REGISTRATION PACKET CHECKLIST

Please note the following items are needed to officially enroll your child in a Plymouth Public School. These items need to be returned to the school and verified prior to your child being admitted to any school in our district. For students enrolling at the Middle School or High School, you must call the school to set up a meeting with a School Counselor.

_____ Copy of Birth Certificate
_____ Verification of Residence Form
_____ Proof of Residency: + _____ Utility Bill + _____ Driver License

Section 1 (a, b, or c)
_____ a. Property Statement
_____ b. Escrow papers or signed mortgage commitment
_____ c. Notarized letter from landlord or owner acknowledging parent/guardian’s and student’s residence

OR

Section 2
_____ Certificate of Residency (if applicable)

OR

Section 3
_____ Residency Affidavit (if applicable)
_____ Host’s Statement (if applicable)
_____ Parent Statement (if applicable)

_____ Permanent Registration Form (3 pages) The entire Registration Packet must be completed in full.

_____ Release of Student Information form
_____ Student Support Services form
_____ New Student Transportation Request form (even if you are not requesting transportation at the time of registration)
_____ SchoolMessenger – Communication System Form
_____ Free & Reduced Lunch Application (if applicable)

**The School Nurse Requires 4 items:**

_____ Health/Medical Questionnaire
_____ **Health Assessment Record
_____ **Part II – Medical Evaluation – Physical Form
_____ **Immunization Record

**A student will not be allowed to attend school until these are completed and on file with the school nurse. If you are NOT coming from another Connecticut school, you will need to have a State of Connecticut physical done within 30 days from the first day of enrollment.

MISCELLANEOUS FORMS

_____ Network/Internet Use Agreement (4 pages – please return page 4 signed by parent & student if applicable) supplied by school at the time of registration.
_____ Chromebook Student User Agreement and Parent Permission Form (please return page 5 signed) supplied by the school at the time of registration.
Plymouth Public Schools

VERIFICATION OF RESIDENCE

NEW ENROLLEE/STUDENT TRANSFER/CHANGE OF ADDRESS

Parent/Legal Guardian Statement

I (print name) ___________________________ the parent or legal guardian of (Name) ___________________________ (Address) ___________________________
certify that the above named student actually lives full time (typically 7 days per week) at the above address. The telephone number at the same address is ____________________ and the telephone number in an emergency is ____________________.

Grade ________

This information and the documents provided are accurate. I authorize representatives of the Plymouth Public Schools to verify this information. I understand that a perjured or fraudulent statement may lead to the disenrollment of the above named student(s) and may lead to my prosecution under the criminal statutes of the State of Connecticut, which is stated below. I also understand that this document may be used as evidence in a court of law.

Larceny 1st Degree 53a122 -- The property or service is obtained by defrauding a public community and such property exceeds $2,000.
Class B. Felony -- not less than one year or more than 20 years and/or a fine up to $10,000.

Parent/Guardian Signature: ____________________ Date: __________

For Transfers Only

Current School (send records) ____________________ New School ____________________

FOR OFFICE USE ONLY

In order to verify district residence, the student over 18, parents or guardians, or an emancipated minor must sign above and provide documents from either #1 or #2 below.

_____ 1. Copy of one of the following (at address within the district in the parent’s, guardian’s or adult student’s name) AND a current utility bill:

_____ a. Deed to home or dated rental agreement showing student(s) name
_____ b. Escrow papers or signed mortgage commitment
_____ c. Notarized letter from landlord or owner acknowledging parent/guardian’s and student’s residence

Documents seen by: ____________________________ on ____________________

OR

_____ 2. Certificate of Residency with required documentation or Residency Affidavits (3 forms) to be completed by person with whom family and/or student reside (host). Verification visit by Residency Confirmation staff may follow.

Verification visit completed by: ____________________________ on ____________________.
CERTIFICATE OF RESIDENCY

(Student and parent/guardian living in dwelling owned or rented and occupied by another person)

If the student and the parent/guardian are living in a dwelling that is rented or owned and occupied by another person, the person who owns or rents the dwelling must bring the required documentation, present photo identification and complete/sign Certificate of Residency form.

School: ___________________________________________ School Year: ______________________

As part of our residency verification process, we are requesting that you as the owner/renter of the residence in Plymouth verify that:

Name of Student (s): ______________________________________________________________________

And Student (s) Parent / Guardian: ______________________________________________________________________

reside with me at __________________________________________________________

Address, Apt/Unit #, Town

________________________________________________________

 certify that the above named student(s) and parents(s)/guardian(s) reside with me at the above listed address, in a residence owned or occupied by me in the Town of Plymouth. I realize that if I make a false statement as to residency, I may be held liable for a share of the cost for the education of the said student(s) if they, in fact, do not reside in Plymouth.

I agree that the living arrangement with the student and his/her parent/guardian is:

- Permanent
- Provided without pay and
- Not for the sole purpose of obtaining school accommodations

I agree to notify the school immediately regarding the termination of the student’s full time physical presence (permanent residency) in the town of Plymouth in which event the student will no longer be eligible for free school privileges. Finally, I understand that should the student be found to be attending Plymouth schools illegally, the Town of Plymouth reserves the right to recover the costs of such education from me, the undersigned.

I understand that a perjured or fraudulent statement may lead to the disenrollment of the above named student(s) and may lead to my prosecution under the criminal statutes of the State of Connecticut which is stated below. I also understand that this document may be used as evidence in a court of law.

Larceny 1st Degree 53a122 -- The property or service is obtained by defrauding a public community and such property exceeds $2,000.

Class B. Felony -- not less than one year or more than 20 years and/or a fine up to $10,000.

Signed: ___________________________________________ Date: ______________________

Legal Resident of Plymouth, CT

Signed: ___________________________________________ Date: ______________________

Parent / Guardian of Student(s)
**Plymouth Public Schools**  
**Confidential**

**Residency Affidavit**

The Plymouth Public Schools, in compliance with statute 10-253(d) of the State of Connecticut, requires this form to be completed for any student who claims residence in Plymouth and is not residing with his or her parent(s) and whose parents are not residing in Plymouth. This form is required when there is a question about the student’s actual residence. The student, parent and person with whom the student is living must fill out this form together.

Date: __________

1. **Student’s Name_____________________________**  
   (last) (First) (Middle)

2. **Student’s Address__________________________________________________**  
   (No. and Street)  
   Telephone #_______________________________________________________

3. **Name of Person With Whom Student Lives____________________________**  
   Relationship________________________  
   Address___________________________________________________________  
   Telephone_________________________________________________________

4. **Date Student Moved To____________________________________**  
   Month Day Year

5. **Student’s Former Address__________________________________________**  
   No. & Street Town State

6. **Former School___________________________________________________**  
   Grade__________

7. **Name of Student’s Father___________________________________________**  
   Father’s Address____________________________________________________  
   Telephone Number___________________________________________________

8. **Name of Student’s Mother___________________________________________**  
   Mother’s Address____________________________________________________  
   Telephone Number___________________________________________________

9. **Name, Address, Telephone # of Student’s Court Appointed Legal Guardian (if applicable)________________________________________________________________________**  
   ________________________________________________________________
PARENT’S/ADULT STUDENT’S STATEMENT

I hereby certify that ______________________ is my ________________

(Name) (Relationship)

and he/she/I reside(s) with ______________________ who is ________________

(Name of Person) (Relationship)

at ____________________________

(No. & Street Address) (Telephone #)

I further certify that this is intended to be a bona fide permanent address at which the student will be living for _______ days and _______ nights per week and that I am not providing payment for having the student reside with ____________________________.

For Parents:

I further certify that my son/daughter is not living with me because __________________________________________________________

For Adult Students:

I certify that I am not living with my parents because __________________________________________________________

As a parent of the student and/or adult student named on this form, and as a nonresident of the Town of Plymouth, I attest to the accuracy of the information contained in this form. Further, I certify that, as a permanent resident of the Town of Plymouth, the student is eligible for free school privileges. I agree to notify school officials immediately regarding the termination of the student’s permanent residency in the Town of Plymouth, in which event the student will no longer be eligible for free school privileges. Finally, I understand that, should the student be found to be attending Plymouth Public Schools illegally, the Plymouth Public Schools reserves the right to recover the costs for such education from me, the undersigned.

I also understand that this document may be used in a court of law as evidence against me.

____________________________________ ___________________________
Parent’s Signature Date

____________________________________ ___________________________
Adult Student Signature Date

OPTIONAL: I hereby certify that the said __________________________ has full right to act in my child’s behalf (Person’s name) concerning any and all school disciplinary, administrative, and medical matters.

____________________________________
Parent’s Signature Date

Witnessed by:

____________________________________
Witness (Notary Public) Date
HOST’S STATEMENT

I hereby certify that ________________________ is my ______________________

(Student’s Name) (Relationship)

and that he/she resides with me at _________________________________________

(No. and Street)

I further certify that this is intended as a bona fide permanent address, that this student will be living with me _______days and _______ nights per week, and that I am not receiving payment for having this student reside with me.

I certify that this student is residing with me because__________________________________________

_________________________________________________________________________

As the host of the student named on this form, and as a resident of the Town of Plymouth, I attest to the accuracy of the information contained in this form. Further, I certify that, as a permanent resident of the Town of Plymouth, the student is eligible for free school privileges. I agree to notify school officials immediately regarding the termination of the student’s permanent residency in the Town of Plymouth in which event the student will no longer be eligible for free school privileges. Finally, I understand that should the student be found to be attending Plymouth Public Schools illegally, the Plymouth Public School reserves the right to recover the costs of such education from me, the undersigned.

I also understand that this document may be used in a court of law as evidence against me.

** If you are the guardian of the student, please indicate the date and source of your authority.

Date:________________________ Authority________________________________________

Optional: I, ______________________, understand that I have full responsibility for this student concerning any and all school disciplinary, administrative, and medical matters.

