



STUDENT REGISTRATION

Check the School/District Website for School Updates



Coral Shores High School

89901 Old Hwy

Tavernier, FL 33070

Phone: 305.853.3222

Fax: 305.853.3228

Registrar: Saveena Cade

Email: Saveena.Cade@KeysSchools.com

In order to register for the **2022-2023 school year**, please submit the **required documents** listed below and **full registration packet** to the main office during business hours or to the email address listed above.

REQUIRED DOCUMENTS

- **Birth Certificate**
- **Social Security Card**
- **Florida State Physical** – Must be completed within 1 (one) calendar year of current date—physicals can be scheduled with the AHEC nurse practitioner by calling 305.743.7111 EXT 210
- **Immunization Record** – Must be on Florida-680 Form (*forms with handwritten dates will not be accepted*)

Out-of-State Immunizations can be transferred by visiting the address below:

Florida Department of Health (Roth Building)
50 High Point Road
Tavernier, FL 33070
(Phone: 305.293.7500)

- **Proof of Residence in Monroe County** – Current Utility Bill, Lease, or Mortgage Statement (*Name must match custodial parent name*)
- **Custody Paperwork (if applicable)** – **Parent names must match birth certificate** or custody paperwork is required. If a student is living with someone other than the custodial parent for the school year, the parent must submit the **Parental Consent of Student Residence Form**.
- **Transcripts from Previous School** – Students new to CSHS must be formally withdrawn from their previous school and transcripts must be received/reviewed in order to enroll.

In addition to the required documentation above, please complete the **FULL REGISTRATION PACKET AND GRADE-SPECIFIC COURSE SELECTION FORM**.

CORAL SHORES HIGH SCHOOL STUDENT DATA CARD*(CSHS Tarjeta de Datos del Estudiante)*

School Year: _____

(Año Escolar)

Student Name: _____

(Nombre del Estudiante)

Student Phone: _____

(Teléfono del Estudiante)

Also Known AS: _____

(También Conocido Como)

Grade: 09 10 11 12

Circle One (Un Círculo)

Sex: M F

(El Sexo)

Student ID: _____

(Estudiante ID)

Date of Birth: _____

(Fecha de Nacimiento) MM/DD/YYYY

Our automated calling system will be delivering important messages to you; including, but not limited to, notification of absences. Please indicate which phone number you wish to be used for this purpose. *(Nuestro sistema de llamadas automatizadas le enviará mensajes importantes; incluyendo, pero no limitado, a la notificación de ausencias. Indique qué número de teléfono desea utilizar para este propósito)*

Notification System Phone Number(s)

(Números de Teléfono del Sistema de Notificación)

() - () -

Physical Address:

(Dirección Física)

Street

City

State

Zip

Mailing Address:

(Dirección de Envío)

Street

City

State

Zip

Name*Nombre*Home Phone*Número de Casa*Cell Phone*Teléfono Móvil*Work Phone*Teléfono del Trabajo*Email*(Correo Electrónico)*

Father:

(Padre)
Allow Pickup: Yes or No Permitir Recolección: Sí o No / Student Lives With? Yes or No ¿El estudiante vive?: Sí o No

Mother:

(Madre)
Allow Pickup: Yes or No Permitir Recolección: Sí o No / Student Lives With? Yes or No ¿El estudiante vive?: Sí o No

Guardian:

(Guardián)
Allow Pickup: Yes or No Permitir Recolección: Sí o No / Student Lives With? Yes or No ¿El estudiante vive?: Sí o No

EMERGENCY CONTACTS In case child listed above becomes ill or is injured at school, and I cannot be contacted, the school authorities have my permission to contact and release my child to the custody of one of the following: **(CONTACTOS DE EMERGENCIA** En caso de que el niño mencionado anteriormente se enferme o se lesione en la escuela, y no me puedan contactar, las autoridades escolares tienen mi permiso para contactar y liberar a mi hijo bajo la custodia de uno de los siguientes)

Other Emergency Contact 1:

(Otro Contacto de Emergencia 1)

() - () -

Allow Pickup: Yes or No*(Permitir Recolección: Sí o No)*Relationship: *(Relación)*

Other Emergency Contact 2:

(Otro Contacto de Emergencia 2)

() - () -

Allow Pickup: Yes or No*(Permitir Recolección: Sí o No)*Relationship: *(Relación)*

CONTACTS ALLOWED TO PICK UP/SIGN OUT: *(Parent/Guardian must still call the school with permission for student to sign out.)*

Name:

(Nombre)

Relationship to Student:

(Relación con el Estudiante)

Day Phone:

(Teléfono de día)

Name:

(Nombre)

Relationship to Student:

(Relación con el Estudiante)

Day Phone:

(Teléfono de día)

Military Family: YES or NO

Familia Militar: YES or NO

Important Medical Information/Allergies: *(Información Médica Importante/Alergias)* _____

Parent/Guardian Signature: *(Padre/Tutor)*Date: *(La Fecha)*

Monroe County District School

Date of Entry into a U.S. School (DEUSS) _____

Registration for School Name CORAL SHORES HIGH SCHOOL Date Registered _____
School No. 0041 School Address: 89901 OLD HIGHWAY TAVERNIER, FL 33070

Child's full

Legal Name: _____ S.S. # _____ (optional)

Sex _____ Birth Date _____ Birth Place _____ Military Family Student yes no

Home Address: _____ Home Phone: _____

Father's Name: _____ Place of Work: _____

Occupation: _____ Phone: _____ Ext. _____

Mother's Name: _____ Place of Work: _____

Occupation: _____ Phone: _____ Ext. _____

Mailing Address: _____ Guardian Name: _____

Ethnicity: Hispanic _____ (If you select this ethnicity then you must also select at least one race)

Racial Category: White _____ Black _____ Asian _____ American Indian or Alaskan Native _____
Native Hawaiian or Other Pacific Islander _____ (Please check all that apply)

Neighbor/Relative to Contact in Case of Emergency: _____

Neighbor/Relative Phone No.: _____

Marital Status: Married _____ Divorced _____ Separated _____ Single _____

Child Lives With: Both Parents _____ Mother _____ Father _____ Guardian _____

Family Moved into Monroe County for the First Time: Month _____ Year _____

Child First Entered School in Monroe County: Month _____ Year _____

What was the Last School in Monroe County that Child attended? _____

School Last Attended: _____ Address of School: _____

City _____ State _____ Zip Code _____

In Case of Emergency: Doctor Name: _____ Phone _____

Hospital _____ Phone _____

Other Emergency Contact: _____

Student Disclosures: Under Florida Statutes 232.0205, and district procedures, students/guardians are required to note a student's previous school expulsions, arrests resulting in a charge, and juvenile justice actions against the student. Please explain any expulsions, arrests or juvenile actions: _____

Special Notations: _____

Medical Conditions: _____

OFFICE USE ONLY

Registration Information Taken By: _____ Student I.D. No.: _____

Physical Exam Received Yes _____ No _____ Immunization Cert. Received Yes _____ No _____

Proof of Birth: Certificate No. _____ State _____ Other: _____

Do not copy passports or visas.

Verified By _____

E / W CODE: _____ Entry / Withdrawal Date: _____

Grade: _____ Teacher: _____ Teacher No: _____



**Coral Shores
High School**

89901 Old Highway
Tavernier, FL
33070-2198

Phone: (305) 853-3222

Fax: (305) 853-3228

Laura Lietaert

Principal

Ext. 56301

Ana Alvara

Assistant Principal

Ext. 56310

Dawn Michelini

Guidance (A-Z)

Extension 56317

Kay MacKenzie

Guidance (M-Z)

Extension 56345

Saveena Cade

Registrar

Ext. 56381

AUTHORIZATION FOR THE RELEASE OF SCHOOL RECORDS

DATE _____

NAME OF PREVIOUS SCHOOL _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ FAX _____

STUDENT NAME _____

GRADE ENTERING _____ DATE ENROLLED _____

PLEASE SUBMIT THE FOLLOWING RECORDS ON THE ABOVE NAMED STUDENT:

____ SOCIAL SECURITY NUMBER
____ LAST GRADES RECORDED
____ PSYCHOLOGICAL RECORDS
____ BIRTH CERTIFICATE
____ IEP/SPECIAL EDUCATION RECORDS
____ BEHAVIOR PLAN
____ IMMUNIZATIONS
____ DISCIPLINARY RECORD
____ PHYSICAL
____ SCHOLASTIC RECORDS
____ RTI DOCUMENTS/MTSS
____ ELL
____ STANDARDIZED TEST SCORES
____ PROOF OF COMPLETION OF 8TH GRADE

IS THIS STUDENT CURRENTLY SUSPENDED/EXPELLED? YES OR NO

HAS THIS STUDENT OFFICIALLY WITHDRAWN? YES OR NO

LAST DAY OF ATTENDANCE _____

THANK YOU FOR YOUR PROMPT ATTENTION TO THIS REQUEST.

GRADES AND ABSENCES TO DATE OF WITHDRAWAL FROM YOUR SCHOOL CUMULATIVE GRADES OF ALL HIGH SCHOOL CREDITS EARNED THROUGH DATE OF WITHDRAWAL. THIS INCLUDES PARTIAL MARKING PERIOD GRADES, FULL MARKING PERIOD GRADES, SEMESTER GRADES, SEMESTER EXAM GRADES AND ABSENCES FOR EACH MARKING PERIOD OF THE CURRENT SCHOOL YEAR.

PARENT/GUARDIAN SIGNATURE: _____

REGISTRAR SIGNATURE: _____

Saveena.Cade@keysschools.com



**Monroe County School District: Spanish and English
HOME LANGUAGE SURVEY
ENCUESTA SOBRE EL IDIOMA DEL HOGAR**

ESTUDIO DEL IDIOMA LOCAL

Fecha : _____ Escuela : _____

Nombre del Estudiante _____

Favor de llenar la información siguiente:

Primer idioma que aprendió el niño	Idioma que se habla en casa más fre- cuentemente	Idioma que habla el niño más fre- cuentemente
_____	_____	_____

Origen Nacional : _____
(País donde nació el niño)

Escriba la Fecha en que el niño ENTRÓ a la Escuela en los E.E.U.U.:

____ / ____ / ____
(mes / día / año)

Favor contestar Sí o NO :

- | | | |
|--|----|----|
| 1.El primer idioma del niño fue otro idioma que el inglés ? | Sí | No |
| 2. Se usa otro idioma que el inglés en casa ? | Sí | No |
| 3. El niño habla más frecuentemente otro idioma que el inglés? | Sí | No |

*School Staff Only: *DEUSS date 3 years or less and born outside the US, enter in the S705 date of entry and codes 8214 for Immigrant non ELL and 8414 for Immigrant and ELL.*

COMMUNITY LANGUAGE SURVEY

Date: _____ School: _____

Student's Name _____

Please complete the following information

First Language Learned By Child	Language Used Most Often at Home	Language Most Frequently Spoken By Child
_____	_____	_____

National Origin: _____
(Country where child was born)

Write the Date of Entry into a United States School (DEUSS):

____ / ____ / ____
Month / Day / Year

Please answer YES or NO:

- | | | |
|--|-----|----|
| 1. Did the student have a first language other than English? | YES | NO |
| 2. Is a language other than English used at home? | YES | NO |
| 3. Does student most frequently speak a language other than English? | YES | NO |

*School Staff Only: *DEUSS date 3 years or less and born outside the US, enter in the S705 date of entry and codes 8214 for Immigrant non ELL and 8414 for Immigrant and ELL.*

Revised 10.27.15

CSHS STUDENT SERVICES PARENT QUESTIONNAIRE

STUDENT NAME _____

PARENT NAME _____

Phone Number _____

Current Grade _____

IN PREVIOUS SCHOOL - DID YOUR CHILD:

1. HAVE A CURRENT INDIVIDUAL EDUCATION PLAN YES NO
IF "YES" – WHAT IS HIS/HER EXCEPTIONALITY?

2. CURRENTLY RECEIVE SPEECH/LANGUAGE THERAPY IN SCHOOL? YES NO

3. CURRENTLY RECEIVE OCCUPATIONAL THERAPY IN SCHOOL? YES NO

4. CURRENTLY RECEIVE PHYSICAL THERAPY IN SCHOOL? YES NO

5. HAVE A 504 PLAN FOR ACCOMMODATIONS? YES NO



2022-2023

Dear Parent/Guardian:

Your child's school offers school health services to enrolled students. These services are made possible through an agreement between the Monroe County School District and the Florida Department of Health-Monroe. Some of the services are mandated by Florida Statutes.

