

## **Welcome to James Monroe High School!**

**Please print and complete the attached forms. Bring them to James Monroe with your birth certificate, social security card and Immunization records to register. We are very excited to welcome you to James Monroe, and we will do our best to make your transition as smooth as possible. Please check out our website for information from the school counseling department. We hope you will come to love our school as much as we do!**



**James Monroe High School**  
**Monroe County Technical Center**

142 James Monroe Drive, Lindside, West Virginia 24951  
(304) 753-5182 \* Fax (304) 753-5184



Making Connections - Taking Charge

Debbie Sams, *Principal*  
Todd Lusk, Assistant Principal  
Frank Houck, Assistant Principal

Catherine Allen, Guidance Counselor  
Megan Perdue, Guidance Counselor

DATE: \_\_\_\_\_

TRANSFERRING SCHOOL: \_\_\_\_\_

FAX: \_\_\_\_\_ PHONE: \_\_\_\_\_

Attention: Guidance Office

According to Federal Law 99.31, it is no longer necessary to obtain written consent to release records between schools. This law states that school officials of other schools in which the student may intend to enroll may receive a student's record without a written consent for each such release.

We would appreciate information on the following student:

STUDENT: \_\_\_\_\_ DOB: \_\_\_\_\_  
WVEIS ID: \_\_\_\_\_ GRADE: \_\_\_\_\_

Is the student currently expelled or suspended? NO YES (If yes, please include details)

Please include the following information as applicable:

- € Transcript of current and previous grades and credits earned
- € Student's standardized test scores
- € Current and previous conduct reports and attendance reports
- € Psychological records, current IEP, transition plan, and/or special education placement
- € Immunization records from physician

Thank you for your prompt attention to this request.

\_\_\_\_\_  
School Counselor Signature

\_\_\_\_\_  
Date



**James Monroe High School  
Monroe County Technical Center**

142 James Monroe Drive, Lindside, West Virginia 24951  
(304) 753-5182 \* Fax (304) 753-5184

**MCTC**



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**Special Records**

To: Parent or Guardian

Prior to admission to James Monroe High School, a sworn statement or affirmation indicating whether the student is, at the time, under an IEP, 504 Plan or a SAT is required.

Please circle yes or no to each of the following:

IEP YES or NO

504 Plan YES or NO

SAT YES or NO

I certify that the above information is in accordance with fact.

\_\_\_\_\_  
Parent/Guardian/Custodian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

For Office Use Only:

WVEIS # \_\_\_\_\_

Date Entered \_\_\_\_\_

Initials \_\_\_\_\_

## MONROE COUNTY WVEIS STUDENT DATA COLLECTION FORM

PLEASE PRINT

DATE OF ENROLLMENT \_\_\_\_\_

Student name is the LEGAL NAME (first, middle and last) as found on a birth certificate or other court document, i.e. legal name change or adoption papers. No student should be enrolled using only a nickname or name other than the legal name.

Student Name \_\_\_\_\_  
LAST FIRST MIDDLE OTHER

Has the student ever been enrolled in Monroe County Schools before (Including Preschool, Head Start or PAT Programs)? ☐ Yes ☐ No

Sex: M F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace: \_\_\_\_\_  
CITY STATE

Current Grade Level \_\_\_\_\_ Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(A copy of the student's Social Security Card must be provided.)

Previous School: \_\_\_\_\_ Student Home Phone: \_\_\_\_\_

Native Language: \_\_\_\_\_ Race: White \_\_ Black \_\_ Asian \_\_ Amerindian \_\_ Pacific \_\_  
(For Example: English, Spanish) Hispanic \_\_

### IMMIGRANT INFORMATION

Was the child born in one of the 50 states in the United States, the District of Columbia, or the Commonwealth of Puerto Rico? ☐ Yes ☐ No

Does the child have less than 4 full US academic years? ☐ Yes ☐ No

If yes, how many full academic years have been completed at this point of enrollment?  
\_\_\_\_ 0 year \_\_\_\_ 1 year \_\_\_\_ 2 years \_\_\_\_ 3 years

## FAMILY INFORMATION

If the student's parents are not married or not living together and there is a custody order, the school must have a copy of this order for the student's file. Unless this information is on file, the school is required by law to treat biological parents as equals with regard to release of any information request by that parent concerning his or her child. WV548-11-601 & Federal Education Records Privacy Act of 1974.

Primary parent information—this is with whom and where the student will be living. Use legal names only.

Primary \_\_\_\_\_  
LAST FIRST MIDDLE

Relationship \_\_\_\_\_ Employer \_\_\_\_\_

PHYSICAL Address \_\_\_\_\_

MAILING Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

Secondary parent information—required unless a court order is present. Use legal names only.

Secondary \_\_\_\_\_  
LAST FIRST MIDDLE

Is secondary parent (choose one): adoptive parent biological parent deceased

Relationship \_\_\_\_\_ Employer \_\_\_\_\_

PHYSICAL Address \_\_\_\_\_

MAILING Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

### ADDITIONAL CONTACT INFORMATION

This information may be required in some cases. Stepparents, grandparents, relatives and neighbors may be listed here. Additional contacts are people who may be contacted if a need arises and the school cannot contact the primary or secondary parent. Two contacts are recommended. Additional contacts WILL NOT receive student information without parental or court consent.

Contact One \_\_\_\_\_  
LAST FIRST MIDDLE

Relationship \_\_\_\_\_ Employer \_\_\_\_\_

PHYSICAL Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Contact Two \_\_\_\_\_  
LAST FIRST MIDDLE

Relationship \_\_\_\_\_ Employer \_\_\_\_\_

PHYSICAL Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

### PHYSICIAN INFORMATION—Required if available

Parents are to have ALL shot records up-to-date and provide a birth certificate from the Department of Vital Statistics for all students enrolling in West Virginia Schools. If you do not have these records or if they are already on file, you will need to discuss this with the school staff responsible for collecting this information.