___________________________________________________________________________

Host’s Signature ______________________ Date ______________________

Witnessed by: ______________________ Date ______________________

Witness (Notary Public) ______________________ Date ______________________
## Plymouth Public Schools District
### New Student Registration Form

**SCHOOL (Circle One):**
- Terryville High School
- Eli Terry Jr Middle School
- Harry S Fisher Elementary School
- Plymouth Center Elementary School

### STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student's Last Name</td>
<td>Grade student will be entering</td>
</tr>
<tr>
<td>Student's First Name</td>
<td>Date of Birth</td>
</tr>
<tr>
<td>Student's Middle Name</td>
<td>Gender: Female, Male</td>
</tr>
<tr>
<td>Telephone#</td>
<td>Home phone unlisted? No or Yes</td>
</tr>
<tr>
<td>Cell Phone#</td>
<td></td>
</tr>
<tr>
<td>Home Address:</td>
<td>State:</td>
</tr>
<tr>
<td>Apt #:</td>
<td>Zip:</td>
</tr>
<tr>
<td>City:</td>
<td></td>
</tr>
</tbody>
</table>

### Ethnicity and Race:

- Is this student Hispanic/Latino? No or Yes
- Please select one or more that apply:
  - American Indian or Alaskan Native
  - Native Hawaiian or Other Pacific Islander
  - Asian
  - White
  - Black or African American

### Place of Birth:

- Is the child a U.S. Citizen? No or Yes
- State of Birth: 
- City of Birth: 

### Prior School Information

- Has your child ever attended School? No or Yes
- Was the school a Plymouth/Terryville Public School? No or Yes
- Last Grade: 
- Name of Previous School: 
- City of Prev. School: 
- Country of Prev. School: 
- State of Prev. School: 
- Phone# of Prev. School: 

### Support Service

- Is the student identified as Special Education? No or Yes
- Is there a current IEP on file at the previous school? No or Yes
  - What services did the student receive: 

- Is the student receiving tutoring services at the previous school? No or Yes
  - What services did the student receive: 

- Any years of prior Special Education Services? No or Yes
- Is there a current 504 plan on file at the student’s previous school? No or Yes
  - What services did the student receive: 

### Language Survey:

- What is the child’s primary language? 
- What language does the child speak at home? 
- What is the child’s first language? 
- What language do the parents/guardians speak at home? 

## Family Contact Information:

### Father
- **First Name:**
- **Last Name:**
- **Employer:**
- **Work Phone:**
- **Home Phone:**
- **Cell Phone:**
- **Email:**
- **Is this parent/guardian responsible for this child?**
  - [ ] No  [ ] Yes
- **Is this parent/guardian’s address the same as the student’s?**
  - [ ] No  [ ] Yes

### Mother
- **First Name:**
- **Last Name:**
- **Employer:**
- **Work Phone:**
- **Home Phone:**
- **Cell Phone:**
- **Email:**
- **Is this parent/guardian responsible for this child?**
  - [ ] No  [ ] Yes
- **Is this parent/guardian’s address the same as the student’s?**
  - [ ] No  [ ] Yes

### Additional Parent/Guardian 3
- **First Name:**
- **Last Name:**
- **Relationship to student:**
- **Employer:**
- **Work Phone:**
- **Home Phone:**
- **Cell Phone:**
- **Email:**
- **Is this parent/guardian responsible for this child?**
  - [ ] No  [ ] Yes
- **Is this parent/guardian’s address the same as the student’s?**
  - [ ] No  [ ] Yes

### Additional Parent/Guardian 4
- **First Name:**
- **Last Name:**
- **Relationship to student:**
- **Employer:**
- **Work Phone:**
- **Home Phone:**
- **Cell Phone:**
- **Email:**
- **Is this parent/guardian responsible for this child?**
  - [ ] No  [ ] Yes
- **Is this parent/guardian’s address the same as the student’s?**
  - [ ] No  [ ] Yes

### Sibling Information
- **How many school aged brothers and sisters does the student have?**
- **Name:**  **DOB:**
- **Name:**  **DOB:**
- **Name:**  **DOB:**

### Media
- **My child may be photographed, videoed and/or interviewed during the year when it comes to school activities and programs:**
  - [ ] Yes  [ ] No
### Emergency Contacts – Not a parent/guardian

Please provide contact information for at least two persons to be contacted in the event parents or guardians are not available.

<table>
<thead>
<tr>
<th>Contact # 1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td>Street:</td>
</tr>
<tr>
<td>Last Name:</td>
<td>City:</td>
</tr>
<tr>
<td>Relationship to student:</td>
<td>State:</td>
</tr>
<tr>
<td>Primary Phone:</td>
<td>Zip:</td>
</tr>
<tr>
<td>Cell Phone:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact # 2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td>Street:</td>
</tr>
<tr>
<td>Last Name:</td>
<td>City:</td>
</tr>
<tr>
<td>Relationship to student:</td>
<td>State:</td>
</tr>
<tr>
<td>Primary Phone:</td>
<td>Zip:</td>
</tr>
<tr>
<td>Cell Phone:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact # 3</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td>Street:</td>
</tr>
<tr>
<td>Last Name:</td>
<td>City:</td>
</tr>
<tr>
<td>Relationship to student:</td>
<td>State:</td>
</tr>
<tr>
<td>Primary Phone:</td>
<td>Zip:</td>
</tr>
<tr>
<td>Cell Phone:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact # 4</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td>Street:</td>
</tr>
<tr>
<td>Last Name:</td>
<td>City:</td>
</tr>
<tr>
<td>Relationship to student:</td>
<td>State:</td>
</tr>
<tr>
<td>Primary Phone:</td>
<td>Zip:</td>
</tr>
<tr>
<td>Cell Phone:</td>
<td></td>
</tr>
</tbody>
</table>

### Authorized Pick Up: – Not a parent/guardian

<table>
<thead>
<tr>
<th>Person # 1</th>
<th>Person # 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td>First Name:</td>
</tr>
<tr>
<td>Last Name:</td>
<td>Last Name:</td>
</tr>
<tr>
<td>Relationship to student:</td>
<td>Relationship to student:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person # 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
</tr>
<tr>
<td>Last Name:</td>
</tr>
<tr>
<td>Relationship to student:</td>
</tr>
</tbody>
</table>

Please provide authorized pick up in the event parents are not available.

### Hospital Emergency Room

Do you grant permission to take your child to a hospital emergency room if necessary?  
- No or  
- Yes

Which hospital?  
- Bristol  
- Waterbury  
- St. Mary’s  
- UCONN  
- Other  
If Other, please specify:

### Medical Information

**Physician Information**
- Physician’s Name: 
- Phone #:

**Dentist Information**
- Dentist’s Name: 
- Phone #:

**Signature:** ___________________________ **Date:** ___________________________

First Name: ___________________________ Last Name: ___________________________

(Signature of person completing this Student Registration Packet - must be 18 or older including Student)
SchoolMessenger® COMMUNICATION SYSTEM

SchoolMessenger is a system-wide phone, email and SMS (text) messaging system which allows you to receive important school related information such as weather cancellations and delays, general school announcements and lunch balance alerts. You can change this information by logging into your PowerSchool account** and going into the SchoolMessenger "Contact Manager". (Click the large, white bent arrow in the upper right of the screen and choose "Contact Manager". ** You can create a PowerSchool Account once your child is entered into PowerSchool. Please contact your school for more information, or email support@plymouth.k12.ct.us and we can help set up your account.)

Parent/Guardian Name: _____________________________________________________________

Student's Name: ___________________________ Grade: ____ Homeroom: __________

Please enter up to six phone numbers you would like entered in the SchoolMessenger system:

Phone number 1: (___) ___________________ Phone number 2: (___) ________________

Phone number 3: (___) ________________ *Phone number 4: (___) ________________

*Phone number 5: (___) ________________ *Phone number 6: (___) ________________

*Phone numbers 4, 5 and 6 will initially receive emergency calls only. You can change this by logging into your PowerSchool account** and going into the SchoolMessenger "Contact Manager". (Click the large, white bent arrow in the upper right of the screen and choose "Contact Manager".

Please enter up to four email addresses you would like entered in the SchoolMessenger system:

Email 1: _______________________________ Email 2: _______________________________

Email 3: _______________________________ Email 4: _______________________________

Please enter up to three SMS (text) numbers you would like entered in the SchoolMessenger system:

SMS 1: (___) _________________________ SMS 2: (___) _________________________

SMS 3: (___) _________________________

If you have any questions, please contact tech support at support@plymouth.k12.ct.us

12/28/2013
Release of Student Information
Plymouth Public Schools

Student’s Name: __________________________ Date of Birth: ____/____/____

I Herewith give permission to release copies and/or share confidential information listed below:

All School Records* - including but not limited to: Cumulative permanent records, special education records, grade reports, discipline records, health records, attendance records, test scores

___ No or ___ Yes

1) All Special Education records* ___ No or ___ Yes or ___ N/A (not applicable)
Or
2) Specific Education records (checked below)

- Medical Information
- Psychological Information
- Speech/Language Evaluations
- Health/Attendance Records
- IEP
- Birth Certificate
- Test Scores
- Cognitive Evaluations
- Other:

- Social History
- Psychiatric Evaluations
- Occupational Therapy Evaluations
- Physical Therapy Evaluations
- ISBE Form 33-78
- Cumulative – Permanent Record
- Copy of Physical for Athletics
- Achievement Testing
- Other:

Release Information from/to:

School Name: ________________________________________________

School Address: ________________________________________________

School Phone Number: ___________________________ School Fax Number: ___________________________

I affirm that all the information provided is true and correct to the best of my knowledge.

I agree: ___ No or ___ Yes

Signature: ____________________________________________________
(Parent/Guardian)

First Name: ___________________________ Last Name: ___________________________

Date: ___________________________

Signature: ____________________________________________________
(Student if 18 or older)

First Name: ___________________________ Last Name: ___________________________

Date: ___________________________

Revised 6/9/15
Permanent Student Registration Information
Plymouth Public Schools
Student Support Services

Student's Name: __________________________ Enter Grade: ________________

Please check the answer to the following questions:

1) Is the student identified Special Education: ___ No or ___ Yes
   If yes, what services did the student receive? _______________________________

2) Years of any prior Special Education Services? ___ No or ___ Yes

3) Is there a current IEP on file at the previous school? ___ No or ___ Yes

4) Is the student receiving tutoring services at the previous school? ___ No or ___ Yes

5) Is there a current 504 plan on file at the student's previous school? ___ No or ___ Yes

• The school will forward this information to Central Office, Att: Jan Basoli upon receiving it.
PLYMOUTH PUBLIC SCHOOLS
NEW STUDENT
TRANSPORTATION REQUEST

Student Name: _______________________________________________________________

Parent/Guardian Name: ________________________________________________________

Address: ____________________________________________________________________

Phone Number: _______________________________________________________________

School: ___________________________    Grade: ____________________________

If child attends daycare:  Daycare name: _______________________________________

Address: _______________________________________

AM ______________   PM _______________

Beginning Date: ________________________  Ending Date: ____________________________

Parent/Guardian: ________________________________________   Date: ________________

Signature

BOE Business Office Approval Date: ____________________________

Approval/Notification To Bus Company: ____________________________

Long Term (over one month) – 30 days prior to starting date

Short Term (less than one month) – 10 days prior to starting date

Return to: Plymouth Public Schools
27 North Harwinton Avenue
Terryville, CT 06786
Fax: 860-585-4011

Note: This form must be completed and filed with the Business Office in June of each school year for bus assignment consideration in the following school year. Only requests for transportation within child’s regular school district can be accommodated.
### 2018-19 Application for Free and Reduced-price School Meals or Free Milk

**Application No:**

Complete one application per household. Please use a pen (not a pencil).

