

# 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: \_\_\_\_\_

Male  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.

- American Indian/Alaska Native  Asian American
- Native Hawaiian/Pacific Islander  Black/African American
- 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:** \_\_\_\_\_ **Birth date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Employer & Occupation: \_\_\_\_\_

**Emergency Contact:** : (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.

<b>Special Education / IEP</b>		<b>Title I (K-5 only)</b>	<b>Accommodations</b>
<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 Therapy		

**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 that will take my student more than 20 miles from school.

**Student Handbook:**

By signing below, my student and I agree to follow and abide by 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**





# 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, stepparent, 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)?

<input type="checkbox"/> biological mother	<input type="checkbox"/> biological father	<input type="checkbox"/> aunt	<input type="checkbox"/> uncle
<input type="checkbox"/> other family member	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent	<input type="checkbox"/> 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 a birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.*

**Section A**

**Section B**

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

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

**Section C: My student lives with:**

- |                                    |   |  |
|------------------------------------|---|--|
| <input type="checkbox"/> 1 parent  | <input type="checkbox"/> 1 parent and another adult         | <input type="checkbox"/> alone with no adults                    |
| <input type="checkbox"/> 2 parents | <input type="checkbox"/> a relative, friend, or other adult | <input type="checkbox"/> an adult who 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)	<input type="checkbox"/>	Dietary Concerns	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Ear/Hearing Problems	<input type="checkbox"/>
Behavior Concerns	<input type="checkbox"/>	Eye/Vision Problems/Glasses/Contacts	<input type="checkbox"/>
Blood Disorder (list in comments)	<input type="checkbox"/>	Frequent Headaches	<input type="checkbox"/>
Bone/ Joint Problems	<input type="checkbox"/>	Frequent Stomach aches	<input type="checkbox"/>
Brain (injury, condition, surgery)	<input type="checkbox"/>	Heart Health Condition (describe in comments)	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	Physical Disabilities (describe in comments)	<input type="checkbox"/>
Chronic Diarrhea or Constipation	<input type="checkbox"/>	Seizure disorder (list date of last seizure in comments)	<input type="checkbox"/>
Chronic Respiratory Problems	<input type="checkbox"/>	Skin Condition (Eczema, etc.)	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Urinary/Kidney Condition (describe in comments)	<input type="checkbox"/>
Dental Concerns	<input type="checkbox"/>	Other health concerns not listed: (list in comments)	<input type="checkbox"/>

Comments:

### Allergies:

Health Condition:	Yes:	Reaction Type (circle the symptom your student experiences)
Food Allergy (describe in comments)	<input type="checkbox"/>	Hives Swelling Nausea/vomiting Diarrhea Difficulty in Breathing      Other
Bee Sting Allergy	<input type="checkbox"/>	Hives Swelling Nausea/vomiting Diarrhea Difficulty in Breathing      Other
Latex Allergy	<input type="checkbox"/>	Hives Swelling Nausea/vomiting Diarrhea Difficulty in Breathing      Other
Seasonal Allergies	<input type="checkbox"/>	Hives Swelling Nausea/vomiting Diarrhea Difficulty in Breathing      Other
Other: _____	<input type="checkbox"/>	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:	<input type="checkbox"/>	<input type="checkbox"/>
Cetirizine/Zyrtec/Benadryl:	<input type="checkbox"/>	<input type="checkbox"/>
Diastat/Valtoco:	<input type="checkbox"/>	<input type="checkbox"/>
BAQSIMI:	<input type="checkbox"/>	<input type="checkbox"/>
Glucagon:	<input type="checkbox"/>	<input type="checkbox"/>
Inhaler:	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

Medications	Yes:	No:
Does the student take routine medications? (list in comments section, along with the health condition it is taken for)	<input type="checkbox"/>	<input type="checkbox"/>
Will medication be given at school?	<input type="checkbox"/>	<input type="checkbox"/>

Other Health Information	Yes:	No:
Do your child's health problems affect activities of daily living or school participation? (explain in comments section)	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have a waiver for Immunizations?	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

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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 student’s 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.