\_\_\_\_\_  
Last Name First Office Phone

\_\_\_\_\_  
Street or Route Address City State Zip Code

**SPECIAL INSTRUCTIONS—Concerns about custody, diet, illness, et cetera**


**BUS INFORMATION/DIRECTIONS—This information is required**

Bus # \_\_\_\_\_ Name of Bus Driver \_\_\_\_\_

Detailed directions to student's home: \_\_\_\_\_


**(Pupil Not Currently Under Suspension or Expulsion)**

I, \_\_\_\_\_ do hereby swear/affirm that \_\_\_\_\_  
Pupil's Parent, Guardian or Custodian Name of Pupil

is not, at this time, under suspension or expulsion from attendance at a private or public school in West Virginia or any other state.

**Pupil's Parent, Guardian or Custodian**

**To be completed by notary**

**STATE OF WEST VIRGINIA**  
**COUNTY OF MONROE, to wit:**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

**My commission expires on \_\_\_\_\_.**

**{SEAL}**

**Notary Public**



## Military-Connected Children

Federal education law requires that schools identify students who have an immediate family member serving on active duty in any branch of the Armed Forces of the United States. This form asks you to provide information related to this requirement if you or another member of your student's immediate family serves in the U.S. military. The requested information includes items related to the service of members of the Reserve Component of the military (Air Force, Army, Marine, and Navy Reserve; Army and Air National Guard), given that Reservists may be called to active duty at any time. Please notify the school if a service member's status changes at any point during a school year.

Please provide the following information about the student's family member who is currently serving or has served in the United States military. You may complete a separate form for each person if there is more than one military member in the student's immediate family.

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_

### Name of Active Military Family Member

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Student *\*required\** \_\_\_\_\_

### Military Branch (select one)

Air Force \_\_\_\_ Army \_\_\_\_ Coast Guard \_\_\_\_ Marines \_\_\_\_ Navy \_\_\_\_

### Military Status

Active Duty Full-time active status in the Active Component of the Armed Forces

National Guard Reserve Component service members serving in the Army National Guard or Air

Reserve Reserve Component service members (other than National Guard) serving in any branch of the Armed Forces

Active Guard Reserve (AGR) Reserve Component service members (whether Reserve or National Guard serving full-time on federal active duty status

Individual Ready Reserve (IRR) Members of the military who previously served in the Active or Reserve Components who need to fulfill their Military Service Obligations (MSOs) or who elect to serve in the IRR, if eligible

Standby Reserve Members of the military who maintain their military affiliation without being in another status or serving on active duty but who have the potential to be mobilize

Retiree/Veteran Former members of any military branch who have retired or are no longer serving (and who may be subject to Retiree Recall)

Note: Local staff may choose whether to enter information about a student whose sole connection to the military is through a retired/Veteran parent or guardian.

### Active Duty Service

Please indicate whether the service member been called (or recalled) to serve on federal active duty for mobilization or deployment, other operational support, full-time training duty, annual training duty, attendance at a military/service school, or other active duty service as defined by federal statute. If the service member has been called to full time National Guard duty required by the state, please indicate that in the designated area.

Called to Active Duty? Yes \_\_\_\_ No \_\_\_\_

### Federal Active Duty Service

Active Duty Entry Date \_\_\_\_\_ Active Duty Exit Date \_\_\_\_\_

### Full Time National Guard Duty

National Guard Entry Date \_\_\_\_\_ National Guard Exit Date \_\_\_\_\_

# Monroe County Emergency Care Information/Enrollment Form

**\*Please notify the school with any changes throughout the school year\***

Student Legal Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ WVEIS Student ID# \_\_\_\_\_  
Grade: \_\_\_\_\_ Sex: ☐ M ☐ F Homeroom Teacher: \_\_\_\_\_ Homeroom # \_\_\_\_\_ Bus #: \_\_\_\_\_ Bus Driver: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ For rural address and PO Box#s, provide  
detailed directions: \_\_\_\_\_

Guardian's name: _____	Guardian's name: _____
Relationship: _____	Relationship: _____
Email: _____	Email: _____
Mailing address: _____	Mailing address: _____
Home phone: _____	Home phone: _____
Cell phone: _____	Cell phone: _____
Work phone: _____	Work phone: _____

**Neighbors or nearby relatives who will assume temporary care of your child:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

In case my child becomes seriously ill/injured and I or other listed contact person cannot be reached, make the best effort to take my child to Dr. \_\_\_\_\_ or \_\_\_\_\_ Hospital.

The school personnel, physician and hospital are hereby authorized to render such treatment as may be deemed necessary in an emergency for the health of my child.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**•No medication will be given without a medical provider's order and written parent consent.** Certain over-the-counter medications may be given under Monroe County Schools Standing Orders with written Wellness Center consent, including: Tylenol, ibuprofen, hydrocortisone cream, antibiotic ointment, calamine lotion, sunburn relief, insect sting relief, and chloraseptic throat spray. These medications may only be given by the Certified School Nurse (RN) and/or LPN. If a student does not have a signed Wellness Center consent, the student cannot receive the above medications under Monroe County Schools Standing Orders. In order for your child to receive any medications without a Wellness Center consent, you must provide the school with a medical provider's order for medication AND you will be responsible for providing the medication to the school. An effort to contact a parent /guardian will be made prior to administering medication by mouth. Parents/Guardians may also administer medication to their own children during the school day. For all medications given during school hours, the first dosage must be administered at home to ensure that no initial allergic reaction occurs, with the exception of emergency rescue medications, such as Epi-pen or Glucagon.

Sign here to authorize the Certified School Nurse (RN) and/or LPN to administer any of the above medications:

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Sign here to declare that your child has taken a dose of the above medications at home and that no allergic reaction occurred:

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

- Monroe County Schools does not provide insurance for students. This is the responsibility of the parent/guardian.