---

#### STEP 1
**List ALL Household Members who are infants, children, and students up to and including grade 12** (if more spaces are required for additional names, attach another sheet of paper)

<table>
<thead>
<tr>
<th>Child’s First Name</th>
<th>MI</th>
<th>Child’s Last Name</th>
<th>School</th>
<th>Grade</th>
<th>Student?</th>
<th>Foster</th>
<th>Homeless or Runaway</th>
</tr>
</thead>
</table>

**Definition of Household Member:** Anyone who is living with you and shares income and expenses, even if not related.

Children in Foster care and children who meet the definition of Homeless or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-price School Meals for more information.

---

#### STEP 2
Do any household members (including you) currently participate in one or more of the following Assistance Programs — SNAP or TFA? (This does NOT include medical (HUSKY) benefits).

**If NO, > Go to STEP 3**

**If YES, a household member does participate in SNAP or TFA, write a SNAP OR TFA case number here and then go to STEP 4 (Do not complete STEP 3). To quicken the approval process, it is strongly recommended that you submit proof of SNAP or TFA eligibility with this application. See instructions.**

- **Case Number:**

---

#### STEP 3
**Report Income for ALL Household Members** (Skip this step if you answered “Yes” to Step 2)

**A. Child Income**

Sometimes children in the household earn income. Please include the TOTAL income earned by all Child Household Members listed in STEP 1 here.

**B. All Adult Household Members (including yourself)**

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

**Name of Adult Household Members (First & Last Name)**

- **Earnings from Work**
  - **How often?**
  - **Weekly**
  - **Bi-Weekly**
  - **Semi-Monthly**
  - **Monthly**
  - **Annual**

**Public Assistance/Child Support/Alimony**

- **How often?**
  - **Weekly**
  - **Bi-Weekly**
  - **Semi-Monthly**
  - **Monthly**
  - **Annual**

**Total Household Members (Children and Adults – Step 1 & Step 3)**

**Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member**

**Check if no SSN**

---

#### STEP 4
**Contact Information and Adult Signature.** Mail completed form to Plymouth Public Schools, Attn: Robin, 27 N. Harwinton Ave., Terryville, CT 06786

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

- **Street Address (if available):**
- **Apt #:**
- **City:**
- **State:**
- **Zip:**
- **Daytime Phone and Email (optional):**

**Printed name of adult signing the form**

**Signature of adult**

**Today’s date**
### SOURCES OF INCOME FOR CHILDREN

<table>
<thead>
<tr>
<th>Sources of Child Income</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earnings from work</td>
<td>A child has a regular or part-time job where they earn a salary or wages</td>
</tr>
<tr>
<td>Social Security</td>
<td>A child is blind or disabled and receives Social Security benefits</td>
</tr>
<tr>
<td>- Disability Payments</td>
<td>A parent is disabled, retired, or deceased, and their child receives social security benefits</td>
</tr>
<tr>
<td>- Survivor's Benefits</td>
<td></td>
</tr>
<tr>
<td>Income from persons outside the household</td>
<td>A friend or extended family member regularly gives a child spending money</td>
</tr>
<tr>
<td>Income from any other source</td>
<td>A child receives income from a private pension fund, annuity, or trust</td>
</tr>
</tbody>
</table>

### SOURCES OF INCOME FOR ADULTS

<table>
<thead>
<tr>
<th>Earnings from Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Gross income for salary, wages, cash - bonuses</td>
</tr>
<tr>
<td>- Net income from self-employment (farm or business)</td>
</tr>
</tbody>
</table>

**If you are in the U.S. Military:**
- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)
- Allowances for off-base housing, food and clothing

<table>
<thead>
<tr>
<th>Public Assistance/Alimony/Child Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Unemployment benefits</td>
</tr>
<tr>
<td>- Worker's compensation</td>
</tr>
<tr>
<td>- Supplemental Security Income (SSI)</td>
</tr>
<tr>
<td>- Cash assistance from state or local government</td>
</tr>
<tr>
<td>- Alimony payments</td>
</tr>
<tr>
<td>- Child support payments</td>
</tr>
<tr>
<td>- Veteran's benefits</td>
</tr>
<tr>
<td>- Strike benefits</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pensions/Retirement/All Other Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Social Security (including railroad retirement and black lung benefits)</td>
</tr>
<tr>
<td>- Private pensions or disability</td>
</tr>
<tr>
<td>- Regular Income from trusts or estates</td>
</tr>
<tr>
<td>- Annuities</td>
</tr>
<tr>
<td>- Investment income</td>
</tr>
<tr>
<td>- Earned Interest</td>
</tr>
<tr>
<td>- Rental income</td>
</tr>
<tr>
<td>- Regular cash payments from outside household</td>
</tr>
</tbody>
</table>

### OPTIONAL: Children’s Racial and Ethnic Identities

We are required to ask for information about your children’s race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children’s eligibility for free or reduced-price meals.

**Ethnicity:** (check one):
- Hispanic or Latino
- Not Hispanic or Latino

**Race:** (check one or more):
- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FPDIR) case number or other FPDIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

### The Determining Official (DO) for the school/district MUST complete this section.

**Annual Income Conversion:**
- Weekly X 52
- Every 2 weeks X 26
- Twice a Month X 24
- Monthly X 12

**Directly Certified (DC) based on the State DC List as eligible for:**
- SNAP
- TFA
- OT
- FM (Free Medicaid)
- RM (Reduced Medicaid)

**Date Certified on DC List:**

**SNAP/TFA Household proving proof (must be confirmed by DO) of a handwritten case number:**

**Foster Child**

**Head Start**

**Confirmed Homeless or Runaway**

**Income Household:**
- Total household income: ______ per ______
- Household Size: ______
- ERROR PRONE?  ____ YES  ____ NO

**Application approved for:**
- Free Meals
- Reduced-price Meals
- Application Denied

**Date Notice Sent:**

**Signature of DO:**
HOW TO APPLY FOR FREE AND REDUCED-PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced-prize school meals. You only need to submit one application per household, even if your children attend more than one school in Plymouth Public Schools. The application must be filled out completely to certify your children for free or reduced-price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on the application. If at any time you are not sure what to do next, please contact Robin Gudeczauskas, Business Office, Plymouth Public Schools, 27 N. Harwinton Avenue, Terryville, CT 06786. 860-314-2761.

**PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.**

### STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

**Who should I list here?** When filling out this section, please include ALL members in your household who are:
- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless or runaway youth;
- Students attending Plymouth Public Schools, regardless of age.

A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, please print clearly. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.
B) Is the child a student in the district? List the name of the school, the grade and mark “Yes” or “No” under the column titled “Student” to tell us which children attend school in the district. If you marked “Yes,” write the grade level of the student in the “Grade” column.
C) Do you have any foster children? If any children listed are foster children, mark the “Foster Child” box next to the child’s name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.
D) Are any children homeless, runaway or in a Head Start Program? If you believe any child listed in this section meets this description, mark the “Head Start or Homeless/Runaway” box next to the child’s name and complete all steps of the application.

### STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP or TFA?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:
- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Family Assistance (TFA)

A) If no one in your household participates in any of the above listed programs:
   - Leave STEP 2 blank and go to STEP 3.
B) If anyone in your household participates in any of the above listed programs:
   - Write a case number for SNAP or TFA. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your DSS social worker.
   - Note: Do not use a HUSKY Medical Benefits number since this number is not a SNAP or TFA case number. It is also recommended (but not required) that you submit proof of this SNAP or TFA case number when you submit the application for processing. Proof does NOT include a copy of the CONNECT card.
   - Go to STEP 4.

### STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

**How do I report my income?**
- Use the charts titled “Sources of Income for Children” and “Sources of Income for Adult,” printed on the back side of the application form, to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
  - Gross income is the total income received before taxes.
  - Many people think of income as the amount they “take home” and not the total “gross” amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a “0” in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write ‘0’ or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.
3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked “Child Income.” Only count foster children’s income if you are applying for them together with the rest of your household.

What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B. REPORT INCOME EARNED BY ADULTS

Who should I list here?
- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- Do NOT include:
  - People who live with you but are not supported by your household’s income AND do not contribute income to your household.
  - Infants, children and students already listed in STEP 1.

B) List adult household members’ names. Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

C) Report earnings from work. Report all income from work in the “Earnings from Work” field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

D) Report income from public assistance/child support/alimony. Report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as “other” income in the next part.

E) Report income from pensions/retirement/all other income. Report all income that applies in the “Pensions/Retirement/All Other Income” field on the application.

F) Report total household size. Enter the total number of household members in the field “Total Household Members (Children and Adults).” This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced-price meals.

G) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled “Check if no SSN.”

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

A) Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Print and sign your name and write today’s date. Print the name of the adult signing the application and that person signs in the box “Signature of adult.”

C) Mail completed form to Plymouth Public Schools, Attn: Robin, 27 N. Harwinton Ave., Terryville CT 06786

D) Share children’s racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children’s race and ethnicity. This field is optional and does not affect your children’s eligibility for free or reduced-price school meals.
Dear Parent/Guardian:

Children need healthy meals to learn. Plymouth Public Schools offers healthy meals every school day. Breakfast costs $1.60 for elementary and $2.00 for middle and high school students. Lunch costs $2.80 for elementary and $3.00 for hot lunch and $3.15 for specialty meals at the middle and high school. **Your children may qualify for either free meals or reduced-price meals.** The reduced price is $0.30 for breakfast and $0.40 for lunch. This packet includes an application for free and reduced-price meal benefits and detailed instructions.

**NOTE:** Children receiving Supplemental Nutrition Assistance Program (SNAP), Temporary Family Assistance (TFA) or Medicaid (HUSKY) benefits **may** be directly certified and automatically eligible for free meals without applying for benefits. (Some children who receive Medicaid (HUSKY) benefits **may** also be directly certified and automatically eligible for reduced-price meals.) Questions regarding SNAP/TFA/Medicaid and direct certification should be sent to the determining official, Robin Gudeczauskas at 860-314-2761.

If you have received a NOTICE OF DIRECT CERTIFICATION for free or reduced-price meals, **do not** complete the application unless instructed to do so by the district. Let the school know if any children in your household are not listed on the Notice of Direct Certification letter you received, since free meal benefits are extended to all children in a household when directly certified.

