Primary School
601 Marcks Lane
Luxemburg, WI 54217

Intermediate School
318 N. Main Street
Luxemburg, WI 54217

STUDENT REGISTRATION FORM

Luxemburg-Casco School District

District Office
318 N. Main Street
Luxemburg, WI 54217

Middle School
512 Center Drive
Luxemburg, WI 54217

High School
512 Center Drive
Luxemburg, WI 54217

STUDENT INFORMATION

School Start Date _____

Last Name: _____ First Name: _____ MI: _____

Grade Entering: _____ Gender: ☐ Male ☐ Female ☐ Nonbinary Date of Birth: _____

Address: _____ City: _____ Zip Code: _____

Place of Birth: City: _____ County: _____ State: _____

Ethnicity

Is this student Hispanic or Latino (Choose only one)

☐ No, not Hispanic or Latino

☐ Yes, Hispanic or Latino

Is this student (choose one or more. You must select at least one)

☐ American Indian or Alaska Native

☐ Asian

☐ Native Hawaiian or other Pacific Islander

☐ White

☐ Black or African American

LEGAL PARENT/LEGAL GUARDIAN INFORMATION

Legal Parent/Legal Guardian 1:

Last Name: _____

First Name: _____

Relationship to Student: _____

Home Phone #: _____

Cell Phone #: _____

Work Phone #: _____

Email Address: _____

Address: _____

City: _____ Zip: _____

Employer: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Remarried

Does this child live with you: ☐ Yes ☐ No

If **Yes**, ☐ Sole Custody ☐ Shared Custody

Legal Parent/Legal Guardian 2:

Last Name: _____

First Name: _____

Relationship to Student: _____

Home Phone #: _____

Cell Phone #: _____

Work Phone #: _____

Email Address: _____

Address: _____

City: _____ Zip: _____

Employer: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Remarried

Does this child live with you: ☐ Yes ☐ No

If **Yes**, ☐ Sole Custody ☐ Shared Custody

Please list siblings in the L-C School District & any younger non-school aged siblings

Sibling Name	Gender (M/F)	Age	Grade

Please list previous school of attendance if other than L-C:_____

Address: _____ City:_____

State: _____ Zip: _____ Phone #:_____

Does your child have vision difficulties? ☐ Yes ☐ No

Does your child have hearing difficulties? ☐ Yes ☐ No

Does your child have speech difficulties? ☐ Yes ☐ No

Is this child taking medication that will need to be dispensed at school? ☐ Yes ☐ No

EMERGENCY INFORMATION

Please list any medical conditions we should be aware of:

Medical Alert 1:_____ **Medical Alert 2:**_____

Does your child have allergies? ☐ Yes ☐ No If **Yes**, what are the nature of the allergies?_____

Does your child require an Epipen? ☐ Yes ☐ No

EMERGENCY CONTACTS

Please list contacts **other than parent/guardian**

1st Contact

Last Name:_____

First Name:_____

Work #:_____

Home #:_____

Cell #:_____

Relationship to student:_____

2nd Contact

Last Name:_____

First Name:_____

Work #:_____

Home #:_____

Cell #:_____

Relationship to student:_____

*The following information helps identify students who may require help developing English Language skills necessary for success in school. Testing may be necessary to determine if language supports are needed for your child. Answers **will not** be used for determining legal status or for immigration purposes. If you child is identified as eligible for English Language services, you may decline some or all of the services offered to your child.* ***PLEASE ANSWER THE QUESTIONS BELOW.***

Was the first language used by this child English ☐ Yes ☐ No

When at home, does this student hear or speak a language **other than English** more than half of the time? ☐ Yes ☐ No

If **Yes**, what language? _____

Parent/Guardian preference for languages used for school communication (may be multiple):

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Orally spoken Language: _____ Orally spoken Language: _____

Written Language: _____ Written Language: _____

IMPORTANT Please fill out all information below

Special Education
Did this student receive Special Education services at their previous school? ☐ Yes ☐ No
Does this child have an active IEP ☐ Yes ☐ No

For Primary School Students (Grades EC – 2)
Did this student receive Title 1 reading services at their previous school? ☐ Yes ☐ No

Did this student participate in an Early Childhood Program at their previous school? ☐ Yes ☐ No
If **Yes**, name and location: _____

_____

For High School Students (Grades 9 – 12)
Did this student participate in any WIAA sports at their previous school? ☐ Yes ☐ No