Insurance Company: \_\_\_\_\_ Name of policy holder: \_\_\_\_\_  
Medicaid Number: \_\_\_\_\_ CHIPS Number: \_\_\_\_\_

**Student Drug Testing Consent:** Review policy at [http://boe.monr.k12.wv.us/pages/Monroe\\_County\\_SD](http://boe.monr.k12.wv.us/pages/Monroe_County_SD) or 304-753-5182.

We have read and understand the Monroe County Schools "Activity Student Drug Testing Policy" and "Student Drug Testing Consent Form". We desire that the named student participate in the extra-curricular interscholastic programs of Monroe County Schools and we hereby voluntarily agree to be subject to its terms. We accept the method of obtaining samples, testing and analysis of such specimens, and all other aspects of the program. We further agree and consent to the disclosure of sampling, testing and results as provided in this program.

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

Signature of Coach/Sponsor \_\_\_\_\_

Date \_\_\_\_\_

**COMPLETE REVERSE SIDE**

Rev. 5/13, 4/14, 4/17 (AS)

**Contact School Nurse through the school or at 772-3094 to discuss health concerns and how they may affect your child's school day.**

# Monroe County Emergency Care Information/Enrollment Form

**\*Please notify the school with any changes throughout the school year\***

Student Legal Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

## MEDICAL CONCERNS/HEALTH PROBLEMS:

☐ My child has no medical concerns, health problems or allergies

**YES NO**

- ☐ Allergies: ☐ Medication \_\_\_\_\_ ☐ Food \_\_\_\_\_ ☐ Insect/Bee \_\_\_\_\_ ☐ Seasonal ☐ Other \_\_\_\_\_  
Type of Reaction/ Medication Required: \_\_\_\_\_  
\*Allergies & emergency medication information (Ex. Epi-pen/Benadryl) will be shared with staff in contact with the student to ensure proper training of staff and student safety\*
- ☐ Behavioral/Emotional/Psychological Disorder
- ☐ Bleeding Problem
- ☐ Diabetes/Sugar Problems
- ☐ Gastrointestinal (Stomach) Problems
- ☐ Hearing Impairment
- ☐ Heart Defect/Disease      \*Activity: ☐ Limited ☐ Unlimited
- ☐ Immune System Problems (EX: Cancer, Cystic Fibrosis, etc.)
- ☐ Neurologic Problems (EX: Cerebral Palsy, Muscular Dystrophy, Multiple Sclerosis, Migraine Headaches, Spina Bifida, etc.)
- ☐ Orthopedic Impairment (EX: Scoliosis, Wears orthotic support or prosthesis, Arthritis, etc.)
- ☐ Respiratory/Nasal Disorders (Asthma, Nosebleeds, etc.)
- ☐ Seizure Disorders
- ☐ Urinary Tract Disorders or Kidney Problems
- ☐ Visual Impairment (EX: Glasses, contacts, surgery, "Lazy Eye", etc.)
- ☐ Activity Limitations due to physical or medical conditions
- ☐ Other Health Problems or Surgeries not listed above: \_\_\_\_\_

**\*If you marked 'YES' to any of the above, describe the type of problems your child has and medications he/she is taking:**

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## **Medications that your child takes on a regular basis:**

Name of Medication	Dosage	How Often	Purpose	Needs this Medication at school?
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no

**LIST NAMES and PHONE NUMBERS of Physicians/Specialists your child is under care of:**

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**Questions related to home status:** Please note: The following questions are included because of the McKinney-Vento Legislation requiring schools to document this type of information. If your home situation is temporary, please indicate that. You may update this later. Check all that apply:

- Does your child sleep in the same house as you: ☐ all the time ☐ some of the time?
- Is your housing situation: ☐ permanent ☐ temporary?
- If temporary, how long do you anticipate being at this location? \_\_\_\_\_
- Does your home have: ☐ heat ☐ electricity ☐ running water?

**COMPLETE REVERSE SIDE**

**Contact School Nurse through the school or at 772-3094 to discuss health concerns and how they may affect your child's school day.**



To Parent(s) and/or Guardian(s):

Monroe Health Center will once again open our Wellness Centers for the upcoming school year. They are currently located at Mountain View Elementary/Middle School, Peterstown Elementary/Middle School and James Monroe High School.

The Wellness Center gives your child an opportunity to be seen by a licensed health care provider without having to miss a lot of school time. An explanation of services offered by the Wellness Center is listed below. You do not have to be present for your child to be seen however a consent form must be signed by you in order for any services to be rendered. Thanks and hope you have a happy & healthy school year!

### Description of Services

- Preventative Medicine Services such as Well Child Physicals & Immunizations.
- Sports Physicals, Allergy Injections, Prescriptions, Lab Testing, Referrals & Follow-up Care.
- Care for Acute Illness, Minor Injuries & Chronic Conditions.
- Mental Health Counseling (example coping skills, stress/anger management, depression, anxiety).
- Family Planning Services including abstinence education, birth control and STD prevention.
- Administration of medication for minor health problems as appropriate per Board of Education Standing Order Policy.

If you do not have insurance, there will be no cost for services. If you do have insurance, it will be billed when the child is seen. The co-pay and any deductible for students will be waived. If you have any questions or concerns please contact us at any of the following numbers.

### Staff, Contact Information & Hours

Our staff is here to assist you and we are available to communicate with the parents of each child. We want to know your concerns and be able to keep you updated on your child's health. Feel free to contact us during office hours. The Wellness Center works with and does not replace, your family doctor and/or school nurse. Our staff includes: Dr. Sophia Sibold, DO, Medical Director; Keri Galford, PA; Elizabeth Wickline, PA; Katrina Shires, FNP; Beth Jennings, Psychologist; Alicia Walker, Psychologist; Amanda Hunnicutt, LPN; Stephanie Darnell, LPN; Kim Rhodes, LPN

**Mountain View Wellness Center**  
620 School Street  
Union, WV 24983  
Phone: (304) 772-4580  
Fax: (304) 772-4581  
Hours: Monday – Friday  
7:30AM-4PM