Additionally, all school-aged children in income-eligible households can receive school meal benefits regardless of a child’s immigration status and the district/school does not release information for immigration-related purposes in the usual course of operating the Child Nutrition Programs.

The answers to the common questions below can help you with the application process.

1. **Who can get free or reduced-price meals?**
   - All children in households receiving SNAP or TFA benefits are eligible for free meals. Note: Some students receiving Medicaid (HUSKY) benefits are eligible for free or reduced-price meals.
   - Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. (Note: A foster child is categorically eligible for free meals and may be included as a member of the foster family if the foster family chooses to also apply for benefits for other children. Including children in foster care as household members may help other children in the household qualify for benefits. If non-foster children in a foster family are not eligible for free or reduced price meal benefits, an eligible foster child will still receive free benefits.)
   - Children participating in their school’s Head Start program are eligible for free meals.
   - Children who meet the definition of homeless or runaway are eligible for free meals.
   - Children may receive free or reduced-price meals if your household’s income is within the limits of the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart:

<table>
<thead>
<tr>
<th>Household size</th>
<th>Yearly</th>
<th>Monthly</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>22,459</td>
<td>1,872</td>
<td>432</td>
</tr>
<tr>
<td>2</td>
<td>30,451</td>
<td>2,538</td>
<td>586</td>
</tr>
<tr>
<td>3</td>
<td>38,443</td>
<td>3,204</td>
<td>740</td>
</tr>
<tr>
<td>4</td>
<td>46,435</td>
<td>3,870</td>
<td>893</td>
</tr>
<tr>
<td>5</td>
<td>54,427</td>
<td>4,536</td>
<td>1,047</td>
</tr>
<tr>
<td>6</td>
<td>62,419</td>
<td>5,202</td>
<td>1,201</td>
</tr>
<tr>
<td>7</td>
<td>70,411</td>
<td>5,868</td>
<td>1,355</td>
</tr>
<tr>
<td>8</td>
<td>78,403</td>
<td>6,534</td>
<td>1,506</td>
</tr>
</tbody>
</table>
2. How do I know if my children qualify as homeless or runaway? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and you have not been told your children will get free meals, please call or e-mail Jennifer Parsons, 860-314-8055 or parsonsj@plymouth.k12.ct.us

3. Do I need to fill out an application for each child? No. Use one Free and Reduced-price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to Robin Gudeczauskas, Business Office, Plymouth Public Schools, 27 N. Harwinton Avenue, Terryville, CT 06786.

4. Should I fill out an application if I received a letter this school year saying my children are already approved for free or reduced-price meals? No, but please read the letter carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Robin Gudeczauskas, Plymouth Public Schools, 27 N. Harwinton Avenue, Terryville, CT 06786 or 860-314-2761 or gudeczauskasr@plymouth.k12.ct.us immediately.


6. My child’s application was approved last year. Do I need to fill out a new one? Yes. Your child’s application is only good for that school year and for up to 30 operating days into the new school year (or until a new eligibility determination is made, whichever comes first). When the carryover period ends, unless you are notified that your children are directly certified or you submit an application that is approved, your children’s meals must be claimed at the paid rate. Though encouraged to do so, the LEA is not required to send a reminder or a notice of expired eligibility.

7. I get WIC. Can my children get free meals? Children in households participating in WIC may be eligible for free or reduced-price meals. Please send in an application.

8. Will the information I give be checked? Yes. We may also ask you to send written proof of the household income you report.

9. If I don’t qualify now, may I apply later? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.

10. What if I disagree with the school’s decision about my application? You should talk to school officials. You also may ask for a hearing by calling or writing Plymouth Public Schools, Business Manager, 27 N. Harwinton Avenue, Terryville, CT 06786.

11. May I apply if someone in my household is not a U.S. citizen? Yes. You, your children or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.

12. What if my income is not always the same? List the amount that you normally receive. For example, if you normally make $1,000 each month, but you missed some work last month and only made $900, put down that you made $1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. **What if some household members have no income to report?** Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. When this happens, please write "0" in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you **meant** to do so.

14. **We are in the military. Do we report our income differently?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food or clothing, or receive Family Subsistence Supplemental Allowance payments, these must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

15. **What if there isn’t enough space on the application for my family?** List any additional household members on a separate piece of paper and attach to your application. Contact Robin Gudeczauskas at 860-314-2761 to receive a second application.

16. **My family needs more help. Are there other programs we might apply for?** To find out how to apply for SNAP benefits and to contact the Department of Social Services office in your town, contact United Way’s free referral number **2-1-1** (free call, statewide).

If you have other questions or need help, call Robin at **860-314-2761**.

Sincerely,

Robin Gudeczauskas
860-314-2761

**Nondiscrimination Statement:** This explains what to do if you believe you have been treated unfairly.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint_filing_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
    Office of the Assistant Secretary for Civil Rights
    1400 Independence Avenue, SW
    Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.
Does Your Child Have Health Insurance?
Connecticut offers low-cost or free coverage!

Dear Parent / Guardian,

Is your child protected by health insurance? If not, your school and the State of Connecticut want to help. Connecticut’s HUSKY Health program, for example, pays for doctor visits (including physical exams), prescriptions, emergency care, vision and dental care, mental healthcare, special healthcare needs and more. It’s for children under age 19 in families of all incomes. Approximately 300,000 Connecticut children now have their healthcare covered by the HUSKY Health program. There are two parts to the HUSKY Health program for children:

I. HUSKY A (or Medicaid) - For children in families with limited income. Parents, relative caregivers and pregnant women may also be eligible.

II. HUSKY B (or Children’s Health Insurance Program) - For children in families with higher incomes.

You can apply for HUSKY A or HUSKY B any time of the year.

To apply online, please visit AccessHealthCT.com
To apply by phone, please call 855-394-2428 (TTY: 855-789-2428)
For general information about HUSKY Health, please visit www.ct.gov/Husky

Most Connecticut residents have to wait until the next Open Enrollment period (November 1, 2018 - December 15, 2018) to get healthcare coverage through Access Health CT. You may be able to get coverage earlier if you have a Qualifying Life Event OR if you qualify for Medicaid (HUSKY A or D) or CHIP (HUSKY B).

What is a Qualifying Life Event? Qualifying Events* include:

• Just married an Access Health CT customer
• Having or adopting a child
• Permanently moving to Connecticut from another state
• Losing other affordable, minimum Essential Health Benefits
• Having a change in income or household status

*For more information visit Learn.AccessHealthCT.com/Special
Addendum C:
INFORMATION ON THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

Dear Parent/Guardian:

If your children qualify for free school meals or milk, you might also qualify for SNAP (formerly called Food Stamps). SNAP helps people buy food for themselves and their families. SNAP benefits are issued each month on plastic debit cards. You can use SNAP benefits to buy food at major supermarkets, neighborhood grocery stores, and some farmers’ markets authorized to accept SNAP.

HOW TO QUALIFY

If and how much SNAP you qualify for depends on:

- your household’s income;
- allowable deductions to your household’s income (examples include monthly shelter expenses, medical bills, and court ordered child support);
- your household size; and
- at least 5 years U.S. residency for qualified non-citizens.

If you have access to the Internet, you can go online to see if you may be eligible for SNAP. Go to www.connect.ct.gov and click “Am I Eligible?”

Owning your own home or owning a car will not prevent you from being eligible for SNAP.

TO APPLY OR GET MORE INFORMATION

To find your local Connecticut Department of Social Services (DSS) office, call United Way’s free referral number 2-1-1 (free calls statewide).


The following two organizations conduct outreach for DSS and can assist with applying for SNAP benefits:

1. End Hunger CT! provides a SNAP eligibility screener (www.ctsnap.org) and call center (866-974-SNAP (7627)) to assist in determining eligibility. If you are eligible for SNAP, you will stretch your food dollars, support your school and community, and your kids get school meals at no cost. Many families are surprised they qualify – it is quick, easy and confidential to check by using the screener and call center.

Effective October 1, 2017

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Gross Monthly Income</th>
<th>Gross Annual Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,860</td>
<td>$22,320</td>
</tr>
<tr>
<td>2</td>
<td>$2,504</td>
<td>$30,048</td>
</tr>
<tr>
<td>3</td>
<td>$3,149</td>
<td>$37,788</td>
</tr>
<tr>
<td>4</td>
<td>$3,793</td>
<td>$45,516</td>
</tr>
<tr>
<td>5</td>
<td>$4,437</td>
<td>$53,244</td>
</tr>
<tr>
<td>6</td>
<td>$5,082</td>
<td>$60,984</td>
</tr>
<tr>
<td>7</td>
<td>$5,726</td>
<td>$68,712</td>
</tr>
<tr>
<td>8</td>
<td>$6,371</td>
<td>$76,452</td>
</tr>
</tbody>
</table>

For each additional member: +645 +7,740

Larger households = higher incomes
2. **The Connecticut Association for Community Action (CAFCA)** works with the following community action agencies that will help you enroll in SNAP:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Phone Number</th>
<th>Areas Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action for Bridgeport Community Development, Inc. (ABCD)</td>
<td>203-366-8241</td>
<td>Greater Bridgeport Area and Upper Fairfield County</td>
</tr>
<tr>
<td>The Access Community Action Agency (Access)</td>
<td>860-450-7400</td>
<td>Windham and Tolland Counties</td>
</tr>
<tr>
<td>Community Action Agency of New Haven, Inc. (CAANH)</td>
<td>203-387-7700</td>
<td>Greater New Haven Area</td>
</tr>
<tr>
<td>The Community Action Agency of Western Connecticut, Inc. (CAAWC)</td>
<td>203-744-4700</td>
<td>Northwestern CT and Lower Fairfield County</td>
</tr>
<tr>
<td>Community Renewal Team, Inc. (CRT)</td>
<td>860-560-5600</td>
<td>Hartford and Middlesex County</td>
</tr>
<tr>
<td>Human Resources Agency of New Britain, Inc. (HRA)</td>
<td>860-225-8601</td>
<td>New Britain and Bristol Areas</td>
</tr>
<tr>
<td>New Opportunities, Inc. (NOI)</td>
<td>203-575-9799</td>
<td>Greater Waterbury, Meriden, and Torrington Areas</td>
</tr>
<tr>
<td>Thames Valley Council for Community Action, Inc. (TVCCA)</td>
<td>860-869-1365</td>
<td>Naugatuck Valley</td>
</tr>
<tr>
<td>Training Education and Manpower, Inc. (TEAM)</td>
<td>203-736-5420</td>
<td>Southeastern CT-New London County</td>
</tr>
</tbody>
</table>

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. mail: U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410; or
2. fax: (202) 690-7442; or
3. email: program.intake@usda.gov.