MILITARY INFORMATION

Is either parent/guardian on active duty? ☐ Yes ☐ No

Is either parent/guardian a traditional member of the Guard or Reserve? ☐ Yes ☐ No

Is either parent/guardian a member of the Active Guard/Reserve (AGR)? ☐ Yes ☐ No

Is either parent/guardian under Title 10 or full time National Guard under Title 32? ☐ Yes ☐ No

Parent Signature: _____ Date: _____

FOR STAFF USE ONLY

Birth Certificate Verification ☐ Yes ☐ No

Proof of Guardianship ☐ Yes ☐ No

Proof of Residency Obtained ☐ Yes ☐ No

Notes: _____

_____

_____

Escuela Primaria
601 Marcks Lane
Luxemburg, WI 54217

Escuela Intermedia
318 N. Main Street
Luxemburg, WI 54217

FORMULARIO DE INSCRIPCION DE ESTUDIANTES

Distrito Escolar Luxemburg-Casco

Oficina del Distrito
318 N. Main Street
Luxemburg, WI 54217

Escuela Secundaria
512 Center Drive
Luxemburg, WI 54217

Escuela Preparatoria
512 Center Drive
Luxemburg, WI 54217

INFORMACION DEL ESTUDIANTE

Fecha de comienzo: _____

Apellido: _____ Nombre: _____ SN: _____

Grado entrante: _____ Genero: ☐ Masculino ☐ Femenino ☐ No binario Fecha de nacimiento: _____

Dirección: _____ Ciudad: _____ Código postal: _____

Lugar de nacimiento: Ciudad: _____ Condado: _____ Estado: _____

Etnicidad

¿Este estudiante es Hispano o Latino? (Elija solo una)

☐ No, no es Hispano o Latino

☐ Si, Hispano o Latino

¿Es este estudiante? (Elija uno o más. Debe seleccionar al menos uno)

☐ Indio Americano o Nativo de Alaska ☐ Asiático

☐ Nativo de Hawai u otra isla del Pacífico ☐ Blanco

☐ Negro o Afroamericano

INFORMACIÓN LEGAL DEL PADRE/TUTOR LEGAL

Padre legal/tutor legal 1:

Apellido: _____

Nombre: _____

Relación con el estudiante: _____

de casa: _____

de celular: _____

de trabajo: _____

Correo electrónico: _____

Dirección: _____

Ciudad: _____ Código postal: _____

Empleador: _____

Estado civil: ☐ Soltero ☐ Casado ☐ Divorciado ☐ Separado ☐ Volvió a casar

¿Vive este niño contigo?: ☐ Si ☐ No

Si es así, ☐ Custodia completa ☐ Comparte custodia

Padre legal/tutor legal 2:

Apellido: _____

Nombre: _____

Relación con el estudiante: _____

de casa: _____

de celular: _____

de trabajo: _____

Correo electrónico: _____

Dirección: _____

Ciudad: _____ Código postal: _____

Empleador: _____

Estado civil: ☐ Soltero ☐ Casado ☐ Divorciado ☐ Separado ☐ Volvió a casar

¿Vive este niño contigo?: ☐ Si ☐ No

Si es así, ☐ Custodia completa ☐ Comparte custodia

Por favor, indique los hermanos en el Distrito Escolar de LC y cualquier hermano menor que no esté en edad escolar.

Nombre del hermano	Genero (M/F)	Edad	Grado

Por favor indique la escuela a la que asistió anteriormente si no es L-C:_____

Dirección: _____ Ciudad:_____

Estado: _____ Código Postal: _____ # de teléfono:_____

¿Su hijo tiene dificultades de visión? ☐ Si ☐ No

¿Su hijo tiene dificultades auditivas? ☐ Si ☐ No

¿Su hijo tiene dificultades para hablar? ☐ Si ☐ No

¿Este niño está tomando medicamentos que deberán ser dispensados en la escuela? ☐ Si ☐ No

INFORMACION DE EMERGENCIA

Enumere cualquier condición médica que debamos tener en cuenta:

Alerta Medica 1:_____ **Alerta Medica 2:**_____

¿Su hijo tiene alergias? ☐ Si ☐ No Si es así, ¿Cuál es la naturaleza de las alergias?