**Peterstown Wellness Center**  
108 College Drive  
Peterstown, WV 24963  
Phone: (304) 753-6960  
Fax: (304) 753-6961  
Hours: Monday – Friday  
8AM-12PM M, W, H  
7:30AM-4PM Tue & Fri

**James Monroe Wellness Center**  
Route 1, Box 97-1-A  
Lindside, WV 24951  
Phone: (304) 753-5940  
Fax: (304) 753-5941  
Hours: Monday – Friday  
7:30AM-4PM

After hour's number: 1-866-834-6531

**ENROLLMENT & CONSENT FORM  
2021-2022 SCHOOL YEAR**

**STUDENT INFORMATION**

Student Name: \_\_\_\_\_ Gender: M or F Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip/County: \_\_\_\_\_  
Student SS#: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_  
Race: *White, Black or Other* \_\_\_\_\_ Ethnicity: *Latino or Other* \_\_\_\_\_ Language: *English, Spanish or Other* \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION/EMERGENCY CONTACT** *please list in order contact preference*

#1) Name \_\_\_\_\_ relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
#2) Name \_\_\_\_\_ relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
#3) Name \_\_\_\_\_ relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Are there any custody documents related to this child yes or no? \*\*\* If so a copy is required for our records.

**HEALTH INFORMATION**

1. List any allergies your child may have and any medications your child should not take: \_\_\_\_\_
2. List any medications your child currently takes and why: \_\_\_\_\_
3. Family Physician/Pediatrician: \_\_\_\_\_ or None Dentist: \_\_\_\_\_
4. If we need to call in a prescription, which pharmacy would you like us to call? \_\_\_\_\_
5. Please initial if you would like your child to have a physical exam completed at the Wellness Center: \_\_\_\_\_
6. Medical History \_\_\_\_\_, Surgical History \_\_\_\_\_
7. Hospitalizations \_\_\_\_\_, Special Needs \_\_\_\_\_

**INSURANCE - Please provide a copy of your current Insurance Card if not available fill out information below**

☐ **INSURANCE:** Name of Insurance Company: \_\_\_\_\_  
**Please fill out** Address: \_\_\_\_\_  
**Information or** City/State/Zip Code: \_\_\_\_\_ Insurance Phone #: \_\_\_\_\_  
**Provide copy of** Policy/ID #: \_\_\_\_\_ Group #: \_\_\_\_\_  
**Card front & back** Policy Holder Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Policy Holder SSN#: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

☐ **MEDICAID:** Please Check One ☐ Unisys ☐ Unicare ☐ Carelink  
ID# \_\_\_\_\_ Group # \_\_\_\_\_

☐ **WV CHIPS:** ID# \_\_\_\_\_

☐ **No Health Insurance/Request Application for Sliding Scale Fee/CHIPS/Medicaid**  
Gross Monthly Income: \_\_\_\_\_ Number in Household: \_\_\_\_\_

**Please See Other Side**



Student's name: \_\_\_\_\_

### CONSENT FOR WELLNESS CENTER SERVICES

I, the parent/guardian of said student, give consent for my child to receive all services at the Wellness Center. I understand that this consent form is valid for the entire school year while my child is enrolled or until I provide the Wellness Center staff with written directions otherwise.

All healthcare information is confidential. By signing the consent form you are giving the Wellness Center, school nurse and your child's regular doctor (if applicable) permission to communicate and share medical information regarding your child's medical condition on an as needed basis with the understanding that this information will continue to be treated in a confidential manner. No student will be denied access to health care services due to inability to pay. As in any health center, there may be a charge depending on the service provided. When available, insurance or Medicaid will be billed. The health center may release information regarding treatment to third party payers for billing purposes.

Confidentiality between the student, parents and the health center is assured. By law, some information requires the student's signed consent prior to disclosure to anyone, including parents/guardians. The staff will encourage every student to involve his/her parent/guardian in health care decisions. I am the legal guardian of the above named child. I understand that if guardianship changes a new consent must be signed by the legal guardian. I also understand that by providing an alternative contact, if I cannot be reached, medical information regarding the above named child will be shared between the medical provider and the alternative contact

Signature of Parent / Legal Guardian

Staff Signature

Date

### HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires all physicians and health care facilities to provide patients with a notice describing how an individual's medical information may be used and disclosed, and how a patient may obtain access to their personal health information.

Please note that a copy of this policy is located at the Wellness Center, can be obtained from our sponsoring center's web site [www.monroehealthcenters.com](http://www.monroehealthcenters.com) or can be mailed to you at your request. You must sign below, indicating that you have received notification on how to obtain a copy of our HIPAA policies, prior to the student receiving services.

Signature of Parent/Guardian

Date

Signature of Staff

Date

Please see other side

**COMPLETE AND RETURN CONSENT ONLY IF YOU DESIRE COUNSELING  
SERVICES FOR YOUR CHILD**

I, \_\_\_\_\_, as legal custodial parent/legal guardian of  
\_\_\_\_\_, do hereby give my consent for MHC to  
(Name of Child)

Provide counseling to my child. Treatment may consist of assessment, psychological testing, individual and/or group counseling and collaboration with primary care provider.

I understand that, as long as my child is not allowed under state law to consent to treatment him/herself, I may discuss my child's status and any recommendations which MHC may have. I further understand that my signature does not imply authorization to release information and that I have the right to revoke this consent at any time.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please see other side**

# **MONROE COUNTY SCHOOLS**

## **Secondary Technology Acceptable Use Agreement Form**

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### **OVERVIEW**

The appropriate use of technology helps students become life-long learners and positive and effective digital citizens. Successful, technologically fluent digital citizens live safely and civilly in an increasingly digital world and use technology responsibly. They understand that information posted to the Internet is public, permanent and may have a long-term impact on their lives and careers.

Monroe County Schools and the West Virginia Department of Education provide a variety of technology tools, resources and services, including Internet and e-mail accounts, to students who understand how to use them in a responsible manner. The intent of Monroe County Schools is for technology resources to be used as a valuable educational tool.