Your school has a nurse and/or a health support specialist that works in the school health room. It is important to understand that the clinic staff is not always at the school when it is open. It is also very important to remember that *"School Health services SUPPLEMENT, rather than replace" the routine health care your child receives from a parent and/or your physician. *FS381.0056(2)*

Here is a generalized list of health services available:

- First Aid for minor injuries/accidents/illnesses
- Immunization status and health history review
- Vision/hearing/dental/height/weight/BMI/scoliosis screenings for specific grade levels
- Assistance with administration of doctor ordered medications. Even over the counter medications require a prescription and a signed parent permission slip.
- Age-appropriate reproductive health counseling
- Health education on specific health topics
- Assistance with minor, complex, or chronic health conditions and/or doctor ordered procedures

Please complete the attached STUDENT HEALTH HISTORY form and return it to the school health staff. The form has two important purposes-

It informs the health staff of the presence of any health concern AND supplies the health staff with contact information so we can reach you, especially in the case of an emergency. As of 2021, this form is required for your child to be seen in the clinic.

If you do NOT want your child to receive school health services, you MUST notify the school in WRITING. Please do not hesitate to contact your school health staff for any questions or concerns you have regarding your child's health.

Sincerely,

Your School Health Staff



Healthy Schools

2022-2023

Dear Parent/Guardian:

During the next several months, a health screening will be conducted at your child's school for grades K, 1st, 3rd, and 6th. A health screening is designed to detect certain types of health difficulties your child may be developing. The screening may consist of vision, hearing, height/weight (BMI- Body Mass Index), dental, skin, and scoliosis. Each age will have a specific required screening program.

"Screening" as defined by Florida Statutes means presumptive identification of unknown or unrecognized diseases or defects by application of test that can be given with ease and rapidity to apparently healthy persons. The screening is not designed to replace examinations by your child's physician or eye doctor for routine care or evaluation of illness or injuries.

It is not necessary for a parent to give written permission for this type of screening, therefore a permission form will NOT be sent home. *However, if you do NOT want your child to be screened, you MUST reply in WRITING to your child's school health staff.* **A dental screening (grades 2 and 7) will only be done with a signed permission slip.**

You will be notified **ONLY** if a potential problem is detected. If you receive notification of a problem, we are requesting a follow up visit with your child's physician **AND** return of the section on the referral form with the outcome of that visit for the problem(s) to the clinic staff. If you have any questions or concerns about your child's health, please contact your child's school nurse.

Committed to the belief that healthy students learn better,

Your School Health Staff



2022-2023

Estimado padre/tutor:

La escuela de su hijo ofrece servicios de salud escolar a los estudiantes inscritos. Estos servicios son posibles a través de un acuerdo entre el Distrito Escolar del Condado de Monroe y el Departamento de Salud de Florida-Monroe. Algunos de los servicios son obligatorios por los Estatutos de Florida.

Su escuela tiene una enfermera y/o un especialista en apoyo de la salud que trabaja en la sala de salud de la escuela. Es importante entender que el personal de la clínica no siempre está en la escuela cuando está abierta. También es muy importante recordar que "los servicios de salud escolar complementan, en lugar de reemplazar" la atención médica de rutina que su hijo recibe de un padre o su médico. *FS381.0056(2)

Aquí está una lista generalizada de servicios de salud disponibles:

- Primeros auxilios para lesiones/accidentes/enfermedades menores
- Estado de inmunización y revisión del historial de salud
- Exámenes de visión/audición/dental/altura/peso/IMC/escoliosis para niveles específicos de grado
- Asistencia con la administración de medicamentos ordenados por el médico. Incluso los medicamentos de venta libre requieren una receta médica y un permiso de los padres firmados.
- Asesoramiento de salud reproductiva apropiado para la edad
- Educación para la salud en temas específicos
- Asistencia con la salud de menores, complejas o crónicas y/o procedimientos ordenados por el médico

Por favor complete el formulario de HISTORIAL DE SALUD ESTUDIANTIL y devuélvelo al personal de salud en la escuela. El formulario tiene dos propósitos importantes-

Informa al personal sanitario de la presencia de cualquier problema de salud proporcional al personal sanitario información para que podamos comunicarnos con usted, especialmente en caso de emergencia. A partir de 2021, este formulario es requerido para que su hijo(a) sea visto en la clínica.

Si NO desea que su hijo reciba servicios de salud escolar, debe notificar a la escuela por ESCRITO. Por favor, no dude en ponerse en contacto con el personal de salud de su escuela para cualquier pregunta o inquietud que tenga con respecto a la salud de su hijo.

Sinceramente

Su personal de salud escolar



2022-2023

Estimado padre/tutor:

Durante los próximos meses, se llevará a cabo un examen de salud en la escuela de su hijo para los grados K, 1º, 3º y 6º. Un examen de salud está diseñado para detectar ciertos tipos de dificultades de salud que su hijo puede estar desarrollando. El examen puede consistir en visión, audición, altura/peso (IMC- Índice de masa corporal), dental, cutáneo y escoliosis. Cada edad tendrá un programa de detección específico requerido.

"Detección" como se define en las Estatutas de Florida significa la identificación presuntiva de enfermedades o defectos desconocidos o no reconocidos mediante la aplicación de pruebas que se pueden administrar con facilidad y rapidez a personas aparentemente sanas. La evaluación no está diseñada para reemplazar los exámenes realizados por el médico o el oftalmólogo de su hijo para la atención de rutina o la evaluación de enfermedades o lesiones.

No es necesario que un padre dé permiso por escrito para este tipo de detección, por lo tanto, NO se enviará un formulario de permiso a casa. *Sin embargo, si NO desea que su hijo sea examinado, DEBE responder POR ESCRITO al personal de salud de la escuela de su hijo.* **Un examen dental (grados 2 y 7) solo se realizará con una hoja de permiso firmada.**

Se le notificará SOLO si se detecta un problema potencial. Si recibe una notificación de un problema, estamos solicitando una visita de seguimiento con el médico de su hijo Y la devolución de la sección en el formulario de referencia con el resultado de esa visita para el (los) problema (s) al personal de la clínica. Si tiene alguna pregunta o inquietud sobre la salud de su hijo, comuníquese con la enfermera de la escuela de su hijo.

Comprometidos con la creencia de que los estudiantes sanos aprenden mejor,

El personal de salud de su escuela

HEALTH HISTORY/EMERGENCY CONTACT FORM 2022-2023

This is required information that will be kept in the SCHOOL HEALTH CLINIC

STUDENT'S NAME: _____ GRADE: _____
DATE OF BIRTH: _____ SEX: _____ HOMEROOM TEACHER: _____
PARENT/GUARDIAN NAME: _____ HOME PHONE: _____
Parent/Guardian Address: _____ WORK PHONE: _____
Parent's cell phone number(s) _____

EMERGENCY CONTACT if unable to reach parent/guardian: _____
RELATIONSHIP: _____ HOME PHONE: _____ WORK PHONE: _____
Emergency contact's cell phone number(s) _____

STUDENT'S PHYSICIAN: _____ PHYSICIAN PHONE NUMBER _____

CHECK ANY THAT CURRENTLY APPLY TO YOUR CHILD

PLEASE DESCRIBE

- | | |
|---|-----------|
| 1. ☐ Eye or Vision problems | 1. _____ |
| 2. ☐ Ear/Hearing problems | 2. _____ |
| 3. ☐ Lung/Breathing problems, asthma, etc. | 3. _____ |
| 4. ☐ Heart problems/surgery/blood pressure problem | 4. _____ |
| 5. ☐ Kidney/bladder problems, surgery, etc. | 5. _____ |
| 6. ☐ Bone, joint or muscle problems | 6. _____ |
| 7. ☐ Neurological problems, seizures, etc. | 7. _____ |
| 8. ☐ Spine or back problems, surgery, etc. | 8. _____ |
| 9. ☐ History of emotional/mental health problems
treatments or hospitalizations | 9. _____ |
| 10. ☐ Alcohol/drug use/abuse or treatment | 10. _____ |
| 11. ☐ Diabetes (Type I or Type II) | 11. _____ |
| 12. ☐ Cancer | 12. _____ |
| 13. ☐ ADD/ADHD | 13. _____ |
| 14. ☐ Sickle Cell Disease or bleeding disorders | 14. _____ |
| 15. ☐ Cystic Fibrosis | 15. _____ |
| 16. ☐ Autism Spectrum Disorders | 16. _____ |
| 17. ☐ Lupus | 17. _____ |

18. List any chronic or long term condition _____
19. List any surgery, date and reason _____
20. List any hospitalization in the past five years _____
21. List any restrictions on activity/physical handicaps _____
22. List all daily medication your child takes _____
23. List all allergies to medications, food products or insect stings your child has _____
Please specify those that are **severe** _____
Does your child have an Epi-Pen? _____ Will you be providing one for the school? [] Yes [] No

MY CHILD (STUDENT'S FULL NAME): _____ has my permission to take part in the School Health Services Program. I understand that my child will receive emergency care in the school, if needed and health services at school that may include:

- * First aid for minor injuries, accidents, or illnesses
- * Vision, hearing, height-weight, dental and scoliosis screenings
- * Assistance with administration of doctor ordered medications
- * Health education on specific health topics and approaches to wellness
- * Assistance with doctor ordered minor, complex, or chronic health conditions or procedures

I authorize the School District of Monroe County, Florida to release and exchange my child's confidential information to agencies of the State of Florida to determine Medicaid eligibility and if applicable to bill Medicaid for reimbursable Certified School Match services referenced on my child's individual education plan (IEP) and receive Medicaid reimbursement for Exceptional Student Education (ESE) services it provides to my child while at school. I understand that my child will receive services referenced on his/her IEP whether or not I give consent.