¿Su hijo requiere un Epi-pen? ☐ Si ☐ No

CONTACTOS DE EMERGENCIA

Por favor indique los contactos que no sean los padres/tutores

1er Contacto

Apellido:_____

Nombre:_____

del trabajo_____

de casa:_____

de celular:_____

Relación con el estudiante:_____

2ndo Contacto

Apellido:_____

Nombre:_____

del trabajo:_____

de casa:_____

de celular:_____

Relación con el estudiante:_____

La siguiente información ayuda a identificar a los estudiantes que pueden necesitar ayuda para desarrollar las habilidades del idioma inglés necesarias para tener éxito en la escuela. Es posible que se necesiten pruebas para determinar si su hijo necesita apoyos lingüísticos. Las respuestas no se utilizarán para determinar el estatus legal ni para fines de inmigración. Si su hijo es identificado como elegible para los servicios de idioma inglés, puede rechazar algunos o todos los servicios ofrecidos a su hijo. **POR FAVOR RESPONDA LAS PREGUNTAS A CONTINUACIÓN.**

¿Fue el primer idioma utilizado por este niño inglés? ☐ Si ☐ No

Cuando está en casa, ¿este estudiante escucha o habla un idioma que **no sea inglés** más de la mitad del tiempo? ☐ Si ☐ No

Si es así, ¿qué idioma? _____

Preferencia de los padres/tutores por los idiomas utilizados para la comunicación escolar (pueden ser múltiples):

Nombre del padre/tutor: _____

Idioma oral: _____

Idioma escrito: _____

Nombre del padre/tutor: _____

Idioma oral: _____

Idioma escrito: _____

IMPORTANTE: Por favor complete toda la información a continuación

Educación Especial

¿Recibió este estudiante servicios de Educación Especial en su escuela anterior? ☐ Si ☐ No

¿Esta niña tiene un IEP activo? ☐ Si ☐ No

Para estudiantes de la escuela primaria (Grados EC – 2)

¿Recibió este estudiante servicios de lectura de Título 1 en su escuela anterior? ☐ Si ☐ No

¿Este estudiante participó en un Programa de Primera Infancia en su escuela anterior? ☐ Si ☐ No

Si es así, nombre y localización: _____

_____

Para estudiantes de la escuela preparatoria (Grados 9 – 12)

¿Este estudiante participó en algún deporte WIAA en su escuela anterior? ☐ Si ☐ No

INFORMACION MILITAR

¿Alguno de los padres/tutor está en servicio activo?

☐ Si ☐ No

¿Alguno de los padres/tutor es un miembro tradicional de la Guardia o de la Reserva? ☐ Si ☐ No

¿Alguno de los padres/tutor es miembro de la Guardia Activa/Reserva (AGR)? ☐ Si ☐ No

¿Está alguno de los padres/tutores bajo el Título 10 o la Guardia Nacional de tiempo completo bajo el Título 32?

☐ Si ☐ No

Firma del padre: _____ Fecha: _____

SOLO PARA USO DEL PERSONAL

Birth Certificate Verification ☐ Yes ☐ No

Proof of Guardianship ☐ Yes ☐ No

Proof of Residency Obtained ☐ Yes ☐ No

Notes: _____

_____

_____

Luxemburg-Casco
SCHOOL DISTRICT
WE ARE SPARTANS.

Proof of Residency

The following information outlines the requirements for establishing proof of residency for those interested in enrolling their child(ren) in to the Luxemburg-Casco School District.

Under Wisconsin State Statue 121.77, only students who are legal residents of the Luxemburg-Casco School District are eligible to attend its schools without paying tuition. If residency is not properly established and false information is provided, the parent or guardian will be responsible for paying tuition costs for the current school year, or the child(ren)'s admission will be revoked.

Student's Information:

_____ _____ _____
Student's Name Date of Birth Grade

_____
Address

_____ _____ _____ _____
City State Zip Phone

_____ _____
Parent/Guardian Name Relationship to Student

"I certify that this student is a legal resident of the Luxemburg-Casco School District and that the information on this form is accurate and complete."

_____ _____
Signature of Parent/Guardian Date

Two residency documents are required to establish residency in the district.

