| <input type="checkbox"/> Copy of Social Security Card | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Discipline / Attendance | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Programs/Services: Gifted, ESOL, SST | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Medical Record | <input type="checkbox"/> Other _____ |

I hereby authorize the Martha's Vineyard Public School System TO RELEASE OBTAIN pertinent information concerning the above-named student for EDUCATIONAL PLANNING MEDICAL TREATMENT or (please specify) _____

- My child receives special education services My child does not receive special education services

Authorizing Signature _____ Date _____

Parent/Guardian Forwarding Address: _____ Telephone No. _____

Date Records REQUESTED: _____

Date Records RECEIVED: _____

Today's Date: _____

West Tisbury School REGISTRATION

Primary Home Language _____

Student's Full Name _____

Last

First

Middle

Gender: Male Female Non-Binary

Grade _____

Date of Birth _____

Place of Birth _____

Number of years your child has been in school in the U.S.A. _____

Home Address _____

Street

Town

Mailing Address _____

Box #

Town

Telephone number _____

Child will take the bus to school No Yes

Child lives with:

Both Parents

Mother

Father

Guardian

Are there any custody documents or issues that exist concerning this child? _____

YES. Please complete box below.

NO. Skip box below and go to next section.

Custody documents are attached

Custody documents are on file at school.

Custody documents indicate physical and legal custody of child as follows:

Legal Custody: both parents (joint) mother father guardian

Physical Custody: both parents (joint) mother father guardian

Please provide court documentation involving custody and visitation with this child to the guidance office and update each year.

Mother's Name _____

Address if different _____

Phone # _____

E-Mail address _____

Mother's Employer _____

Phone # of employer _____

Step-parent living with child (if applicable) _____

Father's Name _____

Address if different _____

Phone # _____

E-Mail Address _____

Father's Employer _____

Phone # of employer _____

Step-parent living with child (if applicable) _____

Guardian _____

Address if different _____

Phone # _____

E-Mail Address _____

Other children in family: Name _____

Age _____

Name _____

Age _____

If the person the child lives with is unavailable, please indicate below who may be contacted to pick up the child in a case of an emergency. If divorced/separated and you would like the other parent to be able to pick up your child, please add their name below. The Nurse's Emergency Card should have the same names listed below.

(1) _____

Relationship _____

Telephone number _____

(2) _____

Relationship _____

Telephone number _____

(3) _____

Relationship _____

Telephone number _____

check here if you have added more names on the back side.

Parent/Guardian signature _____

Date: _____

The West Tisbury School

Student Permission Form Publicity/Special Activities/Transportation/E-mail

PUBLICITY RELEASE: This gives The West Tisbury School permission to release photos of students to the press, media, or Internet for the purpose of fostering positive public relations. This permission also includes videotaped school events on West Tisbury School, MVTV, Channels 13, 14 or 15 or the like.

TRANSPORTATION PERMISSION:

ON-ISLAND: This gives The West Tisbury School permission to take students off school property. Any trip of this kind will be announced to you in advance. You will always have the option to give or withhold permission for your child's participation.

OFF-ISLAND: You will be notified in advance of any off-island field trips directly from the teacher in charge and will be required to grant permission for your child to participate or not.

*Please refer to the Student Handbook for policies regarding after school bus transportation.

Please sign off on the following options:

Please fill out an individual form for each of your children. Thank you

CHECK WHICH APPLIES
<input type="checkbox"/> I GIVE my permission to The West Tisbury School to release photos/video of my child.
<input type="checkbox"/> I GIVE permission for my child to participate in on-island field trips, with advance notice.
<input type="checkbox"/> I GIVE my permission for The West Tisbury School to share my E-mail address with The West Tisbury School PTO.
<input type="checkbox"/> I DO NOT GIVE my permission to The West Tisbury School to release photos/video of my child.
<input type="checkbox"/> I DO NOT GIVE permission for my child to participate in on-island field trips.
COMMENTS:

STUDENT NAME _____

HOMEROOM/CLASSROOM TEACHER NAME _____

PARENT SIGNATURE _____

Martha's Vineyard Public Schools
Network Acceptable Use Policy For Students

Definition of Networks and Systems Covered Under This Policy

There are three basic levels of networks that are covered under this policy. The Local Area Network (LAN) consists of all networked computers at the Martha's Vineyard Public Schools (MVPS). The Wide Area Network (WAN) consists of the network connecting all Island schools, and in the future other Island institutions. The third level is our connection to the Internet. Within each of these networks, all hardware, software, and related peripherals used in connecting to or as a part of the network are included in this policy. In addition, all computers owned or leased by the Martha's Vineyard Public Schools shall be included under this policy.

Guidelines

Access to the Martha's Vineyard Public Schools networks is for educational purposes only. This access includes connections made on any Island public school, through a dial up or other provided access, or through the Internet. Below are categories of acceptable and unacceptable activities for these networks.