I understand that in case of an accident or serious injury, first aid will be administered, and I will be contacted. If I cannot be reached, I understand the contact the person/s listed on this form as emergency contacts, will be contacted.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

IF YOU DO NOT WANT YOUR CHILD TO BE SEEN IN THE CLINIC, PLEASE ATTACH A WRITTEN NOTICE TO THIS FORM

HEALTH HISTORY/EMERGENCY CONTACT FORM 2022-2023

Esta es la información requerida que se guardará en la CLÍNICA DE SALUD ESCOLAR

Nombre de estudiante: _____ Grado: _____
Fecha de Nacimiento: _____ Sexo: _____ Profesor de aula: _____
Nombre del Padre/Guardián: _____ # de teléfono (casa): _____
Dirección del Padre/Guardián: _____ # de teléfono (trabajo): _____
El número de teléfono celular de los padres: _____

Contacto de emergencia (si no podemos comunicarlos con el padre/guardián): _____
Relación: _____ # de teléfono (casa): _____ # de teléfono (oficina): _____
El número de teléfono celular _____

Doctor de estudiante: _____ # de teléfono del doctor: _____

MARQUE TODOS EN LA ACTUALIDAD QUE APLICAN A SU HIJO

PORFAVOR EXPLIQUE

- | | |
|---|--|
| 1. ☐ Problemas del ojo/visión | 1. _____ |
| 2. ☐ Problemas de la oída/audición | 2. _____ |
| 3. ☐ Problemas de respiración, asma, etc. | 3. _____ |
| 4. ☐ Problemas del corazón/cirugía/ (pacemaker) | 4. _____ |
| 5. ☐ Problemas del riñón, vejiga, cirugía, etc. | 5. _____ |
| 6. ☐ Problemas del los huesos, articulaciones, musculo | 6. _____ |
| 7. ☐ Problemas neurológicos, ataques, etc. | 7. _____ |
| 8. ☐ Problemas de espina, espalda, cirugía, etc. | 8. _____ |
| 9. ☐ Historia de problemas emocionales mental | 9. _____ |
| Tratamiento o hospitalización | |
| 10. ☐ Alcohol, uso de drogas/abuso o tratamiento | 10. _____ |
| 11. ☐ Diabetes (Tipo I o Tipo II) | 11. _____ |
| 12. ☐ Cáncer | 12. _____ |
| 13. ☐ ADD/ADHD | 13. _____ |
| 14. ☐ Anemia Falciforme o trastornos hemorrágicos | 14. _____ |
| 15. ☐ Fibrosis quística | 15. _____ |
| 16. ☐ Desorden Del Espectro Autista | 16. _____ |
| 17. ☐ Lupus | 17. _____ |
| 18. Indique condición prolongada o crónica: _____ | |
| 19. Indique cualquier, fecha y razón: _____ | |
| 20. Indique cualquier hospitalización en los últimos 5 años: _____ | |
| 21. Indique cualquier restricción de movimiento físico (minusvalida) _____ | |
| 22. Indique todo tipo de medicamento que tome su niño/niña cada día: _____ | |
| 23. Indique todo tipo de alergia a medicamento, comida, o insectos: _____ | |
| Indique los graves : _____ | |
| Su niño/niña tiene un Epi-Pen? _____ | Usted va a proporcionar uno para la escuela? [] Si [] No |

Mi niño/niña (NOMBRE COMPLETO): _____ tiene mi permiso a participar en el Programa de Servicios de Salud en la escuela. Yo entiendo que mi hijo recibirá cuido de emergencia en la escuela, si es necesario y que los servicios puedan incluir:

1. Primeros auxilios, por accidentes o enfermedades
2. Exámenes de Visión, audición, altura - peso, dentales y de escoliosis
3. Asistencia con la administración de medicinas ordenados por el médico
4. Educación específica, y tópicos de salud para un buen bienestar
5. Asistencia con condiciones o procedimientos de salud menores, complejos o crónicos ordenados por el médico

Yo autorizo que de información acerca de mi hijo al Distrito de escuela del condado de Monroe como nombre, edad y seguro social para las agencias del estado de la Florida con el propósito de saber si los niños son elegibles para el Medicaid u otro seguro. También dar autorización para que el seguro de Medicaid u otro seguro reciba pagos de estos por el servicio dado en la escuela de su hijo.

Entiendo que en caso de accidente o lesión grave, se administrarán primeros auxilios y me contactarán. Si no puedo ser contactado, entiendo que el contacto que la persona o personas que figuran en este formulario como contactos de emergencia, serán contactados.

FIRMA DE PADRE/GUARDIAN: _____ FECHA: _____

SI NO DESEA QUE SU HIJO SEA VISTO EN EL CLÍNICA , ADJUNTE UN AVISO POR ESCRITO A ESTE FORMULARIO

Keys AHEC **Health Centers**

SCHOOL MEDICAL CENTER

Dear Parent/Guardian,

Keys AHEC is proud to announce the ability to provide a School Primary Care Medical Center at 8 selected Monroe County Public School sites.

The **KEYS AHEC HEALTH CENTERS** will offer basic primary care services that include: school and sport physicals, management of chronic illness and prescriptions. All of these services are provided to children enrolled in Monroe County Public Schools at no-cost. There are no fees or co-pays; however, Keys AHEC may bill insurance companies, where applicable.

All services require parental consent. Should you want your child to receive clinical health services when they are needed, you must sign the **General Consent for Clinical Treatment Form**. Please fill out all sections with the requested information. The General Consent for Clinical Treatment must be signed and dated by the child's parent or legal guardian. If you need help finding a primary care doctor, please let your school health team know and a member of the staff will be happy to assist you.

It is important that you return the completed and signed **General Consent for Clinical Treatment Form** to the child's school or teacher as soon as possible. This will ensure that your child is able to receive services when they are needed and without any delay.

After the school receives the signed **General Consent for Clinical Treatment Form**, your child will be allowed to receive the designated health care services provided by **Keys AHEC HEALTH CENTERS**. Please contact the School Medical Clinic Administrative Office at: **305-743-7111 x 210** with any questions that you may have.

Sincerely,

Michael Cunningham

Michael Cunningham
CEO Keys AHEC

Keys AHEC **Health Centers**

Attention to our Insured Patients

While Keys AHEC Health Centers may bill your insurance company, **there are NO deductibles, coinsurance, copayments, or similar charges or any other out-of-pocket fees required of you as our patient.**

However, on behalf of your insurance company you may receive:

An **explanation of benefits** (commonly referred to as an **EOB** form) which is a statement sent by your health insurance company explaining what medical treatments and/or services were paid for on your behalf.

You may also receive information on your **deductible** which is the amount you would typically have to pay **out-of-pocket** for expenses before your insurance company will cover the remaining costs.

Because Keys AHEC waives all out-of-pocket expenses
YOU ARE NOT RESPONSIBLE FOR THIS OR ANY OTHER FEES.

Keys AHEC

Health Centers

NOTICE OF PRIVACY PRACTICES



THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Protected health information includes demographic and medical information that concerns the past, present, or future physical or mental health of an individual. Demographic information could include your name, address, telephone number, social security number and any other means of identifying you as a specific person. Protected health information contains specific information that identifies a person or can be used to identify a person.

Protected health information is health information created or received by a health care provider, health plan, employer, or health care clearinghouse. The Department of Health can act as each of the above business types. This medical information is used by the Department of Health in many ways while performing normal business activities.

Your protected health information may be used or disclosed by the Department of Health for purposes of treatment, payment, and health care operations. *Health care professionals use medical information in the clinics or hospital to take care of you. Your protected health information may be shared, with or without your consent, with another health care provider for purposes of your treatment. The Department of Health may use or disclose your health information for case management and services. The Department of Health clinic or hospital may send the medical information to insurance companies, Medicaid, or community agencies to pay for the services provided you.*

Your information may be used by certain department personnel to improve the department's health care operations. The department also may send you appointment reminders, information about treatment options or other health-related benefits and services.

Some protected health information can be disclosed without your written authorization as allowed by law. Those circumstances include:

- ☐ Reporting abuse of children, adults, or disabled persons
- ☐ Investigations related to a missing child
- ☐ Internal investigations and audits by the department's divisions, bureaus, and offices
- ☐ Investigations and audits by the state's Inspector General and Auditor General, and the legislature's Office of Program Policy Analysis and Government Accountability
- ☐ Public health purposes, including vital statistics, disease reporting, public health surveillance, investigations, interventions, and regulation of health professionals

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- ☐ District medical examiner investigations
- ☐ Research approved by the department
- ☐ Court orders, warrants, or subpoenas
- ☐ Law enforcement purposes, administrative investigations, and judicial and administrative Proceedings

Other uses and disclosures of your protected health information by the department will require your written authorization. This authorization will have an expiration date that can be revoked by you in writing. These uses and disclosures may be for marketing and for research purposes, certain uses and disclosure of psychotherapist notes, and the sale of protected health information resulting in remuneration to the Department of Health.

INDIVIDUAL RIGHTS

You have the right to request the Department of Health to restrict the use and disclosure of your protected health information to carry out treatment, payment, or health care operations. You may also limit disclosures to individuals involved with your care. The department is not required to agree to any restriction. However, in situations where you or someone on your behalf pays for an item or service in full, and you request information concerning said item or service not be disclosed to an insurer, the Department will agree to the requested restriction.

You have the right to be assured that your information will be kept confidential. The Department of Health will make contact with you in the manner and at the address or phone number you select. You may be asked to put your request in writing. If you are responsible to pay for services, you may provide an address other than your residence where you can receive mail and where we may contact you.

You have the right to inspect and receive a copy of your protected health information. Your inspection of information will be supervised at an appointed time and place. You may be denied access as specified by law. If access is denied, you have the right to request a review by a licensed health care professional who was not involved in the decision to deny access. This licensed health care professional will be designated by the department.