- Current Year Property Tax Statement
- Current Month Mortgage Statement
- Current Least Agreement (must include the property manager's name, address, phone number, your contact information, and effective start/end dates)
- Current Utility Bill
- Current Pay Stub

FOR OFFICE USE ONLY: Residency approved: Yes No Date:_____ Initials:_____

BUSING PICK UP and DROP OFF INFORMATION FORM

[one form per FAMILY]

NOTE: If after completing and submitting this form there is a change in ANY of the information please contact the District Office at (920) 845-2391 x177. Language translation needed ☐ YES

Child Name: _____ Grade: _____ Gender: F M
First Last MI

Child Name: _____ Grade: _____ Gender: F M
First Last MI

Child Name: _____ Grade: _____ Gender: F M
First Last MI

☐ Check only if additional names are listed on back

Parent/Guardian Name: _____
First Last

Child's Home Address: _____
Street City Zip

Parent/Guardian Primary Phone No. (____) ____ - ____ Secondary Phone No. (____) ____ - ____

AM Bus #: _____ AM Bus Driver _____
If Known If Known

******If same as AM bus leave blank******

PM Bus #: _____ PM Bus Driver _____
If Known If Known

Pick Up Information

Pick up at: (circle one) HOME SITTER DAYCARE PARENT TRANSPORT

_____ _____
Sitter / Daycare Name Sitter / Daycare Address

Sitter / Daycare Phone No. (____) ____ - ____

Drop Off Information

******If drop off information is the same as the pick up information leave blank******

Pick up at: (circle one) HOME SITTER DAYCARE PARENT TRANSPORT

_____ _____
Sitter / Daycare Name Sitter / Daycare Address

Sitter / Daycare Phone No. (____) ____ - ____

Luxemburg-Casco School District
Student Usage Release Form
363.2-Exhibit/Rule

Parent/Guardian:

The Internet is a global network that provides people with access to a wide range of information from various places throughout the world. Each computer connected allows people to share messages, pictures, and data in ways never before possible. We believe that Internet access in the Luxemburg-Casco School District offers a constructive setting for all of our students to learn productive uses for this vast, diverse resource. Use of the Internet for educational projects will assist in preparing your child for success in the 21st Century.

Unfortunately, it is possible that your child may find material on the Internet that you would consider objectionable. The Luxemburg-Casco Internet Safety and Acceptable Use Policy (363.2) restricts access to material that is inappropriate in the school environment and we have installed filtering software to limit access to inappropriate material. However, no software is entirely effective in blocking access; therefore, we cannot guarantee that your child will not gain access to inappropriate material. There may be additional kinds of material on the Internet that are not in accord with the values of the Luxemburg-Casco School District or your family values. We would like to encourage you to use this as an opportunity to have a discussion with your child about your family values and your expectation about how these values should guide your child's activities while they are on the Internet.

The levels of access to the Internet provided to your child will vary according to the educational purposes needed and your child's age. The instructional practices and techniques used in the classroom are constantly changing to meet the demands and challenges of an ever changing global world. Therefore, administration and the system administrator reserve the right to terminate network/Internet privileges at any time for any reason.

As the parent/guardian of this student, I have read the Luxemburg-Casco Internet Safety and Acceptable Use Policy (363.2), the Acceptable Use Aggreement for Mobile Devices and related guidelines located on our website http://www.luxcasco.k12.wi.us on the Documents/Forms page which can be accessed on the left hand side of the District and school building home pages. I agree to assign the following rights to the Luxemburg-Casco School District. If no writing is submitted to the contrary, your signature agrees to the following:

- The Luxemburg-Casco School District may provide my child with Internet access and my child may use and access the Internet and related sites including classroom social media / social networking tools at school.
- I give the Luxemburg-Casco School District permission to use my child's image (photograph) with accompanying name for publications including online (e.g. District / School web site, award recognition, newsletters, etc.); however, the district will not use the student's image for any monetary gain.
- The Luxemburg-Casco School District may transmit "live or pre-recorded" media (e.g. voice, video, images, etc.) of my child over the Internet. (e.g. performances, class projects, etc.).
- The Luxemburg-Casco School District may post my child's class work on the Internet without infringing upon any copyright my child may own with respect to such class work.
- The Luxemburg-Casco School District will be providing my student with a Google account.

Student Name: _____ **Homeroom Teacher:** _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ **Date:** _____

The Luxemburg-Casco District Technology Committee will make decisions to address the educational needs of students, staff, and community as it relates to the advancement and use of technology.

Register for Family Folder Informaiton

In an effort to curtail costs and paper consumption, L-C Intermediate School has gone paperless with weekly parent information sent home on Thursdays. This form will allow you to register for electronic delivery or opt out and receive hard copies. Please complete all sections below to ensure proper delivery. Thank you!