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*I authorize \_\_\_\_\_ Portland Public Schools \_\_\_\_\_ to release my child’s immunization record to the Michigan Department of Health and Human Services and the 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 limits personal 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:** \_\_\_\_\_



# 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: \_\_\_\_\_

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, databases, web logs, audit trails, or any other electronic transmissions accessed, distributed, or used through 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 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 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 buses) 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 include, but are 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 matters 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 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 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 obtaining such permission, you will be liable for any damages and will be required to pay the cost of any damage 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 hard copy 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 students' learning and achievement. By accepting the possession of the device, I agree with the following:

- I understand that it is to be used for educational purposes only and in accordance with the 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 the 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 filtering on all student Google accounts, both on campus and off-site. This will ensure that wherever students are logged in with their school Google accounts, they will be protected as 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 agrees to follow the guidelines in this policy and agrees to report any misuse of the Chromebook to the person designated by the school for such reporting. Misuse means any violation 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 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, vulgarity, suggestive, obscene, belligerent, or threatening language.
2. Safety. Chromebooks should be used only for the 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 is prohibited by the School District's Student Code of Conduct.
  - Uses of social networking sites. Chromebooks are provided as a tool for the students' 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 members 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 2025-2026 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**

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 with 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 the 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. The 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 that will take my student more than 20 miles from school.

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

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

**By typing my name, I am signing this document**



# Portland Public Schools

## HOME LANGUAGE SURVEY/ ENCUESTA DEL IDIOMA EN EL HOGAR

Dear Parent or Guardian/Estimado Padre o Guardianes,

**Portland Public Schools** is collecting information regarding the language background of each of its students. This information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1152 – 380.1157 of the School Code of 1995, Michigan’s Bilingual Education Law. Would you please help by providing the following information?

**Portland Public Schools** está recopilando información sobre los antecedentes lingüísticos de cada uno de sus estudiantes. El distrito utilizará esta información para determinar la cantidad de niños que deben recibir instrucción bilingüe de acuerdo con las Secciones 380.1152 – 380.1157 del Código Escolar de 1995, la Ley de Educación Bilingüe de Michigan. ¿Podría ayudarnos proporcionando la siguiente información?

This Home Language Survey has been developed for the purpose of identifying students who may need support in English in order to develop English language proficiency that will allow them to master grade-level curriculum. Your child may be given a WIDA Screener in English in order to identify their English language proficiency. If the WIDA Screener identifies the need for your child to receive EL services, you will receive a Parent Notification Letter and an explanation of those instructional services.

Esta Encuesta sobre el idioma del hogar ha sido desarrollada con el propósito de identificar a los estudiantes que pueden necesitar apoyo en inglés para desarrollar el dominio del idioma inglés que les permitirá dominar el plan de estudios de su nivel de grado. Es posible que a su hijo/hija se le realice una evaluación de WIDA en inglés para identificar su dominio del idioma inglés. Si la evaluación de WIDA identifica la necesidad de que su hijo/hija reciba servicios EL, usted recibirá una carta de notificación llamada Parent Notification Letter y una explicación de los servicios de instrucción.

Thank you very much for your cooperation./Muchas gracias por su cooperación.

Student’s Name/Nombre del estudiante: \_\_\_\_\_ Grade/Grado: \_\_\_\_\_

Date of Birth/Fecha de nacimiento: \_\_\_\_\_ Age/Edad: \_\_\_\_\_

School Building/Edificio Escolar: \_\_\_\_\_

1. What language is used most at home? / ¿Qué idioma se utiliza más en casa? \_\_\_\_\_

2. What language is used most by the student? / ¿Qué idioma utiliza más el estudiante? \_\_\_\_\_

Parent Name (please print)/Nombre del padre/madre (en letra de imprenta): \_\_\_\_\_

Parent Signature/Firma del padre o madre: \_\_\_\_\_

Date/Fecha: \_\_\_\_\_

Address/Dirección: \_\_\_\_\_

### Immigrant Students/Estudiantes Inmigrantes:

- Was the child born outside the United States or Puerto Rico? /¿El niño/niña nació fuera de los Estados Unidos o Puerto Rico? Yes/Sí  No
- If YES, then when did the student first enter US schools? / En caso afirmativo, ¿cuándo ingresó el/la estudiante por primera vez a una escuela en Estados Unidos?  
\_\_\_\_\_



# Portland Public Schools

## Migratory Students/Estudiantes Migratorios

Have you or a family member worked in agriculture, poultry, dairy, and/or packing house in the last 3 years or 36 months? / ¿Usted o un miembro de su familia ha trabajado en agricultura, con pollos, lecherías y/o empacadora en los

últimos 3 años o 36 meses?  Yes/Sí  No

If yes, where did you work? /En caso afirmativo, ¿dónde trabajó? \_\_\_\_\_

Date/Fecha: \_\_\_\_\_

Where do you work now? /¿Dónde trabajas ahora? \_\_\_\_\_

Address/Dirección: \_\_\_\_\_