You have the right to correct your protected health information. Your request to correct your protected health information must be in writing and provide a reason to support your requested correction. The Department of Health may deny your request, in whole or part, if it finds the protected health information:

- ☐ Was not created by the department
- ☐ Is not protected health information
- ☐ Is by law not available for your inspection
- ☐ Is accurate and complete

Keys AHEC

Health Centers

Patient Name _____ DOB ____/____/____

School _____ Grade _____ AGE _____

Family Doctor Name _____ ☐ NONE

MEDICAL HISTORY

Current Medications _____ ☐ NONE

Allergies _____ Reaction _____ ☐ NONE

Past Surgeries or Hospitalizations _____ ☐ NONE

Chronic Medical Conditions _____ ☐ NONE

Emergency Contact _____ Relationship _____

Phone / Cell # (_____) _____ Work # _____ Employer _____

KEYS AHEC HEALTHCENTERS NOTICE OF PRIVACY PRACTICES

I acknowledge that I was provided with a copy of the Keys AHEC SCHOOL MEDICAL CLINIC Notice of Privacy Practices (see back 4 pages attached)

Parent / Patient Signature _____ Date: _____

Keys AHEC
Health Centers

Parent Notes to Provider

Please Let Us Know Anything You'd Like us to Know About Your Child

Keys AHEC Health Centers

PATIENT INFORMATION

Patient's Name _____

Patient's Address _____ City _____ Zip _____

Phone Number (____) _____ Date of Birth ____/____/____ Sex Male ☐ Female ☐

Email _____ Social Security# _____

Race: Black ☐ White ☐ Asian ☐ Native American / Alaskan ☐ Pacific / Hawaiian ☐ Other ☐
Ethnicity: Hispanic ☐ NonHispanic ☐

PARENT /GUARDIAN INFORMATION (if applicable)

Mother / Guardian _____ Phone # (____) _____

Father / Guardian _____ Phone # (____) _____

OR

Other Guardian _____ Phone # (____) _____

(Specify relationship to patient) _____

INSURANCE INFORMATION (if applicable)

Insurance Name _____

Policy # _____

Group # _____

Name of Policy Holder _____

OR

MEDICAID ☐

FAMILY FINANCIAL SCALE

- ☐ \$0-15,999
☐ \$16,000-25,999
☐ \$26,000-35,999
☐ \$36,000-59,999
☐ \$60,000-100,000
☐ \$100,000+

Do you need assistance in obtaining insurance for your child? YES ☐ NO ☐

If commercial insurance, is it possible to get deductible? YES ☐ NO ☐

**I HAVE NO
INSURANCE** ☐

RELEASE OF INFORMATION

I, _____ AUTHORIZE Keys AHEC HEALTH CENTERS to release information regarding treatment to third party payors for the purpose of billing.

By my signature affixed below, I certify that I understand the contents and specifications of this form, which I have read or had read to me.

Parent / Patient Signature _____

See Back Page



Keys AHEC **Health Centers**

GENERAL CONSENT FOR CLINICAL TREATMENT FORM

By signing below, I hereby consent and authorize Keys AHEC's Health Centers, and its medical personnel, to conduct medical clinic services and treatment to the above named Student, including any laboratory tests, or treatment which in their judgment may be deemed necessary.

I understand that the results of medical information obtained while my child receives treatment at the HEALTH CENTER is confidential and will not be disclosed to anyone without my written permission or a court order as required by applicable federal and state laws. I understand Florida laws require Keys AHEC to provide the Department of Health with a report of those individuals diagnosed with communicable diseases. Therefore, I authorize Keys AHEC to report to the Department of Health whenever my child is diagnosed as having a communicable disease. I further understand that my child and/or I will be notified of such a diagnosis. Without written notification to change my preferences related to my child's treatment, I understand that this consent expires on the date that my child is no longer enrolled in the school.

I consent to the use and release of medical information as necessary for treatment, payment, and healthcare operations of Keys AHEC, including the treatment provider, guarantor of accounts, or third party payers for which I have assigned benefits or which may otherwise reimburse for the provision of services, and if requested to my primary care physician or any other healthcare provider for purposes of continuity of care.

Parent / Patient Signature _____ **Date:** _____

OR (Guardians)

I, _____ am related to the child _____ and I am
legally authorized to sign this document.

Guardian Signature _____ **Date:** _____

Keys AHEC

Health Centers

If your correction is accepted, the department will make the correction and tell you and others who need to know about the correction. If your request is denied, you may send a letter detailing the reason you disagree with the decision. The department will respond to your letter in writing. You also may file a complaint, as described below in the section titled Complaints.

You have the right to receive a summary of certain disclosures the Department of Health may have made of your protected health information. This summary does not include:

- ☐ Disclosures made to you
- ☐ Disclosures to individuals involved with your care
- ☐ Disclosures authorized by you
- ☐ Disclosures made to carry out treatment, payment, and health care operations
- ☐ Disclosures for public health
- ☐ Disclosures for health professional regulatory purposes
- ☐ Disclosures to report abuse of children, adults or disabled
- ☐ Disclosures prior to April 14, 2003

This summary does include disclosures made for:

- ☐ Purposes of research, other than those you authorized in writing
- ☐ Responses to court orders, subpoenas, or warrants

You may request a summary for not more than a 6 year period from the date of your request. If you received this Notice of Privacy Practices electronically, you have the right to a paper copy upon request.

The Department of Health may mail or call you with health care appointment reminders.

DEPARTMENT OF HEALTH DUTIES

The Department of Health is required by law to maintain the privacy of your protected health information. This Notice of Privacy Practices tells you how your protected health information may be used and how the department keeps your information private and confidential. This notice explains the legal duties and practices relating to your protected health information. The department has the responsibility to notify you following a breach of your unsecured protected health information.

As part of the department's legal duties this Notice of Privacy Practices must be given to you. The department is required to follow the terms of the Notice of Privacy Practices currently in effect.

The Department of Health may change the terms of its notice. The change, if made, will be effective for all protected health information that it maintains. New or revised notices of privacy practices will be

Keys AHEC

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posted on the Department of Health website at www.myflorida.com and will be available by email and at all Department of Health buildings. Also available are additional documents that further explain your rights to inspect and copy and amend your protected health information.

COMPLAINTS

If you believe your privacy health rights have been violated, you may file a complaint with the: Department of Health's Inspector General at 4052 Bald Cypress Way, BIN A03/ Tallahassee, FL 32399-1704/ telephone 850-245-4141 and with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W./ Washington, D.C. 20201/ telephone 202-619-0257 or toll free 877-696-6775.

The complaint must be in writing, describe the acts or omissions that you believe violate your privacy rights, and be filed within 180 days of when you knew or should have known that the act or omission occurred. The Department of Health will not retaliate against you for filing a complaint.

FOR FURTHER INFORMATION

Requests for further information about the matters covered by this notice may be directed to the person who gave you the notice, to the director or administrator of the Department of Health facility where you received the notice, or to the Department of Health's Inspector General at 4052 Bald Cypress Way, BIN A03/ Tallahassee, FL 32399-1704/ telephone 850-245-4141.

EFFECTIVE DATE

This Notice of Privacy Practices is effective beginning July 1, 2013, and shall be in effect until a new Notice of Privacy Practices is approved and posted.

REFERENCES

"Standards for the Privacy of Individually Identifiable Health Information; Final Rule." 45 CFR Parts 160 through 164. *Federal Register* 65, no. 250 (December 28, 2000). "Standards for the Privacy of Individually Identifiable Health Information; Final Rule" 45 CFR Part 160 through 164. *Federal Register*, Volume 67 (August 14, 2002). HHS, Modifications to the HIPAA Privacy, Security, Enforcement, and Breach Notification Rules under the Health Information Technology for Economic and Clinical Health Act and the Genetic Information and Nondiscrimination Act; Other Modifications to the HIPAA Rules, 78 Fed. Reg. 5566 (Jan. 25, 2013).

Keys AHEC

Health Centers

CLINICA MEDICA ESCOLAR

Estimado Padre/ Guardián,

Keys AHEC se complace en anunciar la capacidad de proveer clínicas médicas en 8 Escuelas Públicas del Condado Monroe.

La **Clínica Médica Escolar** ofrecerá servicios básicos de atención primaria que incluyen: exámenes físicos escolares y deportivos, y el manejo de enfermedades crónicas y recetas médicas. Todos estos servicios se ofrecen a los niños inscritos en las Escuelas Públicas del Condado de Monroe, sin costo alguno. No hay cuotas o copagos, sin embargo, Keys AHEC puede facturar a las compañías de seguros cuando sea aplicable.

Todos los servicios requieren autorización de los padres. Si desea que su hijo reciba los servicios de salud cuando sean necesarios usted deberá firmar el **Formulario de Consentimiento para Tratamiento**. Por favor complete todas las secciones con la información solicitada. El Formulario de Consentimiento para Tratamiento debe ser firmado y fechado por el padre del niño o su guardián legal. Si necesita ayuda para encontrar un médico de atención primaria, por favor déjeselo saber a un miembro del equipo de salud escolar y ellos con gusto le ayudaran.

Es importante que devuelva completado y firmado el **Formulario de Consentimiento para Tratamiento** a la escuela o al maestro del niño tan pronto como sea posible. Esto asegurara que su hijo/a pueda recibir los servicios médicos cuando sean necesarios y sin demora.

Después de que la escuela reciba el **Formulario de Consentimiento para Tratamiento firmado**, a su hijo/a se le permitirá recibir los servicios de salud proporcionados por la Clínica Médica Escolar respectiva de su hijo/a. Los servicios serán proporcionados por las **Clínicas Médicas Escolares de Keys AHEC**. Por favor, póngase en contacto con la Oficina Administrativa de la Clínica Médica Escolar al: **305-743-7111 x 210**.

Sinceramente,

Michael Cunningham

Michael Cunningham
CEO Keys AHEC

Keys AHEC **Health Centers**

Atención a nuestros pacientes asegurados

Aunque la **Clínica Médica Escolar Keys AHEC** puede facturar a su compañía de seguros, **NO hay deducibles, coaseguros, copagos o cargos similares, ni cualquier otro cargo para su bolsillo por ser paciente de nosotros.**

Sin embargo, puede recibir por parte de su compañía de seguros: Una explicación de beneficios (comúnmente se conoce como una forma **EOB**), que es un comunicado enviado por su compañía de seguros de salud, que explica los pagos por tratamientos y / o servicios médicos que se pagaron en su nombre.

También puede recibir información sobre el deducible, que es la cantidad que normalmente tiene que pagar **de su bolsillo** por gastos médicos, antes de que su compañía de seguros cubra los costos restantes.

Sin embargo, como la Clínica Médica Escolar Keys AHEC renuncia a todos los gastos de su propio bolsillo

USTED NO ES RESPONSABLE POR ESTE U OTROS CARGOS

Keys AHEC Health Centers

FORMULARIO DE REGISTRO DE LA CLINICA MEDICA ESCOLAR

Nombre del Paciente _____
Dirección _____ Ciudad _____ Código postal _____
Número Telefónico (____) _____ Fecha de Nacimiento ____/____/____
Sexo M ☐ F ☐ Origen Étnico _____
Correo Electrónico _____ SS# _____

Información de los Padres o Guardian Legal (si es aplicable)

Madre _____ Número Telefónico _____

Padre _____ Número Telefónico _____

O

Guardián Legal _____ Número Telefónico _____

Guardián Legal _____ Número Telefónico _____

INFORMACIÓN DEL SEGURO DE SALUD (si es aplicable) ADJUNTE UNA COPIA DE LA TARJETA

Nombre del Seguro _____

Póliza # _____

Grupo # _____

Nombre del titular de la póliza _____

O

Sin Seguro ☐ ¿Necesita asistencia para obtener un seguro para su hijo? Sí ☐ No ☐

PERMISO PARA DIVULGAR INFORMACION

Yo, _____ AUTORIZO a Keys AHEC Health Centers a divulgar información sobre el tratamiento a terceros pagadores para fines de facturación.