Parent/Guardian Name:

Please supply information for all children attending L-C Intermediate School

	Child's Name:	Grade:	Homeroom:
1			
2			
3			
4			
5			

☐ I do not wish to receive electronic delivery of Family Folder information.

☐ I want to receive electronic delivery of Family Folder information.

Please list all email addresses you would like us to use

Email Addresses:

DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-04020L (05/2024)

STATE OF WISCONSIN
Wis. Stat. §§ 252.04 and 120.12 (16)

STUDENT IMMUNIZATION RECORD

Instructions to Parent: Complete and return to school within **30 days after admission**. State law requires all public and private school students to present written evidence of immunization against certain diseases **within 30 school days of admission**. The current age/grade specific requirements are available from schools and local health departments. These requirements can only be waived if a properly signed health, religious or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that purpose only. If you have questions regarding immunizations, or how to complete this form, contact your child's school or local health department.

Step 1 **Personal Data** **Please Print**

Student's Name	Birthdate (MM/DD/YYYY)	Gender	School	Grade	School Year

Name of Parent/Guardian/Legal Custodian	Address (Street, City, State, ZIP Code)	Phone Number

Step 2 **Immunization History**

List the **month, day, and year** your child received each of the following immunizations. If you do not have an immunization record for this student, contact your doctor or public health department to obtain it. You may also use the Wisconsin Immunization Registry: https://www.dhfswir.org/PR/clientSearch.do?language=en

Type of Vaccine*	First Dose MM/DD/YYYY	Second Dose MM/DD/YYYY	Third Dose MM/DD/YYYY	Fourth Dose MM/DD/YYYY	Fifth Dose MM/DD/YYYY
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) ☐ Tdap ☐ Td					
Polio					
Hepatitis B					
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine					
Meningococcal (serogroup ACWY)					

Students with a reliable history of varicella disease are not required to receive the varicella vaccine. Signature from physician, physician assistant, or advanced nurse prescriber required.
☐ I attest that this student has a reliable history of varicella disease,

_____
SIGNATURE – Health Care Provider Date Signed

Has your child had a blood test (titer) that shows immunity (had disease or previous vaccination) to any of the following? Check all that apply.
☐ Varicella ☐ Measles ☐ Mumps ☐ Rubella ☐ Hepatitis B
If **yes**, provide laboratory report(s)

Step 3 **Requirements**

Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

Step 4 **Compliance Data**

Student Meets All Requirements
Sign at Step 5 and return this form to school.

Or

Student Does Not Meet All Requirements

Check the appropriate box below, sign at Step 5, and return this form to school. **Please note that incompletely immunized students may be excluded from school if an outbreak of one of these diseases occurs**.

☐ Although my child has **not** received **all** the required doses of vaccine, the **first dose(s)** has/have been received. I understand that the **second dose(s)** must be received by the 90th school day after admission to school this year, and that the **third dose(s)** and **fourth dose(s)** if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.

Note: Failure to stay on schedule may result in exclusion from school, court action and/or forfeiture penalty.

Waivers (List in Step 2 above, the date(s) of any immunizations your child has already received)

☐ **For health reasons** this student should not receive the following immunizations _____

_____ _____
SIGNATURE – Physician Date Signed

☐ **For religious reasons,** I have chosen not to vaccinate this student with the following immunizations (check all that apply)
☐ DTaP/DTP/DT/Td ☐ Tdap, ☐ Polio ☐ Hepatitis B ☐ MMR (Measles, Mumps, Rubella) ☐ Varicella ☐ MenACWY

☐ **For personal conviction reasons,** I have chosen not to vaccinate this student with the following immunizations (check all that apply)
☐ DTaP/DTP/DT/Td ☐ Tdap ☐ Polio ☐ Hepatitis B ☐ MMR (Measles, Mumps, Rubella) ☐ Varicella ☐ MenACWY

Step 5 **Signature**

This form is complete and accurate to the best of my knowledge. Check one: (**I do** ☐ **I do not** ☐) give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.

_____ _____
SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student Date Signed

NON-PRESCRIPTION MEDICATION CONSENT FORM
Luxemburg-Casco School District
_____-_____school year

It is our goal at Luxemburg-Casco Schools to have all medication locked and protected from student misuse. While we discourage the use of medication at school, we understand minor discomforts may occur while your child is in attendance. We have a limited supply of the following over the counter medications your child may need during school hours: Acetaminophen, Ibuprofen, cough drops, antacid tablets (Tums), Benadryl tablets and cream. If your child takes any of these medications frequently, we request that you bring a bottle from home to keep at school in the nurse's office.