Monroe County Schools and the WV Department of Education reserve the right to monitor, inspect and investigate information about the content and usage of any technology device, resources or services which they provide. No student should have any expectation of privacy when using the Internet; we reserve the right to disclose any information to law enforcement or third parties as appropriate.

***USE OF TECHNOLOGY RESOURCES WITHIN MONROE COUNTY SCHOOLS IS A PRIVILEGE, NOT A RIGHT.***

### **USER RESPONSIBILITIES**

As the user of technology resources provided by Monroe County Schools (MCS), each student must read, understand, and accept all of the following rules stated below and any additional rules posted at school. Failure to abide by these rules may result in loss of technology privileges and/or disciplinary actions involving local, county, state, or federal agencies. Disciplinary actions will apply to all sites when students have multiple schools or community based learning experiences outside of the home school.

1. I will demonstrate good work ethics by using server software and online resources responsibly.
    - I will use the school's network and Internet only for educational purposes as directed by my teachers.
    - I will not download or play any non-educational games on a school computer.
    - I will only use school-sponsored blogs, wikis, web 2.0+ tools, social networking sites and online groups as part of an educational activity.
    - I will not access my personal social networking sites at school.
    - I will only stream any multimedia content from the Internet that supports the educational process.
    - I will manage my files and e-mail messages so that I do not overuse available server space.
    - I will not disrupt users, services, or equipment by downloading huge files during the school day, sending mass e-mails, annoying other users, etc.
  2. I will be a responsible user of technology equipment and devices.
    - I will use school and/or county owned technology in a responsible, ethical and legal manner.
    - I will not destroy, deface, damage any equipment or move it from its proper location.
    - I will be a responsible user of printers and other technology supplies and conserve paper and other supplies.
-



- I will only use personal devices according to school and classroom rules; I will only use personal devices on the MCS network or Internet with the written permission of MCS.
  - I will not use personal devices to circumvent or bypass filtering devices, security features, or acceptable use rules.
  - I will not use personal devices to harass or bully another individual.
3. I respect personal privacy for myself and others.
- I will use extreme caution about revealing my personal information (including but not limited to home address, phone number, age, or images) on websites, blogs, podcasts, videos, e-mails, or as content on other electronic media.
  - I will not reveal any personal information about another individual on any electronic medium. I understand that posting such information about a person without his/her permission is a form of bullying and harassment.
  - I will not share any of my school account usernames or passwords with anyone else.
  - I will only use my account information to access the network and online resources.
4. I will use technology to improve my communication skills with others.
- I will only use a school provided e-mail account while at school, and I understand that the communications on this account are for educational use only.
  - I will follow the rules of network etiquette, which include use of appropriate language and polite responses.
  - I will not use telecommunication resources for any illegal, unethical, immoral, harassment, or unacceptable purposes.
5. I respect and protect the intellectual property of others by observing copyright laws.
- I will not copy information received from any source and say that it is my work.
  - I will cite all sources of information that I use in my projects and work, acknowledging the creator's work.
  - I will not make copies of any software belonging to MCS and its community-based learning sites to keep, give, or sell.
  - I will not install any personal software onto any school device.
6. I will follow school rules, the MCS Code of Conduct and state and federal rules when using technology.
- I will not access or attempt to access another user's e-mail, ID/passwords, personal files or data without that person's permission.
  - I will not download, install or execute any file unless it specifically relates to an educational assignment and I have received permission from the teacher.
  - I will not attach unauthorized equipment to the network.
  - I will not try to bypass any security measures or content filtering devices to gain unauthorized access to programs, equipment, or the Internet.
  - If I identify a security issues on the system, I will notify the principal. I will not demonstrate or share the problem with other students.
  - I will not knowingly create, distribute, or execute any virus, worm, Trojan horse, malware, spyware, spam, etc. or disable or change tools used to monitor hardware and software.
  - I will not seek, view, create, send or distribute unethical, illegal, immoral, inappropriate, or unacceptable material of any type through e-mail or telecommunication resources.
  - I will not hack, crack, vandalize or participate in other unlawful online activities.
  - I understand that CIPA requires that all Internet access for students be filtered; therefore, I will not use broadband capabilities on any personal device to access the Internet while on Monroe County Schools' property.

---

**STUDENT**

I, \_\_\_\_\_, have reviewed the information in the Monroe County Schools Technology Acceptable Use Agreement Form with my parent or guardian and my teacher. I understand the rules that I am to follow. I also understand that failure to follow these rules will result in the loss of my technology access and privileges and/or disciplinary action.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Grade \_\_\_\_\_  
Signature

**PARENT or GUARDIAN**

As the parent or guardian of \_\_\_\_\_ (student), I have reviewed the Monroe County Schools Technology Acceptable Use Agreement Form with my child and understand the terms, rules, and guidelines as stated in the document. I also understand that information distributed through the Internet and other online services cannot be entirely controlled by Monroe County Schools. I therefore realize that during the course of educational studies and/or communication projects there is potential for the student to encounter controversial or offensive material. I give Monroe County Schools permission to grant technology access to my child. I understand that my child may maintain access as long as the procedures and guidelines described above are followed. I also understand that failure to abide by these rules may result in the revocation of my child's access and/or disciplinary action.

Parent or Guardian Name (please print) \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Signature

**THIS SIGNATURE PAGE MUST BE ON FILE AT THE SCHOOL BEFORE THE  
STUDENT IS PERMITTED TECHNOLOGY ACCESS**

\_\_\_\_\_ For Office Use Only \_\_\_\_\_

Training Date Completed \_\_\_\_\_ Trainer's Signature \_\_\_\_\_

### One to One Technology Agreement for Monroe County Schools

- Both parent and child need to read and sign the attached paper work. By signing this your child will be able to take a Monroe County Schools device home.
- When signing off on this paper work you are agreeing that you as a parent or guardian are responsible for your child's device if lost, stolen or damaged. The value of the Chromebook is \$250.
- Also, you are signing that if your child loses their Chromebook charger you will pay the replacement fee of \$30. The charger must be the Lenovo brand that goes with the Chromebook. Your child cannot return a generic charger. The Chromebook charger needs to remain at home during the school year. Chargers are easily stolen. Please ensure your child charges their Chromebook nightly at home.
- Each child is allowed one broken screen. After that you are responsible to pay for any additional screen repairs. The repair cost is \$30.