This institution is an equal opportunity provider.

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PLYMOUTH PUBLIC SCHOOLS
CONFIDENTIAL – STUDENT HEALTH QUESTIONNAIRE YEARLY UPDATE

Please complete this form and return to the School Nurse.

Student's Name ___________________________ Date: ______________
Teacher: ________________________ Grade: _____ Homeroom: ________

In the space below, please list any changes that have occurred in your child’s physical condition since the last school year.

________________________________________________________________________

In order that the school health program may meet your child’s needs, please complete the information below: Does your child have any of the following? If yes, please explain.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>□</td>
</tr>
<tr>
<td>2.</td>
<td>□</td>
</tr>
<tr>
<td>3.</td>
<td>□</td>
</tr>
<tr>
<td>4.</td>
<td>□</td>
</tr>
<tr>
<td>5.</td>
<td>□</td>
</tr>
<tr>
<td>6.</td>
<td>□</td>
</tr>
<tr>
<td>7.</td>
<td>□</td>
</tr>
<tr>
<td>8.</td>
<td>□</td>
</tr>
<tr>
<td>9.</td>
<td>□</td>
</tr>
<tr>
<td>10.</td>
<td>□</td>
</tr>
</tbody>
</table>

Describe reaction to allergies and if medication is required. ____________________________________________________________

If your child is on medication, please list drug name(s), dosage and reason for taking. ________________________________

THE PLYMOUTH BOARD OF EDUCATION REQUIRES PHYSICAL EXAMINATIONS PRIOR TO ENROLLMENT AND AGAIN IN GRADES 6 AND 10.

Name of student’s doctor: ____________________________ Doctor’s Phone #: __________________

Connecticut State Statutes require that NO MEDICATION IS TO BE GIVEN IN SCHOOL WITHOUT WRITTEN PERMISSION FROM DOCTOR AND PARENT.
**State of Connecticut Department of Education**

**Health Assessment Record**

To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child’s health needs. This form requests information from you (Part I) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part II).

State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, licensed pursuant to chapter 378, a physician assistant, licensed pursuant to chapter 370, a school medical advisor, or a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 9th or 10th grade. Specific grade level will be determined by the local board of education. This form may also be used for health assessments required every year for students participating on sports teams.

---

**Part I — To be completed by parent/guardian.**

Please answer these health history questions about your child before the physical examination.

Please circle **Y** if “yes” or **N** if “no.” Explain all “yes” answers in the space provided below.

<table>
<thead>
<tr>
<th>Any health concerns</th>
<th>Y</th>
<th>N</th>
<th>Hospitalization or Emergency Room visit</th>
<th>Y</th>
<th>N</th>
<th>Concussion</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies to food or bee stings</td>
<td>Y</td>
<td>N</td>
<td>Any broken bones or dislocations</td>
<td>Y</td>
<td>N</td>
<td>Fainting or blacking out</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Allergies to medication</td>
<td>Y</td>
<td>N</td>
<td>Any muscle or joint injuries</td>
<td>Y</td>
<td>N</td>
<td>Chest pain</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Any other allergies</td>
<td>Y</td>
<td>N</td>
<td>Any neck or back injuries</td>
<td>Y</td>
<td>N</td>
<td>Heart problems</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Any daily medications</td>
<td>Y</td>
<td>N</td>
<td>Problems running</td>
<td>Y</td>
<td>N</td>
<td>High blood pressure</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Any problems with vision</td>
<td>Y</td>
<td>N</td>
<td>“Mono” (past 1 year)</td>
<td>Y</td>
<td>N</td>
<td>Bleeding more than expected</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Uses contacts or glasses</td>
<td>Y</td>
<td>N</td>
<td>Has only 1 kidney or testicle</td>
<td>Y</td>
<td>N</td>
<td>Problems breathing or coughing</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Any problems hearing</td>
<td>Y</td>
<td>N</td>
<td>Excessive weight gain/loss</td>
<td>Y</td>
<td>N</td>
<td>Any smoking</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Any problems with speech</td>
<td>Y</td>
<td>N</td>
<td>Dental braces, caps, or bridges</td>
<td>Y</td>
<td>N</td>
<td>Asthma treatment (past 3 years)</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Family History</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Seizure treatment (past 2 years)</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Any relative ever have a sudden unexplained death (less than 50 years old)</td>
<td>Y</td>
<td>N</td>
<td>Diabetes</td>
<td>Y</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any immediate family members have high cholesterol</td>
<td>Y</td>
<td>N</td>
<td>ADHD/ADD</td>
<td>Y</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please explain all “yes” answers here. For illnesses/injuries/etc., include the year and/or your child’s age at the time.

---

Is there anything you want to discuss with the school nurse? **Y** **N** If yes, explain:

---

Please list any medications your child will need to take in school:

All medications taken in school require a separate Medication Authorization Form signed by a health care provider and parent/guardian.

---

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child’s health and educational needs in school.

Signature of Parent/Guardian: ___________________________ Date: ____________

---

HAR-3 REV. 4/2012

To be maintained in the student’s Cumulative School Health Record
# Part II — Medical Evaluation

Health Care Provider must complete and sign the medical evaluation and physical examination.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Birth Date</th>
<th>Date of Exam</th>
</tr>
</thead>
</table>

- I have reviewed the health history information provided in Part I of this form.

## Physical Exam

**Note:** *Mandated Screening/Test to be completed by provider under Connecticut State Law*

<table>
<thead>
<tr>
<th><em>Height</em> in. / %</th>
<th><em>Weight</em> lbs. / %</th>
<th><strong>BMI</strong> / %</th>
<th><strong>Pulse</strong></th>
<th><strong>Blood Pressure</strong> /</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Normal</th>
<th>Describe Abnormal</th>
<th>Ortho</th>
<th>Normal</th>
<th>Describe Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neurologic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Gross Dental</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymphatic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lungs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genitalia/ hernia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neck</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoulders</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arms/Hands</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hips</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feet/Ankles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Postural</em></td>
<td>❑ No spinal abnormality</td>
<td>❑ Spine abnormality:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>❑ Mild</td>
<td>❑ Moderate</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>❑ Marked</td>
<td>❑ Referral made</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Screenings

**Vision Screening**

- Type: Right | Left
  - With glasses: 20/ | 20/
  - Without glasses: 20/ | 20/

- ❑ Referral made

**Auditory Screening**

- Type: Right | Left
  - ❑ Pass | ❑ Pass
  - ❑ Fail | ❑ Fail

- ❑ Referral made

**History of Lead level ≥ 5µg/dL:** ❑ No ❑ Yes

**HCT/HGB:**

**Speech (school entry only):**

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**TB:** High-risk group? ❑ No ❑ Yes

**PPD date read:**

**Results:**

**Treatment:**

### *IMMUNIZATIONS*

- ❑ Up to Date or ❑ Catch-up Schedule: **MUST HAVE IMMUNIZATION RECORD ATTACHED**

**Chronic Disease Assessment:**

- **Asthma** ❑ No ❑ Yes: ❑ Intermittent ❑ Mild Persistent ❑ Moderate Persistent ❑ Severe Persistent ❑ Exercise induced
  - If yes, please provide a copy of the *Asthma Action Plan to School*

- **Anaphylaxis** ❑ No ❑ Yes: ❑ Food ❑ Insects ❑ Latex ❑ Unknown source

- **Allergies**
  - If yes, please provide a copy of the *Emergency Allergy Plan to School*
  - History of Anaphylaxis ❑ No ❑ Yes
  - Epi Pen required ❑ No ❑ Yes

- **Diabetes** ❑ No ❑ Yes: ❑ Type I ❑ Type II

- **Seizures** ❑ No ❑ Yes, type:

- ❑ This student has a developmental, emotional, behavioral or psychiatric condition that may affect his or her educational experience. **Explain:**
  - Daily Medications (specify): _______________________________
  
  This student may: ❑ *participate fully in the school program*
  - ❑ participate in the school program with the following restriction/adaptation: _______________________________

  This student may: ❑ *participate fully in athletic activities and competitive sports*
  - ❑ participate in athletic activities and competitive sports with the following restriction/adaptation: _______________________________

  ❑ Yes ❑ No

Based on this comprehensive health history and physical examination, this student has maintained his/her level of wellness. Is this the student’s medical home? ❑ Yes ❑ No

I would like to discuss information in this report with the school nurse.
Immunization Record

To the Health Care Provider: Please complete and initial below.

Vaccine (Month/Day/Year) Note: *Minimum requirements prior to school enrollment. At subsequent exams, note booster shots only.

<table>
<thead>
<tr>
<th></th>
<th>Dose 1</th>
<th>Dose 2</th>
<th>Dose 3</th>
<th>Dose 4</th>
<th>Dose 5</th>
<th>Dose 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTP/DTaP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Required for 7th grade entry</td>
</tr>
<tr>
<td>DT/Td</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tdap</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Required K-12th grade</td>
</tr>
<tr>
<td>IPV/OPV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Required K-12th grade</td>
</tr>
<tr>
<td>MMR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Required K-12th grade</td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Required K-12th grade</td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Required K-12th grade</td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Required K-12th grade</td>
</tr>
<tr>
<td>HIB</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PK and K (Students under age 5)</td>
</tr>
<tr>
<td>Hep A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PK and K (born 1/1/2007 or later)</td>
</tr>
<tr>
<td>Hep B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Required PK-12th grade</td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2 doses required for K &amp; 7th grade as of 8/1/2011</td>
</tr>
<tr>
<td>PCV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PK and K (born 1/1/2007 or later)</td>
</tr>
<tr>
<td>Meningococcal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Required for 7th grade entry</td>
</tr>
<tr>
<td>HPV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flu</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PK students 24-59 months old – given annually</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Disease Hx ________________ (Specify) ________________ (Date) ________________ (Confirmed by)

Exemption

Religious ______  Medical: Permanent ______  Temporary ______  Date ______

Recertify Date _________  Recertify Date _________  Recertify Date _________

Immunization Requirements for Newly Enrolled Students at Connecticut Schools

KINDERGARTEN

- DTaP: At least 4 doses. The last dose must be given on or after 4th birthday.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart – 1st dose on or after the 1st birthday.
- Hib: 1 dose on or after 1st birthday (Children 5 years and older do not need proof of Hib vaccination).
- Pneumococcal: 1 dose on or after 1st birthday (born 1/1/2007 or later and less than 5 years old).
- Hep A: 2 doses given six months apart-1st dose on or after 1st birthday.
- Hep B: 3 doses-the last dose on or after 24 weeks of age.
- Varicella: For students enrolled before August 1, 2011, 1 dose given on or after 1st birthday; for students enrolled on or after August 1, 2011 2 doses given 3 months apart – 1st dose on or after 1st birthday or verification of disease*.