I authorize trained Luxemburg-Casco school personnel to administer medication for my child. I agree to hold the School District and its employees acting within the scope of their duties harmless in any and all claims arising from the administration of medication at school. In lieu of an emergency in which I can not be reached, I give my authorization to contact our physician directly.

Name of student:_____Grade: _____

Parent/Guardian Name:_____Date: _____

Parent/Guardian Signature:_____

Phone: Home_____Cell_____Work_____

Physician Name: _____

Clinic Name:_____Clinic Phone:_____

This form must be completed and returned to enable your child to receive non-prescription medications supplied by the district for the school year.

For any questions regarding medication or health concerns, please contact your child's school nurse or certified medical assistant.

Primary School:	Jennifer Hetrick CMA (920)845-2315 x208	jhetrick@luxcasco.k12.wi.us
Intermediate School:	Jennifer Hetrick CMA (920)845-2371 x113	jhetrick@luxcasco.k12.wi.us
Middle School:	Gina Enderby RN (920)837-2205 x306	genderby@luxcasco.k12.wi.us
High School:	Gina Enderby RN (920)845-2336 x483	genderby@luxcasco.k12.wi.us

Updated 09/2019

LUXEMBURG-CASCO SCHOOL DISTRICT

BYLAWS & POLICIES

7540 - COMPUTER TECHNOLOGY NETWORK, AND INTERNET ACCEPTABLE USE AND SAFETY

The Board of Education is committed to the effective use of technology to both enhance the quality of student learning and the efficiency of District operations. However, the use of the District's network and technology resources by students is a privilege not a right.

The District Administrator shall develop and implement a written District Technology Procedure (DTP). The DTP will provide for both the acquisition of technology, and guidance to staff and students concerning making safe, appropriate and ethical use of the District's network(s). The DTP shall also inform both staff and students about disciplinary actions that will be taken if Board technology and/or networks are abused in any way or used in an illegal or unethical manner.

Further, safeguards shall be established so that the Board's investment in both hardware and software achieves the benefits of technology and inhibits negative side effects. Accordingly, students shall be educated about appropriate online behavior including, but not limited to, using social media to interact with others online; interacting with other individuals in chat rooms or on blogs; and, recognizing what constitutes cyberbullying, understanding cyberbullying is a violation of District policy, and learning appropriate responses if they are victims of cyberbullying.

Social media shall be defined as internet-based applications (such as Facebook, MySpace, Twitter, etc.) that turn communication into interactive dialogue between users. The Board authorizes the instructional staff to access social media from the District's network, provided such access has an educational purpose for which the instructional staff member has the prior approval of the principal.

However, personal access and use of social media, blogs, or chat rooms from the District's network is expressly prohibited and shall subject students and staff members to discipline in accordance with Board policy.

Social media shall be defined as internet-based applications (such as Facebook, MySpace, Twitter, etc.) that turn communication into interactive dialogue between users. The Board prohibits any access and use of social media by students from the District's network.

The Board authorizes the access and use of social media from the District's network to increase awareness of District programs and activities, as well as to promote achievements of staff and students, provided such access and use is approved in advance by the District Administrator.

The District Administrator shall periodically review the DTP to determine the effectiveness of the plan in meeting its objectives.

ONE TO WORLD

HANDBOOK

K-6 PARENTS

LUXEMBURG-CASCO SCHOOL DISTRICT

4K - GRADE 6

PARENT HANDBOOK

DEVICE EXPECTATIONS & GUIDELINES

Please read over the following information before agreeing to the expectations and responsibilities of the district-issued device.

Instructional Use	*IS Principal* - Heather Mleziva - hmleziva@luxcasco.k12.wi.us, ext. 104 *PS Principal* - Pete Kline - pkline@luxcasco.k12.wi.us, ext. 201
Technical Services	*Tech Director* - Scott Waldow - swaldow@luxcasco.k12.wi.us, ext. 129

DEVICE USE & CARE

Students are responsible for their ethical and educational use of the technology resources of Luxemburg-Casco School District. ***All district policies and handbook expectations apply to the use of devices***. Consequences for inappropriate use are outlined in the **7540.03 - Student Education Technology Acceptable Use and Safety** policy. Students are responsible for bringing a fully-charged device to school each day for all classes unless advised not to do so by their teacher. Students will use their Google account login to access the Internet on the device. Students' Google Apps for Education suite of tools will be used for work production and saving online work. Devices are the property of Luxemburg-Casco School District. Students should handle their device with care. The L-C High School Student Device Handbook and the **One to World website** outline the general care of the device (carry in closed position, do not eat/drink near device, do not leave device unsupervised, etc.).