Con mi firma colocada a continuación, certifico que entiendo el contenido y las especificaciones de este formulario, que he leído o se me ha leído.

Firma de Padre / Paciente _____

Keys AHEC **Health Centers**

FORMULARIO DE CONSENTIMIENTO PARA TRATAMIENTO

Al firmar abajo doy mi consentimiento y autorizo a la Clínica Medica Escolar de Keys AHEC y su personal médico a llevar a cabo sus servicios y tratamientos al estudiante arriba mencionado, incluyendo cualquier prueba de laboratorio o tratamiento que a su juicio estime necesario.

Entiendo que los resultados de la información médica obtenida mientras mi niño recibe tratamiento en la CLINICA MEDICA ESCOLAR son confidenciales y no serán revelados a nadie sin mi permiso escrito o por una orden judicial requerida por las leyes federales y estatales aplicables. Entiendo que las leyes de la Florida requieren a Keys AHEC proporcionar al Departamento de Salud, con un informe de aquellas personas diagnosticadas con enfermedades transmisibles. Por lo tanto, autorizo a Keys AHEC a reportar al Departamento de Salud cada vez que mi hijo es diagnosticado con una enfermedad contagiosa. Además, entiendo que mi hijo y yo seremos notificados de tal diagnóstico. Sin notificación por escrito para cambiar mis preferencias relacionadas con el tratamiento de mi hijo, entiendo que este consentimiento se vence en la fecha que mi hijo ya no está inscrito en la escuela.

Doy mi consentimiento para el uso y divulgación de información médica cuando sea necesario para el tratamiento, pago, y operaciones de atención médica de Keys AHEC, incluyendo al proveedor de tratamiento, garante de las cuentas, o terceros pagadores para los que le he asignado beneficios o que de otra manera los reembolsamos para la prestación de servicios, y si así lo solicita mi médico de cabecera o cualquier otro profesional de la salud para los fines de la continuidad de la atención.

Firma de Padre / Paciente _____ Fecha: _____

O (Guardián Legal)

Yo, _____ soy pariente de _____ y estoy legalmente autorizado a firmar este documento

Firma de Guardián _____ Fecha: _____

Keys AHEC **Health Centers**

CLINICA MEDICA ESCOLAR

Nombre del Paciente _____ Fecha de Nacimiento ____/____/____

Escuela _____ Grado _____ EDAD _____

Nombre del Médico Cabecera _____ ☐ Ninguno

Historia Médica

Medicamentos _____

Alergias _____ Reacción _____

Hospitalizaciones y/o Cirugías _____

Lista de enfermedades crónicas _____

Contacto de Emergencia _____ Relación _____

Numero Telefónico _____ Trabajo _____ Celular _____

AVISO DE PRÁCTICAS DE PRIVACIDAD DE LA CLINICA MEDICA ESCOLAR DE KEYS AHEC

Reconozco que se me dio una copia de las prácticas de privacidad de la CLINICA MEDICA ESCOLAR DE Keys AHEC (4 ver páginas adjuntas).

Firma de Padre / Paciente _____ Fecha: _____



AVISO DE PRÁCTICAS DE PRIVACIDAD

ESTE AVISO DESCRIBE CÓMO SE PUEDE USAR Y DIVULGAR SU INFORMACIÓN MÉDICA Y CÓMO USTED PUEDE OBTENER ACCESO A LA MISMA. LÉALO DETENIDAMENTE.

USOS Y DIVULGACIONES DE SU INFORMACIÓN MÉDICA PROTEGIDA

La información médica protegida incluye información demográfica y médica relacionada a la salud física o mental pasada, presente o futura de una persona. La información demográfica podría incluir su nombre, dirección, número de teléfono, número del seguro social y otros medios para identificarlo a usted como una persona específica. La información médica protegida contiene información específica que identifica a una persona o se puede usar para identificar a una persona.

La información médica protegida es información médica creada o recibida por un proveedor de atención médica, plan de salud, empleador o centro de intercambio de información sobre servicios médicos. El Departamento de Salud puede actuar como cada uno de los tipos de comercios anteriores. Esta información médica es usada por el Departamento de Salud en muchas formas en el desempeño de actividades comerciales normales.

Su información médica protegida puede ser usada por el Departamento de Salud para propósitos de tratamiento, pago y operaciones de atención médica. *Los profesionales de atención médica usan la información médica en las clínicas y hospitales para cuidar de usted. Su información médica protegida puede compartirse, con o sin su autorización, con otro proveedor de atención médica para propósitos de su tratamiento. El Departamento de Salud puede usar o divulgar su información médica para el manejo de su caso y servicios. El Departamento de Salud, clínica u hospital pueden enviar la información médica a compañías aseguradoras, Medicaid o agencias de la comunidad para pagar por los servicios que le proporcionan.*

Cierto personal del departamento puede usar su información para mejorar las operaciones de atención médica del departamento. El departamento también puede enviarle recordatorios de citas, información sobre opciones de tratamiento u otros servicios y beneficios relacionados con la salud.

Cierta información médica protegida puede divulgarse sin su autorización escrita según lo permita la ley. Tales circunstancias incluyen:

- ☐ Reportar el abuso a niños, adultos o personas discapacitadas.
- ☐ Investigaciones relacionadas con un menor desaparecido.
- ☐ Auditorías e investigaciones internas por parte de las oficinas, divisiones y dependencias del departamento.
- ☐ Investigaciones y auditorías por parte del Inspector General y Auditor General del estado, y la Oficina de Análisis de las Políticas del Programa y Contraloría General de la legislatura.

- ☐ Propósitos de salud pública, que incluyen estadísticas demográficas, reporte de enfermedades, supervisión de salud pública, investigaciones, intervenciones y regulación de profesionales médicos.
- ☐ Investigaciones del médico forense de distrito;
- ☐ Investigación aprobada por el departamento.
- ☐ Órdenes de un tribunal, órdenes judiciales y citaciones;
- ☐ Propósitos de aplicación de la ley, investigaciones administrativas, y procesos legales y administrativos.

Otros usos y divulgaciones de su información médica protegida por parte del departamento requieren su autorización escrita. Esta autorización tiene una fecha de vencimiento y usted la puede revocar en forma escrita. Estos usos y divulgaciones pueden ser para fines de mercadeo e investigación, ciertos usos y divulgación de notas del psicoterapeuta y la venta de información médica protegida que resulta en remuneración para el Departamento de Salud.

DERECHOS INDIVIDUALES

Usted tiene derecho a solicitar al Departamento de Salud que restrinja el uso y la divulgación de su información médica protegida para fines de tratamiento, pago u operaciones de atención médica. También puede limitar las divulgaciones a las personas involucradas en su atención. El departamento no está obligado a aceptar las restricciones. Sin embargo, en situaciones en las que usted o alguien más en su nombre pagan por la totalidad de un artículo o servicio, y usted solicita que la información relacionada con dicho artículo o servicio no se divulgue a una compañía aseguradora, el Departamento aceptará la restricción solicitada.

Tiene derecho a que le garanticen que su información se mantendrá confidencial. El Departamento de Salud se comunicará con usted en la forma y a la dirección o número de teléfono que usted elija. Es posible que se le pida que presente su solicitud por escrito. Si usted es responsable de pagar por los servicios, puede proporcionar una dirección que no sea la de su residencia donde puede recibir correo y donde podamos comunicarnos con usted.

Tiene derecho a inspeccionar y recibir una copia de su información médica protegida. La inspección que usted haga de la información se hará bajo supervisión y en un lugar y hora definidos. Puede denegársele el acceso según lo especifique la ley. Si se le niega el acceso, tiene derecho a solicitar una revisión por parte de un profesional de atención médica certificado que no haya estado involucrado en la decisión de denegar el acceso. El departamento será el encargado de designar a este profesional de atención médica certificado.

Tiene derecho a corregir su información médica protegida. La solicitud de corregir su información médica protegida debe hacerse por escrito e indicar un motivo que respalde la corrección que solicita. El Departamento de Salud puede denegar su solicitud, en su totalidad o en parte, si determina que la información médica protegida:

- ☐ No fue creada por el departamento.
- ☐ No es información médica protegida.
- ☐ Por ley, no está disponible para que usted la inspeccione.
- ☐ Es precisa y completa.

Si se acepta la corrección, el departamento hará la corrección y le informará a usted y a otros que deben estar enterados de la misma. Si se deniega la corrección, puede enviar una carta

donde detalla el motivo por el cual no está de acuerdo con la decisión. El departamento responderá a su carta por escrito. También puede presentar una queja, tal como se describe más adelante en la sección de quejas.

Tiene derecho a recibir un resumen de ciertas divulgaciones que el Departamento de Salud pueda haber hecho de su información médica protegida. Este resumen no incluye:

- ☐ Divulgaciones que le hayan hecho a usted.
- ☐ Divulgaciones hechas a las personas involucradas en su atención.
- ☐ Divulgaciones autorizadas por usted.
- ☐ Divulgaciones hechas para fines de tratamiento, pago y operaciones de atención médica.
- ☐ Divulgaciones para salud pública.
- ☐ Divulgaciones para fines normativos de profesionales médicos.
- ☐ Divulgaciones para reportar el abuso a niños, adultos o personas discapacitadas.
- ☐ Divulgaciones previas al 14 de abril de 2003.

Este resumen sí incluye:

- ☐ Divulgaciones con fines de investigación, distintos a los que usted autorice por escrito.
- ☐ Divulgaciones en respuesta a órdenes de un tribunal, órdenes judiciales y citaciones.

Puede solicitar un resumen de un período de menos de 6 años desde la fecha de su solicitud.

Si recibió este Aviso de prácticas de privacidad en formato electrónico, tiene derecho a solicitar una copia impresa.

El Departamento de Salud puede enviarle un correo o llamarle para recordarle de citas de atención médica.

RESPONSABILIDADES DEL DEPARTAMENTO DE SALUD

Por ley, el Departamento de Salud está obligado a mantener la privacidad de su información médica protegida. Este Aviso de prácticas de privacidad explica cómo se puede usar su información médica protegida y cómo el departamento la mantiene privada y confidencial. Este aviso explica las prácticas y responsabilidades legales relacionadas a su información médica protegida. El departamento tiene la responsabilidad de informarle luego de una violación de la seguridad de su información médica protegida.

Como parte de las responsabilidades legales del departamento, se le debe entregar este Aviso de prácticas de privacidad. El departamento está obligado a cumplir con los términos vigentes del Aviso de prácticas de privacidad.

El Departamento de Salud puede cambiar los términos de este aviso. El cambio, si se hace, aplicará a toda la información médica protegida que mantiene. Los avisos de prácticas de privacidad nuevos o enmendados se publicarán en el sitio web del Departamento de Salud en www.myflorida.com y estarán disponibles por correo electrónico y en todos los edificios del Departamento de Salud. También hay disponibles otros documentos que explican en más detalle sus derechos a inspeccionar y copiar y enmendar su información médica protegida.