Any questions can be addressed to Bobbie Tuggle ([btuggle@k12.wv.us](mailto:btuggle@k12.wv.us)), Technology Director

I have read all paper work and my child and myself understand the responsibility of taking a school owned device home.

---

Parent Signature

Date

---

Student Signature

Date

---

## **Monroe County Schools Chromebook Guidelines for Students and Parents**

*This document provides detailed information to parents and students about how to care for the technology being entrusted to them.*

### **1. Receiving a Chromebook a. Parent Signature**

Parents are expected to sign the One to One Technology Responsible Use Policy during the online registration process and prior to the student receiving a MC-Issued device.

### **b. Returning Student Distribution**

Students and the parents of students who are receiving a MONROE COUNTY SCHOOLS device for the first time will attend a meeting/device distribution on one of the following dates:

i. To Be Announced

### **c. Transfer/New Student Distribution**

All transfers/new students will be able to pick up their Chromebooks from IT Office.

### **2. Returning the Chromebook**

#### **a. End of Year**

At the end of the school year, students will turn in their Chromebooks, and charger. Failure to turn in a Chromebook and charger will result in the student being charged the full replacement cost of these items. The County may also file a report of stolen property with the local law enforcement agency.

#### **b. Transferring/Withdrawing Students**

Students that transfer out of or withdraw from MONROE COUNTY SCHOOLS must turn in their Chromebook and charger to the principal's office on their last day of attendance. Failure to turn in the Chromebook will result in the student being charged the full replacement cost for each missing asset (chromebook, charger, case). Unpaid fines and fees of students leaving MONROE COUNTY SCHOOLS may be turned over to a collection agency. MONROE COUNTY SCHOOLS may also file a report of stolen property with the local law enforcement agency.

### **3. Taking Care of the Chromebook**

Students are responsible for the general care of the Chromebook they have been issued by the school. Students with Chromebooks that are broken or fail to work properly must take the device to IT Office as soon as possible so that they can be taken care of properly. County-owned Chromebooks should never be taken to an outside computer service for any type of repairs or maintenance. Students should never leave their Chromebooks unattended except when locked in their hallway locker.

#### **a. General Precautions**

- No food or drink should be next to Chromebooks.
- Cords, cables, and removable storage devices (e.g. thumb drives) must be inserted carefully into appropriate port on the Chromebooks.
- Chromebooks should not be used or stored near pets.
- Chromebooks should not be used with the power cord plugged in when the cord may be a tripping hazard.
- Chromebooks must remain free of any writing, drawing, stickers, and labels.
- Heavy objects should never be placed on top of Chromebooks.
- Chromebooks should never be loaned to another student or individual during the school day or otherwise.
- If you leave your device in your vehicle, the vehicle should be locked and the device placed out of sight.

#### **b. Carrying Chromebooks**

- Always transport Chromebooks with care. Failure to do so may result in disciplinary action.
- Students should hold the Chromebooks (cover closed) with two hands if they need to carry the Chromebook anywhere inside or outside of the classroom during instructional time.
- Never lift a Chromebook by the screen.
- Never carry a Chromebook with the screen open.

### c. Opening the Chromebook

- Open the Chromebook only when it is resting on a flat surface such as a table or desk.
- To open the Chromebook, use one hand to hold the keyboard against the table. Use the other hand to open the screen by grasping the screen's edge (in the middle) and gently moving the screen to the open position. (Figure 1. Opening a Chromebook.)
- The hinge of the screen will only allow the screen to be open to a slight angle. Do not attempt to open the screen beyond this stopping point as the screen will break if forced.

### d. Closing the Chromebook

- Before closing the screen, make sure there is nothing on the keyboard to prevent the full closure of the device. Obstacles on the keyboard could cause broken screens or damaged hinges.
- Close the screen only when the Chromebook is resting on a flat surface such as a table or desk.
- Close the Chromebook using two hands—one at either corner of the screen (Figure 2. Closing a Chromebook.) Close the screen gently.

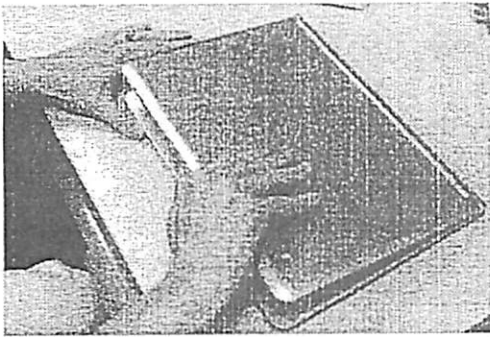


Figure 1. Opening a Chromebook



Figure 2. Closing a Chromebook

### e. Screen Care

- The Chromebook screen can be damaged if subjected to heavy objects, rough treatment, some cleaning solvents, and other liquids. The screens are particularly sensitive to damage from excessive pressure.
- Do not put pressure on the top of a Chromebook when it is closed.
- Do not store a Chromebook with the screen open.
- Do not place anything in the protective case that will press against the cover.
- Make sure there is nothing on the keyboard before closing the lid (e.g. pens, pencils, or disks).
- Never lift the Chromebook by the screen.
- Only clean the screen with a soft, dry microfiber cloth or anti-static cloth.
- All Chromebooks will be labeled with a MONROE COUNTY SCHOOLS asset tag.
- MONROE COUNTY SCHOOLS Asset tags may not be modified or tampered with in any way.
- Students may be charged up to the full replacement cost of a Chromebook for tampering with a MONROE COUNTY SCHOOLS asset tag or turning in a Chromebook without a MONROE COUNTY SCHOOLS asset tag and/ or disciplinary action...