INTERNET SAFETY & ACCEPTABLE USE BOARD POLICY

7540.03 - Student Education Technology Acceptable Use and Safety policy applies to the device and its use.

PERSONAL CHROMEBOOKS

Personal Chromebooks are not allowed to be used unless specifically approved.

INTERNET SAFETY & NETWORK FILTERING

Students are encouraged to use the device at school and at home. Luxemburg-Casco School District uses a network filtering system as one means of protection for our students. A comprehensive approach including protection measures, monitoring and instruction is utilized in our school district. The district-issued student devices will have Internet filtering at school and at home to the extent it is possible with the tools in place within the school district & Google Apps for Education Administration. There may be times when the filtering tools may not work, may fail, or changes beyond the District's control may occur causing web filtering to not occur on the district-issued devices when they are not within the District. Parents and students are encouraged to report to their site administrator any complaints or concerns regarding student access or exposure to any content, activities, or communications that may be harmful, deceptive, or otherwise inappropriate or objectionable. **It is recommended a student's use of the Internet be monitored.**

PROBATIONARY STUDENT PRIVILEGES

Luxemburg-Casco School District has an obligation to protect its assets. Probationary Status and/or other disciplinary action may be assigned to a student by building administration. Based on the criteria below and at the discretion of the building administration, some students may be required to turn in their devices to the LMC at the end of each day unless otherwise specified. A formal check-in and check-out process will take place to protect the equipment and document the process. Any student can be placed on probationary status, regardless of insurance, for multiple instances of damage to a device.

- Students who have violated the **7540.03 - Student Education Technology Acceptable Use and Safety** policy during the current or previous semester.
- Students who have had multiple instances of accidental damage, intentional damage to a device, or unpaid repair/replacement fees.

DIGITAL CITIZENSHIP & DEVICE CARE / USE LESSONS

Lessons will be presented during Resource period the first week of school to establish and model expectations for educational use of devices. Proper care of devices to help minimize accidental damage will also be modeled for students. These lessons will be posted to the One to World website as well.

ONE TO WORLD

HANDBOOK

K-6 STUDENTS

LUXEMBURG-CASCO SCHOOL DISTRICT

4K - GRADE 6

STUDENT HANDBOOK

DEVICE EXPECTATIONS & GUIDELINES

All Luxemburg-Casco School District students in grades 4K - sixth will be provided access to a student dedicated device for educational purposes within their classrooms at school. All devices are the property of Luxemburg-Casco School District. Devices will provide students with access to Schoology, Google Apps for Education, educational web-based tools, as well as many other useful websites. The device is an educational tool that is not intended for gaming, social networking, or high end computing.

TAKING CARE OF A DEVICE

The device is the property of Luxemburg-Casco School District and students are responsible for the general care of it. Devices that are broken or fail to work properly must be taken to the LMC as soon as the student notices an issue so it can be taken care of properly. ***Do not take district-owned devices to an outside computer service for any type of repairs or maintenance. Repairs or maintenance are done through the LMC.***

GENERAL CARE GUIDELINES

Devices must have a Luxemburg-Casco School District asset tag on them at all times and this tag must not be removed or altered in any way.

General Care

- No food or drink is allowed next to your device while it is in use.
- Cords, cables, and removable storage devices must be inserted carefully into the device.
- Never transport your device with the power cord plugged in. Never store your device in your backpack while plugged in.
- ***Students should never carry their devices while the screen is open. Transport the device in the closed position at all times.***
- Vents should not be covered.
- Devices must remain free of any writing, drawing, or stickers.
- Devices should never be left in a car or exposed to extreme temperatures for long periods of time.
    - If accidentally left in a car in cold temperatures, please allow the device to warm up for a minimum of 30 minutes before powering on.
- Devices should never be left unattended in any unsupervised area. Any device left in an unsupervised area is in danger of being lost or stolen. The student and parents/guardians are responsible for the cost of replacing a lost or stolen device.
- If an unsupervised device is found, return it to the LCHS help desk if possible or to a staff member.
- Do not lean or put pressure on a device and/or its screen or store it with items placed on top of it.
- Clean the screen, keyboard, or outer surface with a soft, dry microfiber cloth or anti-static cloth. Never spray any liquid directly on the device.