A. GENERAL

1. All users of these networks are representatives of the Martha's Vineyard Public Schools and should present themselves accordingly.
2. Access is for educational use only.
3. All users are expected to exercise responsible and ethical behavior when using these networks.
4. Students may only access the Internet under the supervision of a teacher or staff member.
5. Student use of the Internet should be for approved educational purposes only.
6. Activity on all network levels is subject to Martha's Vineyard Public Schools regulations, as well as all applicable local, state, federal, and international law.
7. Even though security measures are in place, be aware that sometimes information on networks can be accessed. Do not put information on line that you do not want others to have access to (i.e. credit card, bank account numbers, etc.)
8. Unauthorized use of copyrighted materials is prohibited.
9. Do not subscribe to any mail or listservs, or any service that will download large numbers of email messages to your mailbox without prior permission from a system administrator or Technology staff person.
10. Access to chat groups, video teleconferences, and the like are only to be done with the permission of a teacher or staff member and under their direct supervision.
11. If an email account is provided to a user, that person will use it for educational purposes only.

12. The MVPS reserves the right to examine, modify or remove any or all data stored in computers that are part of these networks to make sure that all users are in compliance with these regulations.

B. SECURITY

1. Use only account(s) assigned to you.
2. All users with an account will be given a password - do not give your password to anyone else or use another user's password at any time - You will be responsible for all activities taking place on your account.
3. If you think someone has accessed your account, or has information about your account, notify the system administrator or technology staff immediately.
4. If you identify any security problems, notify a system administrator, technology staff, or Martha's Vineyard Public Schools administrator only. Do not show or identify a security problem to other users.

C. VANDALISM/DESTRUCTION/UNAUTHORIZED ACCESS OF DATA OR FILES/HARASSMENT

1. Do not upload, download, or use any computer programs or hardware that will record or otherwise give access to passwords or other information to allow unauthorized access to a computer or account.
2. Do not upload or download any malicious program or other program designed to destroy or in any way compromise the operation of any computer, server, Network system or data.

D. RESPONSIBILITIES

1. All users are responsible for their user accounts and activities on those accounts
2. Users are subject to all applicable laws when using these networks. Violation of any rules may result in disciplinary or legal action from within the Martha's Vineyard Public Schools as well as from outside legal authorities.
3. Users will not search for or participate in any activity on any network that is obscene, threatening, or contrary to educational pursuits.

E. PENALTIES

1. Any user violating these provisions may lose network privileges temporarily or permanently.
2. Users are subject to all other rules and laws applicable when using these networks, and may be punished under Martha's Vineyard Public Schools regulations, as well as criminally prosecuted.
3. Users may be held responsible for any financial costs incurred as a result of malicious or intentional actions that cause damage to any aspect of the networked system.

4. School and district administrators will make the final determination on what constitutes unacceptable use. They will handle all punishments covered under this policy and school regulations.

The Martha's Vineyard Public Schools makes no warranties of any kind, whether expressed or implied, for the service it is providing. The Martha's Vineyard Public Schools will not be responsible for any damages a user may suffer, including loss of data. The Martha's Vineyard Public Schools will not be responsible for the accuracy or quality of information obtained through the Internet or other network connections.

I understand and will abide by the Martha's Vineyard Public Schools' Network Acceptable Use Policy. I further understand that any violation of this policy is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, I may be financially responsible for damages I have caused by malicious or deliberate actions, and district disciplinary action and/or appropriate legal action may be taken.

STUDENT SIGNATURE

STUDENT-PRINTED NAME

I, _____, parent and/or guardian of the above, agree to accept all liabilities that may result from my son/daughter's use of the Martha's Vineyard Public Schools computer networks (as explained in the opening paragraph of this document). (This is for all children under the age of 18)

PARENT/GUARDIAN SIGNATURE
(if child is under 18 years of age)

PARENT/GUARDIAN - PRINTED NAME

DATE



Military Families Survey

PLEASE RETURN THIS FORM, AND CHECK THE APPLICABLE BOX, IF you have a student enrolled at the West Tisbury School who is a child of:

_____ an active duty member of the armed services on active duty

_____ a member or veteran who was medically discharged or retired in the last year

OR

_____ a member who died on active duty in the last year

Student's Name: _____

Parent's Name: _____

Parent's Signature: _____ Date: _____

Levantamento de Famílias Militares

POR FAVOR, DEVOLVA ESTE FORMULÁRIO E VERIFIQUE A CAIXA APLICÁVEL, SE VOCÊ TIVER UM ALUNO ENVOLVIDADO NA ESCOLA TISBURY OCIDENTAL QUE É UM FILHO DE:

_____ um membro ativo das forças armadas na ativa

_____ um membro ou veterano que recebeu alta médica ou se aposentou no último ano

OU

_____ um membro que morreu na ativa no último ano

Nome do Estudante: _____

Nome dos Pais: _____

Assinatura dos Pais: _____ Data: _____

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): child child's parent child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): child child's parent child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

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- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335