GRADES 1-6

- DTaP /Td/Tdap: At least 4 doses. The last dose must be given on or after 4th birthday; students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart-1st dose on or after the 1st birthday.
- Hep B: 3 doses – the last dose on or after 24 weeks of age.
- Varicella: 1 dose on or after the 1st birthday or verification of disease*.

GRADE 7

- Tdap/Td: 1 dose of Tdap for students 11 yrs. or older enrolled in 7th grade who completed their primary DTaP series; For those students who start the series at age 7 or older a total of 3 doses of tetanus-diphtheria containing vaccines are needed, one of which must be Tdap.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart – 1st dose on or after the 1st birthday.
- Hep B: 3 doses-the last dose on or after 24 weeks of age.
- Varicella: 2 doses given 3 months apart – 1st dose on or after 1st birthday or verification of disease*.

GRADES 8-12

- Td: At least 3 doses. Students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine one of which should be Tdap.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart-1st dose on or after the 1st birthday.
- Hep B: 3 doses-the last dose on or after 24 weeks of age.
- Varicella: For students <13 years of age, 1 dose given on or after the 1st birthday. For students 13 years of age or older, 2 doses given at least 4 weeks apart or verification of disease*.

* Verification of disease: Confirmation in writing by a MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.

Note: The Commissioner of Public Health may issue a temporary waiver to the schedule for active immunization for any vaccine if the National Centers for Disease Control and Prevention recognizes a nation-wide shortage of supply for such vaccine.
Instruction

Computers: Acceptable Use Policy for Responsible Computer, Network and Internet Use

Overview

The Plymouth Board of Education (Board) provides its students and staff access to a multitude of technology resources. Access to information and communication technologies (ICT) is considered a privilege and not a right. ICT resources consist of any technology and/or devices that access or convey information, software applications, Internet resources and Internet environments.

These resources provide opportunities to enhance learning and improve communication within our community and with the global community beyond the local campus. The advantages of having access to these resources are viewed by the Board as far greater than any potential downside. However, with the privilege of access is the responsibility of students, teachers, staff and the public to exercise appropriate personal responsibility in their use of these resources. The policies of the Board are intended to promote the most effective, safe, productive, and instructionally sound uses of networked information and communication tools. The District also makes a good faith effort to protect its students from exposure to Internet materials that are harmful or explicit. The District maintains a system of Internet content filtering devices and software controls that meet federal standards established in the Children’s Internet Protection Act (CIPA).

Digital Citizen

The District uses information and technology in safe, legal, and responsible ways. It is incumbent upon all members of the school community to use technology ethically, constructively, and with respect for the work of others. Independent and appropriate use of information and communication technologies is predicated upon responsible and ethical conduct. Therefore, a responsible digital citizen, whether staff, student or volunteer, is one who:

- **Respects One’s Self.** Users will select online names that are appropriate and honest about one’s identity, and will consider the information and images that are posted online. Users will communicate and interact with others in respectful ways.

- **Respects Others.** Users will refrain from using technologies to bully, tease or harass other people. Users will not access or use hate-based or sexually explicit materials nor will they disparage others.

- **Protects One’s Self and Others.** Users will protect themselves and others by reporting abuse and not forwarding inappropriate materials or communications. Users will adhere to age requirements and guidelines of all websites. Users will protect personal information and respect the privacy of others’ information.
Instruction

Computers: Acceptable Use Policy for Responsible Computer, Network and Internet Use

Digital Citizen (continued)

- **Respects Intellectual Property.** Users will suitably cite any and all use of websites, books, media, etc.

- **Protects Intellectual Property.** Users will request to use the software and media others produce. Respect will be shown for intellect and creativity by asking permission, giving credit and observing the law.

- **Respects Classroom Guidelines.** Users will follow all guidelines set by teachers regarding the use of electronic devices. Users will respect teachers by keeping all communication school related.

Expectations

Responsible use of the technology resources provided by the Board is expected to be ethical, respectful, academically honest, and supportive of the school’s mission. Each computer user has the responsibility to respect every other person in our community and on the Internet. Digital storage and electronic devices used for school purposes will be treated as extensions of the physical school space. Administrators, or their designees, may review files and communications (including electronic mail) to insure that users are using the system in accordance with Board policy. Users should not expect that files stored on servers or disks will be private.

Some activities are expressly prohibited by law. Users are expected to abide by the generally accepted rules of network etiquette. The following guidelines are intended to clarify expectations for conduct, but they should not be construed as all-inclusive. Given the nature of emerging technologies, it is impossible to anticipate or prevent all problems that may occur.

- Use of electronic devices should be consistent with the Board’s educational objectives, mission and curriculum.

- Transmission of any material in violation of any local, federal and state laws is prohibited. This includes, but is not limited to copyrighted material, licensed material and threatening or obscene material.

- Intentional or unintentional use of computing resources to access or process, proxy sites, pornographic material, explicit text or files, or files dangerous to the integrity of the network is strictly prohibited.

- Software and/or services may not be installed or downloaded on school devices without prior approval of the Superintendent or designee.
Instruction

Computers: Acceptable Use Policy for Responsible Computer, Network and Internet Use

Expectations (continued)

- Use of computing resources for commercial activities, product advertisement or religious or political lobbying is prohibited.
- Users may be held personally and financially responsible for malicious or intentional damage done to network software, data, user accounts, hardware and/or unauthorized costs incurred.
- Files stored on district-managed networks are the property of the school district and, as such, may be inspected at any time and should not be considered private.
- Materials published for electronic publication must be for educational purposes. School administrators, teachers and staff may monitor these materials to ensure compliance with content standards.

Communications via ICT resources are often public in nature and general school rules and communication apply. It is expected that users will at all times comply with District standards and will act in a responsible and legal manner in accordance with District standards as well as with federal and state laws.

It is important that all users and parents understand that the District, as owner of the ICT resources, reserves the right to monitor and review the use of ICT resources. Such monitoring or review will be limited and done, as needed to ensure that the systems are being used for District-related educational purposes. Therefore, all users must be aware that they should not have any expectation of personal privacy in the use of these ICT resources.

Monitoring access is for, but not limited to, the following reasons:

- Ensuring the safety and security of people and resources;
- Ensuring positive learning and work environments;
- Keeping schools safe from harassment, intimidation or threats;
- Ensuring ICT resources use relates to educational mission and goals;
- Preventing breaches of confidentiality;
- Prevention of copyright infringements;
- Ensuring appropriate Internet access;
- Ensuring appropriate communication messages, such as email, blogs, chats and discussion forums; and
- Ensuring appropriate file downloads and print requests.
Instruction

Computers: Acceptable Use Policy for Responsible Computer, Network and Internet Use

Policy Violations

The District reserves the right to refuse access to the Internet to anyone. Violating any portion of this policy may result in disciplinary action, including temporary or permanent ban on computer or Internet use, suspension or dismissal from school, and/or legal action. The District may cooperate with law enforcement officers in investigations related to illegal activities conducted through its network.

Legal Reference: Connecticut General Statutes

53a-182b Harassment in the first degree: Class D felony. (as amended by PA 95-143)


Public Law 110-385 Broadband Data Improvement Act/Protecting Children in the 21st Century Act

Policy adopted: April 4, 2018

PLYMOUTH PUBLIC SCHOOLS
Terryville, Connecticut
CODE OF CONDUCT FOR INTERNET AND OTHER COMPUTER NETWORK ACCESS

The purpose of providing Internet and other computer network access in this district is to promote the exchange of information and ideas with the global community. The following represents a guide to the acceptable use of the technology provided by this district. All network use must be consistent with the policies and goals of this school district. Inappropriate use of district technology will result in the loss of technology use, disciplinary action, and/or referral to legal authorities.

All Internet and other computer network users will be expected to abide by the generally accepted rules of network etiquette. These include, but are not limited to, the following:

1. Be polite. Messages should not be abusive to others.
2. Take pride in communications. Check spelling and grammar.
3. Use appropriate language. Do not swear or use vulgarities or any other inappropriate language, symbols, or pictures.
4. Protect password confidentiality. Passwords are not to be shared with others. Using another user's account or password or allowing such access by another may be permitted only with the approval of the supervising teacher or system administrator.
5. Do not reveal your personal address or telephone number or those of other persons. No student information protected by FERPA should be electronically transmitted or otherwise disseminated through the network.
6. Do not disguise the point of origin or transmission of electronic mail.
7. Do not send messages that contain false, malicious, or misleading information which may be injurious to a person or a person's property.
8. Illegal activities are strictly prohibited.
9. The district technology is not to be used for playing multi-user or other network intensive games, commercial ventures, Internet relay chat lines, or downloading excessively large files.
10. No charges for services, products, or information are to be incurred without appropriate permission.
11. Do not use the network in such a way that you would disrupt the use of the network by other users.
12. Users shall respect the privacy of others and not read the mail or files of others without their permission. Copyright and licensing laws will not be intentionally violated.
13. Vandalism will result in cancellation of privileges. Vandalism is defined as any malicious attempt to harm or destroy hardware, data of another user, Internet, or any other agencies or other networks which may be accessed. This includes, but is not limited to, the uploading or creation of computer viruses.

14. Report security problems to the supervising teacher or system administrator.

15. Violators of this policy shall hold the district, including its employees and agents, harmless against any and all causes of action, damages, or other liability resulting from the willful or negligent violation of this policy.
INTERNET ACCESS CONDUCT AGREEMENT

Every student, regardless of age, must read and sign below:

I have read, understand, and agree to abide by the terms of the foregoing Acceptable Use Policy and Code of Conduct. Should I commit any violation or in any way misuse my access to the school district's computer network and the Internet, I understand and agree that my access privilege may be revoked and school disciplinary action may be taken against me.

User's Name (print clearly): ___________________________ Home Phone: __________________

User's Signature: ___________________________ Date: __________________

Address: ______________________________________

Status: I am 18 or older _____ I am under 18 _____

If I am signing this policy when I am under 18, I understand that when I turn 18, this policy will continue to be in full force and effect and agree to abide by this policy.

Parent or Guardian: (If applicant is under 18 years of age, a parent or guardian must also read and sign this agreement.) As the parent or legal guardian of the above student, I have read, understand and agree that my child or ward shall comply with the terms of the school district's Acceptable Use and Internet Safety Policy for the student's access to the school district's computer network and the Internet. I understand that access is being provided to the students for educational purposes only. However, I also understand that it is impossible for the school to restrict access to all offensive and controversial materials and understand my child's or ward's responsibility for abiding by the policy. I am, therefore, signing this policy and agree to indemnify and hold harmless the school, the school district, and the Data Acquisition Site that provides the opportunity to the school district for computer network and Internet access against all claims, damages, losses, and costs, of whatever kind that may result from my child's or ward's use of his or her access to such networks or his or her violation of the foregoing policy. Further, I accept full responsibility for supervision of my child's or ward's use of his or her access account if and when such access is not in the school setting. I hereby give permission for my child or ward to use the building-approved account to access the school district's computer network and the Internet.