Repairs, Lost/Stolen Devices

- If your device needs repair or technical support, please take it to the help desk located in the LMC.
- If a device is lost or stolen, the student needs to report it to the L-C High School help desk staff immediately.
- Students are responsible for the device they are issued. Any lost or stolen devices will be required to be replaced by the family.
- Students using loaner devices may be responsible for any damages incurred while in possession of the student or if it's lost or stolen.

RESPONSIBLE USE OF DEVICES

Students will adhere to all of the information for acceptable use as described in Luxemburg-Casco School District's Board Policy **7540.03 - Student Education Technology Acceptable Use and Safety**.

- Students are responsible for their ethical and educational use of the technology resources of Luxemburg-Casco School District.
- Students will only login to the device using the Luxemburg-Casco District provided Google Apps for Education account.
- Students should protect their password and not share it with others.
- Transmission of any material that is in violation of any federal or state law is prohibited. This includes, but is not limited to the following: confidential information, copyrighted material, threatening or obscene material, and

malware.

- Users of District technology have no rights, ownership, or expectations of privacy to any data that is, or was, stored on the device, school network, or any school-issued application and are given no guarantees that data will be retained or destroyed.
- Any attempt to alter data, the configuration of a device, or the files of another user, without the consent of the individual, building administrator, or technology administrator, will be considered an act of vandalism and subject to disciplinary action in accordance with the student handbook and other applicable school policies.

PERSONAL CHROMEBOOKS

Personal Chromebooks are not allowed to be used unless specifically approved.

PROBATIONARY STUDENT PRIVILEGES

Luxemburg-Casco School District has the obligation to protect the assets of the district. Probationary Status and/or other disciplinary action may be assigned to a student by building administration. Based on the criteria below, some students may be required to turn in their devices to the school library at the end of each day unless otherwise specified. A formal check-in and check-out process will take place to protect the equipment and document the process.

- Students who have violated the **7540.03 - Student Education Technology Acceptable Use and Safety** policy during the current or previous semester.
- Students who have had multiple instances of accidental damage, intentional damage to a device, or unpaid repair/replacement fees.

DIGITAL CITIZENSHIP

Students must follow the conditions of being a good digital citizen:

I will…
Stay safe.

- **I will not create accounts or give out any private information – such as my full name, date of birth, address, phone number, or photos – without my family's permission.**
- **I will not share my passwords with anyone other than my family or teacher. I will ask my family or teacher to help me with privacy settings if I want to set up devices, accounts, or profiles.**
- **If anyone makes me feel pressured or uncomfortable, or acts inappropriately toward me online, I'll stop talking to that person and will tell a friend, family member, or teacher I trust about it.**

Think first.

- **I will not bully, humiliate, or upset anyone online or with my phone – whether through sharing photos, videos, or screenshots, spreading rumors or gossip, or setting up fake profiles – and I will stand up to those who do.**
- **I know that whatever I share online or with my cell phone can spread fast and far. I will not post anything online that could harm my reputation.**
- **Whenever I use, reference, or share someone else's creative work online, I will give proper credit to the author or artist.**

Stay Balanced.

- **I know that not everything I read, hear, or see online is true. I will consider whether a source or author is credible.**
- **I will help my family set media time limits that make sense, and then I will follow them.**
- **I will be mindful of how much time I spend in front of screens, and I will continue to enjoy the other activities – and people – in my life.**

LOST / STOLEN DEVICES

If a device is lost or stolen, the student needs to report it to the LMC staff. Students using loaner devices may be responsible for any damages incurred while in possession of the student or if it's lost or stolen.

REPAIR PROCESS & REPAIR COSTS

All repairs are processed through the Luxemburg-Casco School District. Students will bring their devices in need of repair to the LMC. A loaner device may be provided as needed. A student needs to care for the loaner as he/she would for the device originally issued to him/her. If a loaner is provided while the students device is being repaired, the loaner unit must be returned before the student receives his/her repaired device.

DEVICE LOAN PROCESS

In the event that a student requires a loaner device, the student must make the request at the help desk in the LMC.