QUEJAS

Si considera que se han violado sus derechos de privacidad en cuestiones médicas, puede presentar una queja ante el Inspector General del Departamento de Salud en 4052 Bald Cypress Way, BIN A03/ Tallahassee, FL 32399-1704/ teléfono 850-245-4141 y con el Secretario del Departamento de Salud y Servicios Humanos de EE. UU. en 200 Independence Avenue, S.W./ Washington, D.C. 20201/ teléfono 202-619-0257 o línea de llamada gratuita 877-696-6775.

La queja se debe hacer por escrito, describir los actos u omisiones que considera que violan sus derechos de privacidad, y presentarse dentro de los 180 días después de enterarse o de cuando debió haber sabido que ocurrió el acto o la omisión. El Departamento de Salud no tomará represalias en su contra por presentar una queja.

PARA OBTENER INFORMACIÓN ADICIONAL

Las solicitudes de información adicional sobre los temas cubiertos por este aviso pueden dirigirse a la persona que le entregó el aviso, al director o administrador de la oficina del Departamento de Salud donde recibió este aviso o al Inspector General del Departamento de Salud en 4052 Bald Cypress Way, BIN A03/ Tallahassee, FL 32399-1704/ teléfono 850-2454141.

FECHA DE VIGENCIA

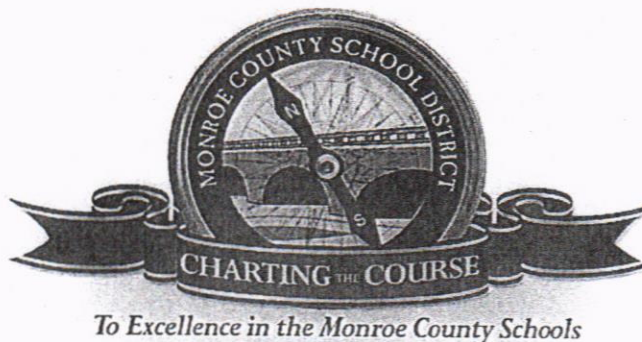
Este Aviso de prácticas de privacidad entra en vigencia a partir del 1 de julio del 2013 y se mantendrá vigente hasta que se apruebe y publique un nuevo Aviso de prácticas de privacidad.

REFERENCIAS

“Standards for the Privacy of Individually Identifiable Health Information; Final Rule.” 45 CFR Partes 160 a 164. *Federal Register* 65, no. 250 (28 de diciembre, 2000).

“Standards for the Privacy of Individually Identifiable Health Information; Final Rule” 45 CFR Partes 160 a 164. *Federal Register*, Volumen 67 (14 de agosto, 2002). HHS, modificaciones a las Reglas de aviso de violación, privacidad, seguridad y aplicación de HIPAA de acuerdo con la Ley de tecnologías de la información para la salud económica y clínica y la Ley de no discriminación por información genética, otras modificaciones a las Reglas de HIPAA, 78 Fed. Reg. 5566 (25 de enero, 2013).

THERESA AXFORD
Superintendent of Schools



Members of the Board

District #4
JOHN DICK
Chairperson

District #2
ANDY GRIFFITHS
Vice-Chairperson

District #1
BOBBY HIGHSMITH

District #3
MINDY CONN

District #5
DR. SUE WOLTANSKI

Acknowledgement of Receipt

Parent Action: After you and your child review the Student Handbook and Student Code of Conduct, please sign this Parent and Student Acknowledgement Form below. Please submit the signed form to your child's school. You can find the following information at your child's school website or the district website: www.Keysschools.com under resources, parent portal or student portal.

I have read, understand, and agree to the codes and policies of the Monroe County School District.

- Honor Code (Handout)
- Dress Code (District and School Website)
- Attendance Policy (District and School Website)
- District Student Handbook/Student Code of Conduct (See Parent Portal)
- iBelieve (See Parent Portal and/or Handout)
- Mobile Device Agreement and Acknowledgement (Handouts)

Parent/Guardian Signature

Student Signature

Date



MONROE COUNTY SCHOOL DISTRICT HONOR CODE 2022-2023 School Year

Each student in Monroe County School District is expected to uphold high standards of honesty and integrity.

Mission Statement – the mission of the Monroe County Schools is to empower all students to become responsible and contributing global citizens.

Vision - The vision of the Monroe County Schools, in partnership with all stakeholders, is to promote:

Engaging and rigorous educational opportunities that encourage life-long learning
Analytical, critical, and problem-solving abilities
High quality, continuing professional growth
A welcoming, safe, healthy, and respectful environment
Integrity and public trust through collaborative leadership

Academic Dishonesty – Academic dishonesty may include, but is not limited to the following:

- ❖ Cheating – copying work or giving your own work to another; unauthorized use of study aides; collaboration during testing; obtaining and distributing testing materials or giving and / or receiving information pertaining to a test before, during, or after the test.
- ❖ Plagiarism – representing other's ideas or expressions, published or unpublished, without giving the proper credit or citation.
- ❖ Falsification or Misrepresentation of Data – this includes buying, selling, giving, and / or receiving information from other sources and claiming as your own.
- ❖ Defacing School Property – any property that belongs to Monroe County School District including textbooks, books, computer hardware or software.
- ❖ Lying to a School Official – when being interviewed by a School Official during a possible violation of the Honor Code.

Academic dishonesty can take place on a test, a quiz, an essay, a term paper, a lab report, or any form of creative expression.

Consequences of Honor Code Infractions – Violation of the Honor Code may result in a zero test, assignment, or project, and parental notification of the violation. The school administrator will meet with the student to make the final determination regarding the upholding of the Honor Code.



Monroe County School District

Honor Code

Se espera que cada estudiante del Distrito Escolar del Condado de Monroe mantenga altos estándares de honestidad e integridad.

Declaración de misión: el distrito escolar del condado de Monroe está comprometido con la educación de los estudiantes. Se espera que los estudiantes del Distrito Escolar del Condado de Monroe se comprometan con sus estudios defendiendo la integridad y la conducta ética para generar confianza y respeto por su persona. El Código de Honor del Distrito Escolar del Condado de Monroe ayuda a nutrir una comunidad académica en la que se espera un código de valores. Se espera que todos los estudiantes y miembros del personal del Distrito Escolar del Condado de Monroe mantengan los más altos estándares de integridad académica.

Deshonestidad académica: la deshonestidad académica puede incluir, pero no se limita a lo siguiente:

- Engaños: copiar trabajo o dar su propio trabajo a otro, uso no autorizado de ayudantes de estudio, colaboración durante la prueba, obtener y distribuir materiales de prueba o dar y / o recibir información relacionada con una prueba antes, durante o después de la prueba.
- Plagio: representa las ideas o expresiones de otros publicadas o no publicadas sin dar el crédito o la cita adecuada.
- Falsificación o tergiversación de datos: esto incluye comprar, vender, dar y / o recibir información de otras fuentes y reclamar como propia.
- Dañar la propiedad escolar: cualquier propiedad que pertenezca al Distrito Escolar del Condado de Monroe, incluidos libros de texto, hardware o software de computadora.
- Mentir a un funcionario de la escuela: al ser entrevistado por un funcionario de la escuela durante una posible violación del Código de Honor.

La deshonestidad académica puede ocurrir en una prueba, cuestionario, ensayo, trabajo final, informe de laboratorio o cualquier forma de expresión creativa.

Consecuencias de las infracciones del Código de honor: la infracción del Código de honor puede resultar en un cero para la prueba, tarea o proyecto, y notificación a los padres de la infracción. El administrador de la escuela se reunirá con el estudiante para tomar la determinación final sobre el cumplimiento del Código de Honor.

Coral Shores High School General Code of Appearance

The standards of dress and grooming in Monroe County School District shall contribute to the health and safety of the individual, promote a positive educational environment, and not disrupt the educational activities and processes of the school. Each student has the responsibility to dress appropriately. These standards of dress and grooming apply to all PreK - 12 students in the public schools of Monroe County unless a specific exemption is granted by the principal. Any request for an exemption shall be made to the principal.

Individual schools may implement school uniforms with community input and approval of the principal's supervisor. See individual school policies related to this topic.

Individual schools are expected to use the state and district dress and grooming guidelines as minimum standards; any adjustments may be made upon approval of the principal's supervisor. The principal at each school reserves the right to determine what appropriate dress is for the school as detailed in these minimum standards.

1. Clothes shall be worn as they are designed.
 - a. Ex: Suspenders should be over the shoulder, pants secured at the waist, belts buckled, no underwear as outerwear, and no underwear including boxer shorts exposed.
2. All shirts and blouses must cover the midriff, back, sides when arms are raised.
3. Tops must have shoulder straps that are at least 2 inches wide. No tube tops or strapless garments are allowed. Undergarments, including bra straps, must not be visible.
4. Shoes shall be worn at all times and should be safe for the school environment. The following shoes are not acceptable for any MCSD student: cleated shoes, shoes with wheels, and bedroom slippers.
 - a. Inappropriate shoes will result in physical education and laboratory restrictions when safety is a factor.
5. The length of shorts, skirts, skorts, and dresses must extend beyond mid-thigh.
6. Holes in clothing must be below mid-thigh.

7. Head coverings and sunglasses shall not be worn indoors, unless the head covering is approved by the principal.
8. Specialized courses may require specialized attire such as sports uniforms, or safety gear and must be approved by the principal before being worn during the school day.
9. See-through, low-cut, or mesh garments must not be worn without appropriate coverage underneath or over that meet the minimum requirements of this dress code.
10. All clothing, jewelry, or tattoos shall be free of the following: profanity, violent images, wording or suggestion; sexually suggestive phrases or images, gang-related symbols; alcohol, tobacco, drugs, weapons or advertisements for such products.
 - a. Ex: Bars, Distilleries, Dispensaries, Playboy, Sniper Gang Apparel, etc.
11. Clothing must not state, imply, or depict hate speech or imagery targeting groups based on race, ethnicity, gender, sexual orientation, gender identity, religious affiliation, or any other protected class.
12. Clothing and accessories that endanger students or staff shall not be worn.
 - a. Ex: Spikes, chains, self-defense keychains, etc.

Examples of Inappropriate Clothing and Attire

- Apparel referencing drugs, alcohol, violence, or weapons or are sexually suggestive
- Apparel with profanity or hate speech
- Clothing worn incorrectly
- Sagging or low riding pants or slacks
- Strapless garments, crop tops, tube tops, backless garments, or clothing that expose midriffs
- Tops with spaghetti straps or a single strap
- Clothing with holes above mid-thigh
- Pajamas or house slippers
- Head coverings indoors
 - Hoods must remain down on hoodies at all times
- Sunglasses indoors
- Apparel with chains or spikes
- Self-defense keys chains
- Bandannas worn or displayed

ATTENDANCE POLICY

Students have 48 hours to either bring in an excused note from their parents or a parent must call into the attendance office within the 48 hours. After the 48 hours, the absence automatically becomes unexcused if the school has not received notification.