### g. Chromebook Cases

Carrying cases for the Chromebooks will not be issued and are not mandatory. Students do have the option of purchasing a carrying case for their device that they will be allowed to carry during the day in the hallways and classrooms. The carrying case must be the appropriate size for the device. Oversized laptop cases will not be allowed. For the Chromebooks, the carrying case can be no larger than 11"X 14" and no more than 3" thick. Appropriate size carrying cases will be available for purchase at your school location.

#### **4. Using Chromebooks a. Media**

- Inappropriate media (pictures, music, movies, etc.) may not be used as Chromebook backgrounds or themes. The presence of such media will result in disciplinary action.
- Inappropriate media (images, videos, etc.) may not be stored on or accessed on the Chromebook. The presence of such media will result in disciplinary action.

#### **b. Audio**

- Sound must be muted at all times unless permission is obtained from a teacher.
- Headphones or earbuds may be used at the discretion of the teachers.
- Students will be required to provide their own personal headphones and/or ear buds (for sanitary reasons) and are expected to bring them every day.

#### **c. Printing**

- Students will be encouraged to digitally publish and share their work with their teachers and peers when appropriate.
- Student work should be stored in an Internet/cloud application, students will print directly from their Chromebooks at school to designated printers or students may log into a print station to print their work in the computer labs. Students are only to print content related to school assignments. If a student is caught printing material that is not school related will have their print capability turned off.
- Students may set up their home printers with the Google Cloud Print solution to print from their Chromebooks at home. Information about Google Cloud Print can be obtained here:  
<http://www.google.com/cloudprint/learn/>.

#### **d. Network Access and Security**

- Students will log into their Chromebooks using their school issued Google Apps for Education account.
- Students should never share their account passwords with others, unless requested by an administrator.

#### **e. Managing and Saving Digital Work With a Chromebook**

The majority of student work will be stored in Internet/cloud based applications and can be accessed from any computer with an Internet connection and from most mobile Internet devices.

- Some files may be stored on the Chromebook's hard drive.
- Students should always remember to save frequently when working on digital media (although many cloud-based applications, including Google Docs, automatically save work).
- The county will not be responsible for the loss of any student work.
- Students are encouraged to maintain backups of their important work on a portable storage device or by having multiple copies stored in different Internet storage solutions.

#### **5. Student Responsibilities a. Following Classroom Guidelines**

Students are responsible for following school and classroom specific guidelines and expectations for use. This means following instructions, guidance, and protocols regarding when and how to use the technology in the instructional setting.

#### **b. Bringing the Chromebook to school**

Students are expected to bring a fully charged Chromebook to school every day and bring their Chromebooks to all classes unless specifically advised not to do so by their teacher.

#### **c. If a student does not bring his/her Chromebook to school**

- Not having the device in class will be treated the same as if a student did not bring his textbook or homework to class.
- Students should indicate to their teacher that they do not have a Chromebook with them.
- Teachers may direct the student who has forgotten the Chromebook to seek the assistance of another student to view information.

**d. Chromebooks being repaired**

- Loaner Chromebooks may be issued to students when their school-issued Chromebook is being repaired in the IT office.
- A student borrowing a Chromebook must check out the loaner device and will be responsible for any damage to or loss of the loaned device.
- Chromebooks on loan to students having their devices repaired may be taken home at the discretion of the MONROE COUNTY SCHOOLS technology department. (Students will receive an e-mail notice when their computer is ready. The loaned computer must be turned in to receive their Chromebook.)
- Loaner devices must be treated with the same respect as any other device as outlined in this document.

**e. Charging Chromebooks**

- Chromebooks must be brought to school each day with a full charge.
- Students should charge their Chromebooks at home every evening.
- Charging will not be available in the classrooms. An uncharged Chromebook will be treated the same as a missing textbook or homework.

**f. Using a Chromebook Outside of School**

- Students are encouraged to use their Chromebooks at home and other locations outside of school. A WiFi Internet connection will be required for the majority of Chromebook use, however, some applications can be used while not connected to the Internet.
- Students are bound by the *Monroe County Schools Acceptable Use Policy Administrative Procedures*, the Chromebook agreement, and all other guidelines in this document wherever they use their Chromebooks.

**6. Operating System and Security**

Students may not use or install any operating system on their Chromebook other than the current version of ChromeOS that is supported and managed by the county.

**a. Updates**

The Chromebook operating system, ChromeOS, updates itself automatically. Students do not need to manually update their Chromebooks.

**b. Virus Protection**

- Chromebooks use the principle of "defense in depth" to provide multiple layers of protection against viruses and malware, including data encryption and verified boot.
- There is no need for additional virus protection.

**7. Content Filter**

The county utilizes an Internet content filter that is in compliance with the federally mandated Children's Internet Protection Act (CIPA). All Chromebooks will have all Internet access provided by the county filtered, protected and monitored by the county. If an educationally valuable site is blocked, students should contact their teachers to request the site be unblocked.

**8. Software a. Google Apps for Education**

- Chromebooks seamlessly integrate with the Google Apps for Education (GAFE) suite of productivity and collaboration tools. This includes Google Docs (word processing), Spreadsheets, Presentations, Drawings, and Forms.
- All work is stored in the cloud.

**b. Chrome Web Apps and Extensions**

- Students will have the ability to download only school approved apps and extensions from the Chrome Web Store.
- Students may be asked to download apps or extensions as part of class work. Students are expected to follow instructions and be prepared for class by having apps or extensions that have been indicated by their teachers.
- Some web apps or extensions will be available to use when the Chromebook is not connected to the Internet.
- Apps are also subject to internet filtering.