Parent or Guardian (please print): ___________________________ Home Phone: __________

Signature: ___________________________________________ Date: __________________

Address: ______________________________________

This agreement is valid for the current school year only.
Instruction

Chromebook/Mobile Device Student User Agreement

Rules and Appropriate Usage

Plymouth Public Schools encourages the use of 1:1 devices and the network, including the Internet, as a tool for research and education. 1:1 devices and the network, like any other school property, must be used for the educational purposes for which they are intended. The Chromebooks/Mobile Devices issued to students are the property of Plymouth Public Schools. The distribution of a Chromebook/Mobile Device to each student is a privilege, not a right, and may be revoked at any time for inappropriate conduct. Before a Chromebook/Mobile Device will be issued for use at home, students and parents or guardians must sign the “Plymouth Public Schools Network/Internet Acceptable Use” Policy form, “School District Chromebook/Mobile Device Protection Plan Form” and “Chromebook/Mobile Device Student User Agreement and Parent Permission Form.” These forms must be completed each school year.

The policy, procedures, and information within this document apply to all District-owned Chromebook/Mobile Devices used in, and out of, District schools, including any other device considered by the administration to come under this policy. Individuals or teams of teachers may set additional requirements for use in their classroom.

Students are expected to abide by the following rules and behavioral expectations, while using a Chromebook/Mobile Device, both at home and within the school:

Use of Equipment (Hardware and Software)

- Student must have a “Plymouth Public Schools Network/Internet Acceptable Use” Policy form, “School District Chromebook/Mobile Device Protection Plan Form” and “Chromebook/Mobile Device Student User Agreement and Parent Permission Form” signed by a parent/guardian on file with Plymouth Public Schools in order to use the Chromebook at home and to access the Internet while using the Chromebook/Mobile Device.
- The school Chromebook/Mobile Device is to be used for educational purposes only.
- The use of the Chromebook/Mobile Device must not violate the parent/guardian/student signed “Plymouth Public Schools Network/Internet Acceptable Use” Policy form. Copies of the “Plymouth Public Schools Network/Internet Acceptable Use” Policy form may be found in the Parent/Student Handbook and are available for downloading and printing on the Plymouth Public Schools website.
- Student may not destroy, deface, or alter Chromebook/Mobile Device equipment, identifying labeling or files not belonging to the student.
Instruction

Chromebook/Mobile Device Student User Agreement

Use of Equipment (Hardware and Software) (continued)

- Student may not remove district installed software (“Apps”) from the Chromebook/Mobile Device or may not install software (“Apps”) that is not approved by administration or teachers. Plymouth Public Schools reserves the right to remove software (“Apps”) from, or add software (“Apps”) to the Chromebook/Mobile Device at any time.

- Online chat rooms, message boards, forums, etc. may not be accessed by students while using the Chromebook/Mobile Device without prior consent from a teacher, or person monitoring the Internet use, or as in accordance with the “Plymouth Public Schools Network/Internet Acceptable Use” Policy (6141.321).

- Engaging in online activities, while using the Chromebook/Mobile Device, that are in violation of this policy will result in automatic termination of the student's network/Internet privileges in accordance with the “Plymouth Public Schools Network/Internet Acceptable Use” Policy (6141.321).

- Sending messages via school technology with the intent to intimidate, frighten, threaten, harass, ridicule or bully another person is considered harassment and will have consequences per the Parent/Student Handbook Student Discipline Code, Plymouth Public Schools Bullying Policy (5131.911, 5131.913), Plymouth Public Schools Sexual Harassment Policy (5145.5) and the Plymouth Public Schools Acceptable Computer Use Policy (6141.321).

- Students may not change, alter, bypass, or attempt to bypass any Chromebook/Mobile Device security measures including filtered Internet sites.

Privacy

- It is a violation of the “Plymouth Public Schools Network/Internet Acceptable Use” Policy (6141.321) to share your password with anyone else, or to access any account belonging to other students, faculty, or staff.

Management

- Since the Chromebooks/Mobile Devices belong to Plymouth Public Schools, Plymouth Public Schools will be monitoring all devices. Files created using the Chromebook/Mobile Device, or stored on school servers, are not private. Plymouth Public Schools reserves the right to search District assigned Internet services accounts, such as District assigned student email accounts, accessed with school equipment, if it is felt that illegal or otherwise inappropriate use of technology is occurring. Improper use of Plymouth Public Schools technology devices will result in loss of network/Internet privileges, and other consequences as per the Parent/Student Handbook Student Discipline Code, Plymouth Public Schools Bullying Policy (5131.911, 5131.913), Plymouth Public Schools Sexual Harassment Policy (5145.5) and the “Plymouth Public Schools Network / Internet Acceptable Use” Policy (6141.321).
Instruction

Chromebook/Mobile Device Student User Agreement (continued)

Responsibilities

By signing the “Plymouth Public Schools Network/Internet Acceptable Use” Policy form and this “Chromebook/Mobile Device Student User Agreement and Parent Permission Form,” students and parents or guardians agree to:

- **Submit their Chromebook/Mobile Device to school authorities upon request.**
  Such a request may be made in order to check browser histories and caches, as well as to ensure Chromebooks/Mobile Devices do not contain any unapproved software or files.

- **Charge their Chromebook/Mobile Device overnight each night to ensure that they are fully charged for classes the next day.**
  Just as students are expected to be prepared for class by having all required materials, the student must have his/her charged Chromebook/Mobile Device in class at the start of each day.

- **Protect the Chromebook/Mobile Device from damage and theft.**
  Required precautions include the use of the protective case when transporting the Chromebook/Mobile Device to and from classes and to and from school. If the Chromebook/Mobile Device is lost or stolen when outside of school grounds, it should be reported to the police immediately. Parents or guardians will incur a financial obligation to the school for any missing Chromebook/Mobile Device for which a copy of the police report has not been provided to the school Principal. Parents or Guardians will also incur a financial obligation for any repairs that are required for the Chromebook/Mobile Device.

  **An optional School District Protection Plan is offered for Chromebooks/Mobile Devices.**
  The School District Protection Plan will cover events such as accidental loss (theft) and damages.
  Please see the School District Protection Plan section at the end of this document.

- **If damage to the Chromebook/Mobile Device is intentional, willful or purposeful, as determined by Plymouth Public Schools, the parents or guardians will pay the full replacement cost of the Chromebook/Mobile Device (as listed in the applicable School District Chromebook/Mobile Device Protection Plan form), protective case and/or AC power adaptor, regardless of the “School District Chromebook/Mobile Device Protection Plan” choice.**
Instruction

Chromebook/Mobile Device Student User Agreement

Responsibilities (continued)

- Leave the student issued Chromebook/Mobile Device at school over the summer for regular maintenance.

Returning students will be reissued their same Chromebook/Mobile Device the following year. The School regards the Chromebook/Mobile Device as all other materials that are checked out to a student (e.g. textbooks, library materials, sports equipment, etc.) and failure to return the Chromebook/Mobile Device, and all associated accessories, for the summer or unenrollment from school, will result in the parent or guardian incurring a financial obligation to the school and result in consequences as per the Plymouth Public Schools Parent/Student Handbooks and the “Fees, Fines, Charges” Policy (6121.21).

Students will be provided with a username and password. Students must not change their passwords without permission from the Technology Department or school. Upon request, Parents/Guardians will be informed of their child’s username and password in order to monitor the student's computer usage at home. When the Chromebook/Mobile Device is taken home by the student, it is highly recommended that it will always be used in a common family location so that adult supervision can be maintained at all times.

Student Expectations

As a learner I will:

1. Never leave my Chromebook/Mobile Device unattended.
2. Make sure the Chromebook/Mobile Device is not subject to careless or intentional damage (e.g., as a result of horseplay).
3. Ensure that, when the Chromebook/Mobile Device is being transported, it is as secure as possible. The Chromebook/Mobile Device MUST be carried in its protective case.
4. Ensure that my Chromebook/Mobile Device is charged every evening and ready for use the next day (i.e., plugging it in for charging overnight).
5. Store my Chromebook/Mobile Device in a safe place, such as the student’s locked locker, when not in use (e.g., lunch, PE, etc.). The Chromebook/Mobile Device should be in its case and no items will be stacked on top of it.
6. Use my Chromebook/Mobile Device for the task assigned by my teacher at all times. Chromebooks/Mobile Devices will ONLY be used for educational purposes.
7. Print only after teacher gives permission.
8. Not decorate the Chromebook/Mobile Device in any way, including the use of stickers or decals, and not allow it to be subject to graffiti/defacing.
9. Not install or download software (“apps”) that is not approved by administration or teachers.
Instruction

Chromebook/Mobile Device Student User Agreement (continued)

Consequences for Violation of Chromebook/Mobile Device Rules:

By signing this User Agreement, you commit to the student expectations and understand the consequences for violation.

Consequences for Breaches of the Acceptable Use Agreements

In the event a student breaches any part of the “Plymouth Public Schools Network / Internet Acceptable Use” Policy form and/or “Chromebook/Mobile Device Student User Agreement and Parent Permission Form,” consequences will be imposed by the school per the Parent/Student Handbook Student Discipline Code, Plymouth Public Schools Bullying Policy (5131.911, 5131.913), Plymouth Public Schools Sexual Harassment Policy (5145.5), the “Fees, Fines, Charges” Policy (6121.21) and the “Plymouth Public Schools Network/Internet Acceptable Use” Policy (6141.321) as applicable.

Repairing or Replacing Chromebook/Mobile Devices

Chromebook/Mobile Device Repairs

All required repairs for Chromebooks/Mobile Devices will be processed by the Plymouth Public Schools Technical Support Department.

DO NOT attempt to repair the Chromebook/Mobile Device yourself.

Damaged Chromebooks/Mobile Devices should be brought to the school library to initiate the repair process. In the case of loss/theft, a police report should be filed by the parent/guardian. A copy of the police report should be provided to the school Principal.

School District Protection Plan

School district protection is available for students and parents to cover Chromebook/Mobile Device replacement/repair in the event of theft, loss, or accidental damage.