Excused Absence means that a student is absent:

- (a) due to sickness of, or injury to, the student, attested to orally or in writing by the student's parent or guardian, or, in the event the absence is of three days or more, by a written statement of a licensed practicing physician, chiropractor, dentist, or other appropriate licensed health care or mental health professional;
- (b) due to religious instruction for the student or religious holidays of the student's own faith to be observed by the student, when the absence is requested in writing by a parent or guardian at least three school days in advance of the absence, as delineated in Rule 6A-1.09514, Florida Administrative Code.
- (c) due to a medical, chiropractic, dental, or other appointment with a licensed professional related to the physical or mental health of the student, when the appointment cannot be scheduled outside of school hours and when written documentation is provided by the parent or guardian prior to the scheduled appointment;
- (d) due to attendance at an Individualized Educational Program (IEP) meeting at which the student's educational program is the topic;
- (e) due to attendance in an administrative or judicial proceeding which involves the student as a witness or as the subject of the proceeding;
- (f) due to a death in the immediate family of the student and such absence does not exceed seven school days;
- (g) due to placement in The Florida Keys Children's Shelter and such placement transition period does not exceed three school days. (By the fourth day, Shelter personnel are required to enroll the student in the appropriate public school closest in geographic proximity to the Shelter).
- (h) with written permission of the principal or the principal's designee, for good cause shown, including insurmountable conditions as defined by rules of the state board of education in Rule 6A-1.09513, Florida Administrative Code.
- (i) due to participation in an approved special event. The student must receive advance written permission from the school principal or the principal's designee. (Examples of special events include public functions; conferences; and regional, state and national competitions).
- (j) due to having, or being suspected of having, a communicable disease or infestation which can be transmitted to other students or school staff. (Examples include, but are not limited to, fleas, head lice, ringworm, impetigo, and scabies).

An unexcused absence is any absence that does not fall into one of the above excused absence categories. Any unexcused absence will result in a grade penalty for work missed. Students receiving out-of-school suspension **must** be assigned schoolwork that will be graded. Students on out of school suspension will be permitted to make up nine-week and semester examinations. Projects, term papers, etc., which represent work for a period of time greater than the suspension period will be submitted for the purpose of determining a student's grade in accordance with each school's grading practices.

Should questions arise regarding this rule; principals will grant the parent(s)/guardian(s) a conference. Parent(s)/guardian(s) may appeal the principal's decision to the District if a conflict arises.

MAKE-UP WORK

Students will be afforded an opportunity to make up missed work for excused absences. Students have **two days** for each day missed to make up class work upon return to school from an absence. After three consecutive absences, the teacher will determine due dates. If notice has been given of a test or due date for a paper, project, or assignment prior to an absence, the student is still responsible for the work on the date it is due. Absence will not extend the deadline. In the case of a test, the student will be expected to take the test as soon as he or she returns to school. The exception to this policy is the student assigned an out of school suspension.

TARDIES TO SCHOOL AND / OR CLASS

Students are expected to be on time to all classes. Students who are tardy to school must be signed-in at the Main Office. An excused tardy exists when reasons acceptable to the principal or his or her designee are given. Excused reasons may include prearranged tardies, medical reasons (which require a doctor's note), accompaniment by a parent to the Attendance Office, or late bus. All other tardies are unexcused.

Those students arriving late and have missed more than half the class, will not be allowed to enter class, will be detained in ISS and marked unexcused. Excessive tardiness is considered 3 or more tardies. Consequences for tardies:

1st Tardy	Warning
2nd – 3rd Tardy	ISS Lunch Detention
4th Tardy	Saturday School
5th Tardy	Saturday School and / or Possible Suspension

SIGN-IN PROCEDURES:

Any student arriving to school after the session has begun must report to Attendance Office. A pass shall be issued indicating an excused or unexcused tardy or absence.

AN EXCUSED SIGN-IN INCLUDES:

- illness;
- medical or dental appointments (doctor's statement may be required);
- automobile accident;
- death or funeral;
- emergency situations acceptable to the principal or designee;
- required court appearance (subpoena required);
- established religion observance;
- severe weather;
- breakdown of school bus

UNEXCUSED SIGN-INS INCLUDE THE FOLLOWING:

- car problems (ex: flat tire, no gas, car won't start, student getting a parking decal);
- heavy traffic;
- overslept;
- returned for forgotten items or student obtaining an absentee admit;
- non-educational appointments.

Excessive tardies may result in revocation of choice hardship.

RELEASE OF STUDENTS:

During school hours a principal or designee shall permit a child to leave school only in custody of one of the following adults:

- parents of the student with photo ID;
- person listed on emergency contact card, with photo ID;
- a law enforcement officer;
- an authorized worker from the Department of Children and Families.

At the end of the school day, students are released at a specified time and place and are expected to go directly home. Parents must notify the school office regarding any change in the student's normal transportation. Car riders should be picked up immediately in the school's designated area. Students riding buses are expected to unload from the bus at their designated stop. Students must enter and exit at their assigned bus stop; requests for changes will not be honored, with the exception of emergencies.

SIGN-OUT PROCEDURES (PRE-APPROVED AND EMERGENCY):

Once students arrive on campus, they may not leave without permission from an administrator or designee. In the event a student must leave early, the parent must make the request in person in the main office and present a picture ID. If parent cannot come in person, he/she must contact the attendance office before the student may sign out, if prior arrangements have not been made with the attendance office.

EXCUSED SIGN-OUTS INCLUDE THE FOLLOWING:

- medical or dental appointments (doctors statement may be required);
- death or funeral;
- emergency situations acceptable to the principal or designee;
- court appearance (subpoena required);
- personal reasons acceptable to the principal or designee;

UNEXCUSED SIGN-OUTS INCLUDE THE FOLLOWING:

- forgotten items (for instance, books, lunch, money, homework, projects, admits);
- violation of dress code (to obtain appropriate dress);
- non-educational appointments.

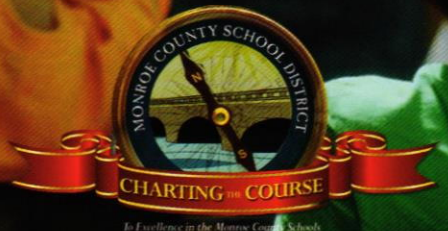
OFF CAMPUS ACTIVITIES

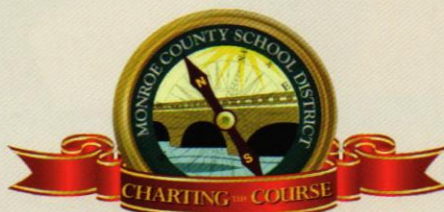
Students attending school sanctioned off campus activities will be permitted to make up work missed.

Are you ready to **BE**lieve
that you can make a change?



BE safe
responsible
respectful
there
empowered





To Excellence in the Monroe County Schools

Dear Students, Parents, Staff and Friends of the Monroe County School System,

In this brochure, we are presenting Behavior Expectations for everyone in the Monroe County School District. We hope that everyone can achieve these expectations and help others to achieve them also. Please read them carefully. Examples of correct behavior are given and examples of what behaviors are not acceptable are presented to help students understand each expectation.

The expectations were developed to support the needs of the school district that were made clear by reviewing Office Discipline Referrals, by talking with teachers and staff and through working with our Strategic Plan Committee.

When the expectations were completed, they were shared with each school's faculty, staff and School Advisory Council for their input before being published here.

We hope that this brochure can be used as a guide to create a culture of excellence for everyone connected with our district schools. Have a great school year.

Sincerely,

*Mark Porter
Superintendent*



student **BE**havior expectations

EXAMPLES OF BEHAVIOR

I act in a safe manner at my school and all school-sponsored events.

- Walk in halls
- Follow safety rules for each setting
- Follow instructions given by school district staff
- Cooperate with school staff in maintaining safety, order and discipline

NON-EXAMPLES OF BEHAVIOR

- Running in halls
- Horseplay
- Ignoring instructions
- Throwing objects at an athletic event

I engage in activities that are safe and report any known safety hazards.

- Use materials appropriately
- Tell an adult if I see or know of an unsafe situation
- Keep hands to self

- Ignore safety rules and hope that I don't get hurt or caught
- Keep unsafe situations to myself and don't ask anyone for help

I avoid conflicts and physical or verbal violence.

- Speak in a calm voice
- Express myself appropriately
- Walk away from an unsafe situation

- Confront someone aggressively
- Push or shove
- Yell or scream at an adult or peer
- Use profanity

I will report any bullying, cyberbullying or harassment which by definition must: Be repeated, involve a perceived imbalance of power, be deliberate and negatively impact school performance.

- Tell a trusted adult or school official of any situation where someone, including myself, is repeatedly being harmed verbally or physically (through words or actions)

- Keep information to myself even if I know that someone is repeatedly being harmed verbally or physically (through words or actions)

I help maintain a clean and safe campus that is free of graffiti, weapons, and drugs.

- Clean up after myself in the classroom, bathroom and/or cafeteria
- Put away materials appropriately
- Report any illegal or harmful things that someone else brought to school
- Obey laws and school board policies

- Draw, write or paint on walls or in bathrooms
- Bring illegal and harmful things to school
- Keep to myself when I know any illegal or harmful item has been brought to school
- Disobey laws/policies

TEACHER'S ROLE

- I define and model student behavioral expectations and school rules.
- I actively supervise student activities at all times.
- I report behavior to the school administrator or person responsible for discipline at the school-site for a student who engages in ongoing misconduct, despite appropriate interventions.
- I prevent and report any safety hazards.
- I know the school safety plan and follow through on the procedures.

PARENT'S ROLE

- I provide a safe environment for my child that fosters positive behavior.
- I follow all school policies (i.e. drop-off, pick-up, visitor signing in, etc.) and school board policies.
- I talk to my child's teacher(s) when I have concerns about my child's safety.
- I cooperate with the school, if misbehavior increases, by helping to identify causes and remedies for the situation.

ADMINISTRATOR'S ROLE

- I institute a school safety plan and staff members are trained on the procedures.
- I ensure school rules are taught, enforced, communicated and modeled to all stakeholders.
- I ensure school physical environment is safely maintained.
- I ensure a research-based bully prevention program is being implemented on site.

DISTRICT-WIDE STAFF'S ROLE*

- I support school safety plans.
- I support administrators' efforts to ensure school rules are taught, enforced, communicated and modeled to all stakeholders.
- I support efforts to maintain a safe school physical environment.
- I support district policy related to research-based bullying prevention programs.

A specific curriculum will be provided to support the teaching of these expectations to all students in the Elementary, Middle and Secondary levels.

**District-Wide Staff includes Curriculum & Instruction, Executive Team, Facilities, Finance, Food Service, Human Resources, Maintenance, Purchasing, Student Services, Transportation, and Support Personnel*





BE responsible

student BEhavior expectations

EXAMPLES OF BEHAVIOR

NON-EXAMPLES OF BEHAVIOR

I take responsibility for my actions.

- Admit when something is done wrong
- Lie about something that was done
- Make excuses for what was done

I help to create a positive school environment.

- Say and do kind things for adults and students
- Yell or scream when something doesn't go a certain way
- Work to solve a conflict positively

I come to school regularly and on time, ready to learn.