## 9. Chromebook Identification

- a. The county will maintain a log of all Chromebooks that includes the Chromebook serial number, asset tag code, and name and ID number of the student assigned to the device. Chromebooks will be checked in and out to the students in a very similar way to when library books are checked in and out.
- b. Each student will be assigned the same Chromebook for the duration of his/her time at MONROE COUNTY SCHOOLS. *Take good care of it!*

## 10. Repairing/Replacing Chromebooks

- a. All Chromebooks in need of repair must be brought to IT Office as soon as possible.
- b. Student technology assistants working in the Chromebook support area may analyze and fix the problems they can and escalate the issues they cannot fix to the Technology Department.
- c. **Vendor Warranty**
  - Chromebooks include a one year hardware warranty from the vendor.
  - The vendor warrants the Chromebook from defects in materials and workmanship.
  - The limited warranty covers normal use, mechanical breakdown, and faulty construction. The vendor will provide normal replacement parts necessary to repair the Chromebook or, if required, a Chromebook replacement.
  - The vendor warranty does not warrant against damage caused by misuse, abuse, or accidents.

## 11. No Expectation of Privacy

Students have no expectation of confidentiality or privacy with respect to any usage of a Chromebook, regardless of whether that use is for county-related or personal purposes, other than as specifically provided by law. The County may, without prior notice or consent, log, supervise, access, view, monitor, and record use of student Chromebooks at any time for any reason related to the operation of the County. By using a Chromebook, students agree to such access, monitoring, and recording of their use. Teachers, school administrators, and the technology department staff may use monitoring software that allows them to see the screens and activity on student Chromebooks.

### Chromebook Resources

#### Google for Education

#### 52 Tips and Tricks for Students for Google Docs

#### What is a Chromebook?

#### 100 Best Chromebook Tips, Tricks and Time Savers

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date



## James Monroe High School TRANSCRIPT PERMISSION FORM

Transcripts sent from James Monroe High School do not include student AP score reports. The transcripts do include ACT, SAT and state-assessment scores. It is important to note that some colleges will only accept ACT and SAT scores directly from the company. All scores should be sent directly from the testing entity to the colleges of your choice.

I authorize James Monroe High School to release the transcript for :

\_\_\_\_\_  
Name of Student (Print Full Legal Name)

In accordance with the Family Education Rights and privacy Act (FERPA) Public Law 93-380, release of a student's school records requires the written signature of the parent if the student has not reached the age of 18. A student who has attained the age of 18 may declare his/her majority and sign for release of his/her records.

\_\_\_\_\_  
Parent Name (print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

I am 18 years of age and assume full responsibility for requesting my high school transcripts be sent.

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

\_\_\_\_\_  
Date

# Monroe County School District

## HOME LANGUAGE SURVEY

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: ☐ Male ☐ Female

Parent/Guardian Name: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Federal and state laws require the following information be collected about the primary and home language of every student upon enrollment in the school district. Please complete a survey for each child you are enrolling in the school district.

1. What language did your child learn when he/she first began to talk? \_\_\_\_\_
2. What language does your child most frequently speak at home? \_\_\_\_\_
3. What language is spoken by you and your family most of the time at home? \_\_\_\_\_

If a language other than English is indicated for any of the above questions, the school district will test your child's English language proficiency to determine eligibility for initial and continuing placement in an English language development program. You will be notified about the results of this testing.

4. If available, in what language would you prefer to receive information from the school? \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian's Signature

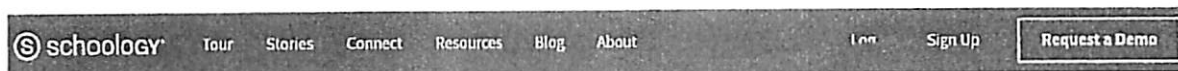
\_\_\_\_\_  
Date

***Parent(s)/Guardian(s) must complete, date & sign this form  
and return to the principal's office as soon as possible.***

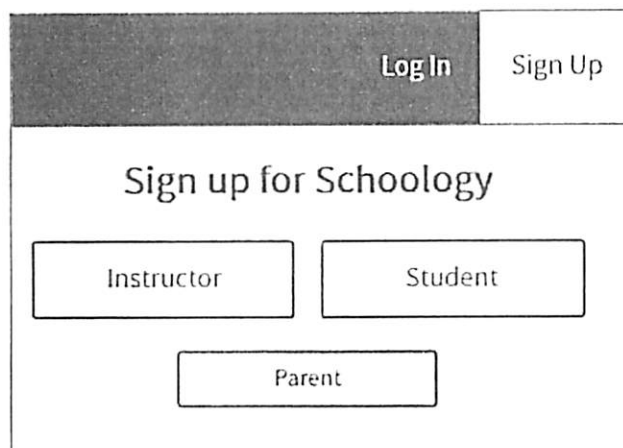
For you to keep.

## Parents: Register to view your child's activity

1. In your browser, navigate to [www.schoolology.com](http://www.schoolology.com).
2. In the top right corner of the screen, hover over **Sign Up**.



3. Select **Parent** from the options in the drop-down menu.



4. You should have received a Parent Access Code from your child's school, in the format XXXX-XXXX-XXX. Enter that code here:

Sign up for Schoolology

[Back](#)

T28N-8HWV-C274

Enter the code provided to you by your child's instructor

[Continue](#)

5. Enter your name, email address, and password. Once you log in, you'll be able to browse your child's activity by clicking the arrow to the right of your name and selecting your child's name from the top right drop-down menu:

Sign up for Schoolology

First Name

Jane

Last Name

Doe

Email

name@example.com

Password

\*\*\*\*\*

Confirm Password

\*\*\*\*\*

☒ I want to receive the Schoolology Exchange blog

☒ By clicking Register, you are agreeing to our Privacy Policy and Terms of Use

Register

Parent Name ▼

Parent Name ✓

Child Name  
Fair Lakes Academy

Add Child

Your Profile

Fair Lakes Academy

Settings

Subscriptions

Logout

6. You also have the option to associate additional children using Schoolology with this account. To associate additional children, click the down-facing arrow in the top right of your Schoolology account, select **Add Child**, and enter the Parent Access Code of your other child/children.

Now that you've successfully registered for Schoolology to view your child(ren)'s activity, check out our [Parent Guide](#) in the Help Center: [support.schoolology.com](https://support.schoolology.com).