There will be an annual protection cost for each Chromebook/Mobile Device with a maximum cost of four Chromebook/Mobile Devices per family. This plan will include replacement and repairs for covered damages or loss. The actual annual cost will be specified in the applicable School District Chromebook/Mobile Device Protection Plan form.

It will not cover intentional damages or a loss not accompanied by a police report, in which case the student/parent will be responsible for full replacement, or repairs, up to the value of the Chromebook/Mobile Device as specified in the applicable “School District Chromebook/Mobile Device Protection Plan” form. Intentional damage will be determined by the District and/or Insurance Company. Excessive claims, as determined by the District, may result in loss of Chromebook/Mobile Device privileges.
Instruction

Chromebook/Mobile Device Student User Agreement

School District Protection Plan (continued)

Parents will need to purchase this insurance through the school office before your student is allowed to check out a Chromebook/Mobile Device, or have indicated that they elect to decline the offered Chromebook/Mobile Device Insurance, in which case they assume full financial responsibility for the Chromebook/Mobile Device including theft, loss or any damages.

Cost of Repairs

Students and Parents/Guardians will be held responsible for ALL damage to their Chromebook/Mobile Devices including, but not limited to: broken screens, cracked plastic pieces, inoperability, etc. Should the cost to repair exceed the cost of purchasing a new device, parents/guardians will incur a financial obligation equal to the full replacement value of the device as specified in the applicable School District Chromebook/Mobile Device Protection Plan form. These costs can be avoided with the purchase of the optional School District Chromebook/Mobile Device Protection Plan.

Lost items such as cases and cables will be charged the actual replacement cost.

Legal Reference: Connecticut General Statutes
10-221 Boards of education to prescribe rules
18 U.S.C. §§ 2510-2522, Electronic Communication Privacy Act
P.L. No 110-385, Protecting Children in the 21st Century Act

Policy adopted: April 4, 2018
PLYMOUTH PUBLIC SCHOOLS
Terryville, Connecticut
FREQUENTLY ASKED QUESTIONS/HINTS & TIPS FOR PARENTS

1. Are there laws that help to protect my child online?
   Children’s Online Privacy Protection Act (COPPA)
   a. The Children’s Online Privacy Protection Act (COPPA) requires parental permission whenever a
      website or application collects personally identifiable information from children under age 13.
   b. By participating in Google Apps for Education, student information may be collected and stored
      electronically and shared with the District.
   c. The District’s use of student information is for educational purposes only.
   d. For more information on COPPA compliance, see the Federal Trade Commission’s website at
      www.ftc.gov/coppa.
   e. The privacy policies associated with use of Google Apps for Education are available at

2. What are my responsibilities as a parent/guardian in terms of replacement of the Chromebook if it
   is damaged or stolen? What are the replacement costs of the Chromebook and accessories?
   Please refer to the updated “School District Chromebook/Mobile Device Protection Plan” form for
   responsibilities and the latest cost estimates on replacement and repair costs for the district
   ChromeBooks and accessories.

3. As a parent/guardian, how do I monitor my child’s use of the internet?
   Please see the attached document entitled "Parents' Guide to Safe and Responsible Student Internet
   Use" for suggestions on monitoring your child’s use of the internet.

4. What if we don't have Wi-Fi at home?
   A Chromebook's use is maximized with Wi-Fi, but it can be used in an offline mode should Wi-Fi
   not be available. It will automatically connect to Wi-Fi and upload work upon entering the
   Plymouth Public Schools campus.

5. Will students keep the Chromebook for the summer?
   Chromebooks and all Plymouth Public Schools accessories will be returned during the final week of
   school so they can be checked for any service needs and prepared for use the following year.

Please contact the Technology Dept. with any questions regarding student use of Chromebooks.
   Email: support@plymouth.k12.ct.us
Parents' Guide to Safe and Responsible Student Internet Use

Plymouth Public Schools recognizes that with new technologies come new challenges to both teachers and parents. Below is a series of suggestions drawn from a wide variety of professional sources that may aid you, the parent, in effectively guiding your child’s use of the Chromebook.

- **Take extra steps to protect your child.** Encourage your child to use and store the Chromebook in an open area of your home, such as the kitchen or family room, so you can monitor what your child is doing online. Use the Internet with your child to help develop safe surfing habits. Children often model adult behavior.
- **Go where your child goes online.** Monitor the places that your child visits. Let your child know that you're there, and help teach him or her how to act as he or she works and socializes online.
- **Review your child’s online friends list.** You may want to limit your child's online "friends" to people your child actually knows in real life.
- **Understand sites' privacy policies.** Internet sites should spell out your rights to review and delete your child's information.
- **Limit the time your student is on the Chromebook.** While the Chromebook is a very engaging device, it is a school work device. Care and constant monitoring will reduce your child's exposure to excessive use.
- **Report unwelcome or malicious online threats.** Report immediately to the school any online interactions that can be considered threatening.
- **Help your child develop a routine.** Many parents have found success by helping create a routine for their child's computer use. Define a routine as to how the Chromebook is cared for and when and where its use is appropriate.
- **Take a look at the apps or programs.** It is to the advantage of the students, parents, and school that the parents have a working understanding of the programs and student work found on the Chromebook.
- **Read and share with your child the Chromebook Student User Agreement and Parent Permission Form.** By reading and discussing the care and use policies, you can create a clear set of expectations and limitations for your child.

**General Tips for Parents for Internet Safety:**

- Talk with your child about online behavior, safety, and security early on and continually. Set rules for the internet just as you do on use of all media sources such as television, phones, movies, and music.
- Monitor your child's computer use. Know his or her passwords, profiles, and blogs. When the Chromebook is taken home by the student, it is strongly recommended that it will always be used in a common family location.
- Let children show you what they can do online and visit their favorite sites.
- Set limits and clear expectations for computer use.
- Look into safeguarding programs or options your online service provider may offer; these may include filtering capabilities.
Chromebook/Mobile Device Student User Agreement and Parent Permission Form

As a user of the Plymouth Public Schools computer network and recipient of a Plymouth Public Schools’ Chromebook/Mobile Device, I acknowledge receipt of and hereby agree to comply with the “Plymouth Public Schools Chromebook/Mobile Device Student User Agreement” and with the “Plymouth Public Schools Network / Internet Acceptable Use” Policy contained in the Plymouth Public Schools Parent/Student Handbooks. I understand that my use of a Chromebook/Mobile Device is subject to the Parent/Student Handbook Student Discipline Code, Plymouth Public Schools Bullying Policy (5131.911, 5131.913), Plymouth Public Schools Acceptable Computer Use Policy (6141.321), the “Fees, Fines, Charges” Policy (6121.21), Plymouth Public Schools Sexual Harassment Policy (5145.5) and all other policies of the Plymouth Public Schools.

Student Name (PRINT)________________________________________________________

Student Signature_________________________________________ Date ______________

As the parent or legal guardian of the minor student signing above, I grant permission for the student named to access networked computer services and school computer hardware. I have read, reviewed and understand the “Plymouth Public Schools Network / Internet Acceptable Use” Policy and the “Chromebook/Mobile Device Student User Agreement” and I have discussed both fully with my child. I further understand my rights under the Children’s Online Privacy Protection Act (COPPA), described in Question 1 of the Frequently Asked Questions/Hints & Tips for Parents Section of this Agreement, and with that understanding. I give permission for my child to use Google Apps for Education on my child’s Chromebook/Mobile Device. I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of Internet use by setting and conveying the school’s standards, procedures and rules when selecting, sharing, or exploring information and media. I acknowledge receipt of and hereby agree to comply with the Plymouth Public Schools “Chromebook/Mobile Device Student User Agreement” and with the “Plymouth Public Schools Network / Internet Acceptable Use” Policy contained in the Plymouth Public Schools Parent/Student Handbooks.

Parent/Guardian Name (PRINT)________________________________________________

Parent/Guardian Signature________________________________________________________ Date ______
The following form, “School District Chromebook/Mobile Device Protection Plan Form,” is only required for students in grades 6-12.
School District Chromebook/Mobile Device Protection Plan

School District Chromebook/Mobile Device Protection Plan Form

Plymouth Public Schools offers optional insurance coverage for your student’s assigned Chromebook. This optional insurance will cover the cost of any accidental damage or forced-entry theft that may occur with your student’s Chromebook during the school year. If you decline the optional insurance coverage, then any accidental damage or forced-entry theft costs will be your responsibility.

Example estimated costs that would be covered with the purchase of the yearly Chromebook Insurance:

<table>
<thead>
<tr>
<th>Damage Type</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cracked Screen</td>
<td>$ 99.00</td>
</tr>
<tr>
<td>Cracked Covers</td>
<td>$ 139.00</td>
</tr>
<tr>
<td>Keyboard/Touchpad</td>
<td>$ 119.00</td>
</tr>
<tr>
<td>Theft of Chromebook</td>
<td>$ 250.00</td>
</tr>
<tr>
<td>Bad Battery</td>
<td>$ 139.00</td>
</tr>
<tr>
<td>Hard Drive</td>
<td>$ 159.00</td>
</tr>
</tbody>
</table>

Please indicate whether you would like to purchase Chromebook Insurance for this school year:

☐ YES - I wish to Purchase the Chromebook School District Insurance

You choose to pay the school District an annual protection payment for coverage of the Chromebook against accidental damage forced-entry theft in the amount of $25.00. The $25.00 payment is nonrefundable. This annual coverage begins upon receipt of payment and ends at the conclusion of each school year.

Please make check payable to “Plymouth Board of Education” in the amount of $25.00 and send in with this signed form. You may also pay online if completing this form through our online registration system.

☐ NO - I wish to Decline the Chromebook School District Insurance

You are declining the School District Insurance and agree to pay for ANY repairs or replacement of the Chromebook Device at a cost not to exceed the replacement value of $250.00 should the Chromebook/Mobile Device be stolen, lost or damaged in any way.

Student Name (Please Print): ______________________________________________

Parent Name (Please Print): ______________________________________________

Parent Signature: ___________________________ Date: __________________________

Additional Information: In cases of theft, vandalism and other criminal acts, a police/fire report MUST be filed by the student or parent for the protection coverage to take place. A copy of the police/fire report must be provided to the Principal’s office.

Intentional Damage: Students/Parents are responsible for full payment of intentional damages, as determined by school district, regardless of insurance choice.

Warranty, Accidental Damage. Theft School District Chromebook/Mobile Device Protection DOES NOT cover intentional damage of the Chromebook/Mobile Device, loss of the Chromebook/Mobile Device, nor forced-entry theft of a Chromebook/Mobile Device that is not accompanied by a copy of a police report. Damaged or lost cases and chargers are not covered under this protection plan and will result in the parent or guardian incurring a financial obligation to the school district.