- Have all school supplies ready to go
- Walk in late
- Set an alarm to help get me to school on time
- Come to school unprepared
- Skipping class

I give my best in everything I do.

- I attempt to complete all tasks
- Finish things without caring about the type of work product completed

A specific curriculum will be provided to support the teaching of these expectations to all students in the Elementary, Middle and Secondary levels.

TEACHER'S ROLE

- I work with families in partnership to reinforce appropriate behavior (meetings, mailing correspondences, utilizing parent resources as appropriate, etc.)
- I follow the behavior support plan for ALL students.
- I utilize data in collaboration with administration and support personnel to monitor misconduct using the appropriate system (e.g., SWIS, PBS.)
- In order to keep the student engaged in learning, if she or he is removed from the educational setting/classroom, I provide the student with sufficient and relevant classroom work in a timely manner. If suspended out of school, relevant classroom work will be provided by dismissal time the day following the suspension.
- I seek assistance from administration and colleagues when I need help.

PARENT'S ROLE

- I teach my child to take responsibility for his/her own actions.
- I create a positive relationship between our family and the school.
- I am responsive to the concerns that the school shares with me.
- I encourage my child to do his/her best every day in every class.
- I monitor my child's use of technological devices and social-networking sites.

ADMINISTRATOR'S ROLE

- I assemble collaborative school teams (e.g., MTSS Team, PBS Team, Truancy Team) to address behavioral concerns by designing and implementing effective multi-tiered behavior support plans.
- I collect and analyze behavior data for ongoing decision-making.
- I clearly communicate my availability to parents, staff, students, and community members.
- I provide necessary training and support for staff and parents in maintaining an environment conducive to learning.
- I collaborate and partner with afterschool programs and outside agencies.

DISTRICT-WIDE STAFF'S ROLE*

- I recognize the importance of and support collaborative school teams (e.g., MTSS Team, PBS Team, Truancy Team) to address behavioral concerns by designing and implementing effective multi-tiered behavior support plans.
- I am aware of and support the student code of conduct.
- I clearly communicate my availability to parents, staff, students and community members.
- I participate in training that supports maintaining an environment conducive to learning.
- I collaborate and partner with outside agencies.





BE respectful

student BEhavior expectations

EXAMPLES OF BEHAVIOR

NON-EXAMPLES OF BEHAVIOR

I treat others the way I want to be treated.

- Help others in need
- Talk appropriately
- Use good manners

- Use inappropriate language
- Ignore someone
- Act rudely

I respect each person's right to be different and I look for the good in others.

- Use good manners
- Maintain respect toward someone who is different than me

- Make fun of differences

I avoid spreading rumors or gossip.

- Use appropriate talk in a helpful manner

- Spreading hurtful information in any manner including the use of technology

I am honest and trustworthy.

- Tell the truth
- Treat all persons fairly

- Lie
- Not telling the whole truth
- Withholding information
- Taking things that don't belong to me

I respect private and public property.

- Take care of items that do not belong to me

- Destroy school supplies, equipment or others' property

I treat people fairly and respect their rights.

- Respect the feelings and listen to the opinions of others without making judgments

- Interrupting other's ideas
- Make negative comments about other's ideas

I respect laws, rules and school authority.

- Follow rules and directions given to me
- Cooperate with school staff in maintaining safety, order and discipline

- Do whatever I want without listening to adults

TEACHER'S ROLE

- I acknowledge and reinforce appropriate student behavior.
- I provide positive corrective feedback and re-teach the behavioral skills when misconduct occurs.
- I maintain student confidentiality.
- I maintain professionalism when interacting with all staff, students, families and community members.
- I strive to have positive interactions with all students, staff, families and community members.

PARENT'S ROLE

- I reinforce positive behaviors when my child demonstrates good manners and conduct.
- I provide an environment that encourages respect of the school and teachers.
- I deal with conflict in a calm, solution-oriented manner.

ADMINISTRATOR'S ROLE

- I maintain awareness, respect and continual learning of individual cultures and backgrounds in an effort to effectively communicate and collaborate with students, parents, staff and community members.
- I actively listen to concerns brought forth by all stakeholders and seek resolution.
- I strive to have positive interactions with all students, staff, families and community members.

DISTRICT-WIDE STAFF'S ROLE*

- I maintain awareness, respect and continual learning of individual cultures and backgrounds in an effort to effectively communicate and collaborate with students, parents, staff and community members.
- I actively listen to concerns brought forth by all stakeholders and seek resolution.
- I strive to have positive interactions with all students, staff, families and community

*District-Wide Staff includes Curriculum & Instruction, Executive Team, Facilities, Finance, Food Service, Human Resources, Maintenance, Purchasing, Student Services, Transportation, and Support Personnel





student **BE**havior expectations

EXAMPLES OF BEHAVIOR

NON-EXAMPLES OF BEHAVIOR

I am present.

- In School
- On Time
- Actively engaged and listening to instructions

- Absent
- Skipping class
- Not paying attention
- Day-dreaming

I am ready to listen.

- Sit up
- Lean forward
- Nod head yes or no

- Talking
- Playing with items at desk
- Texting or using cell phone

I am ready to learn.

- Prepared
- Pay attention
- Ask questions
- Talk to the teacher
- Allow everyone to learn

- Unprepared
- Unorganized

I am ready to work.

- Work hard on every task assigned

- Turn things in not fully completed

I choose how I respond to others.

- Choose a positive attitude
- Smile
- Use kinds words
- Accept feedback from others

- Respond poorly (name calling, using sarcasm, teasing)

TEACHER'S ROLE

- I assume responsibility for all students of the school.
- I come to work regularly and on time.
- I foster a classroom culture where students want to be engaged.
- I actively listen to students, staff, families and community members.

PARENT'S ROLE

- I ensure my child attends school every day and is rested, well nourished and ready to learn.
- I work with my child to help him/her understand the importance of positive behavior at school and at home and support the Positive Behavior Support (PBS) plan.
- I provide my child with the supplies necessary to be successful at school (books, paper, pencils, etc.)

ADMINISTRATOR'S ROLE

- I assemble a collaborative interagency truancy team to address chronic tardiness and absenteeism.
- I recognize students who attend school regularly.
- I balance my time on campus with requests for district level responsibilities.
- I spend at least two days each week in classrooms.
- I foster a school culture where students and staff are respected and want to be engaged.

DISTRICT-WIDE STAFF'S ROLE*

- I foster a work environment/culture where colleagues want to be engaged.
- I will actively participate and focus while I'm at work.
- I come to work regularly and on time.
- I communicate respectfully with all colleagues, students, staff, families and community members.
- I assume responsibility for the well-being of all students.

A specific curriculum will be provided to support the teaching of these expectations to all students in the Elementary, Middle and Secondary levels.

**District-Wide Staff includes Curriculum & Instruction, Executive Team, Facilities, Finance, Food Service, Human Resources, Maintenance, Purchasing, Student Services, Transportation, and Support Personnel*





BE empowered



student BEhavior expectations

EXAMPLES OF BEHAVIOR

NON-EXAMPLES OF BEHAVIOR

I engage in positive, safe, legal, and ethical behavior when using technology.

- Use technology as a resource for my school work.
- Share positive information with friends.
- Gain information for school projects from reliable sources.

- Copy exact information without giving credit to the origination.
- Send information which is not reliable.

I manage my digital identity and reputation.

- Use positive images and words in social media.
- Share positive ideas on social media platforms to help others.

- Post and/or send inappropriate images and messages.
- Use social media to gossip or hurt others.

I respect rights and obligations of using intellectual property.

- I am aware of the tools available to checking intellectual property rights on various platforms.
- I dedicate time to learning proper attribution techniques.
- I ask for help if I am unsure about the usage rights related to information I wish to use.

- Downloading movies or songs illegally
- Using someone else's password to access paid websites

I manage my data to maintain digital privacy and security.

- I am aware of data-collection technology
- I protect my account credentials and change them frequently

- Share personal data whenever asked
- Share my account credentials (username and password) with others

TEACHER'S ROLE

- I promote healthy branding and use of self image by exhibiting exemplary internet and social media use.
- I model and promote management of personal data and digital identity and protect student privacy.

PARENT'S ROLE

- I provide model posting and sharing habits my child can use as examples.
- I engage in conversations with my child related to healthy social media and internet use.

ADMINISTRATOR'S ROLE

- Understand the social, ethical and legal issues and responsibilities related to an evolving digital culture.
- Establish and promote policies for safe, legal and ethical use of digital information.

DISTRICT-WIDE STAFF'S ROLE*

- I understand the district's policies for safe, legal and ethical use of digital information.
- I model the positive practices of safe, legal and ethical access and use of data.

A specific curriculum will be provided to support the teaching of these expectations to all students in the Elementary, Middle and Secondary levels.

**District-Wide Staff includes Curriculum & Instruction, Executive Team, Facilities, Finance, Food Service, Human Resources, Maintenance, Purchasing, Student Services, Transportation, and Support Personnel*



How iBELieve came to life



project history

The District Action Planning and Problem Solving Team (DAPPS Team) was established in a partnership with the University of South Florida and the Florida PSRTI Project. The name of the system for analyzing, remediating and seeking long term solutions for student learning problems both behavior and academic has changed to a Multi-tiered System of Supports which used the 8-step problem solving process to guide the work. After a thorough review of district data and meeting with focus groups of teachers for input, the committee set about implementing its first goal based on the findings generated through the process. This goal was to establish a District-Wide Behavior System that would engage all stakeholders. The effort received affirmation when the Strategic Planning Committee established as its first goal "Improving District Climate and Culture." This need expanded to improving student behavior, enhancing working conditions, and developing mutually supportive collaborative professional relationships among all stakeholders. The DAPPS team consulted multiple resources to create the behavior system and also talked to experts in the field. The System is comprised of the following:

- Behavior goals for students, teachers, parents, administrators and district staff as well as community visitors such as volunteers, consultants etc,
- Comprehensive list of consequences for inappropriate behavior
- Delineation of Office Managed vs. Teacher Managed Behaviors
- Comprehensive List of Interventions to Develop Positive Behaviors
- Coordinated List of Resources for teachers and parents.
- Lesson Plans to accompany each area of the student behavior plan to create a common understanding of what is expected.
- Comprehensive List of Rewards for Appropriate Behaviors

strategic objective 1: climate and culture for excellence

Create a positive climate through a focus on social, emotional, ethical, civic and intellectual education that fosters trust and professionalism District wide.

- Goal Area 1.1 – All students will be supported in recognizing and developing their own social, emotional, ethical, civic and intellectual capacities and dispositions.
- Goal Area 1.2 – Promote the development of local/school-based decision-making in alignment with district level plans that result in measurable improvements in all aspects of the district.
- Goal Area 1.3 – Create a culture in which stakeholders feel that they are valued and intrinsically motivated to perform at a high level of accountability.



Now, do you BELieve?



Monroe County School District
241 Trumbo Road
Key West, Florida 33040

P (305) 293-1400
F (305) 293-1485

For Information Contact
Theresa Axford
Executive Director of Teaching and Learning

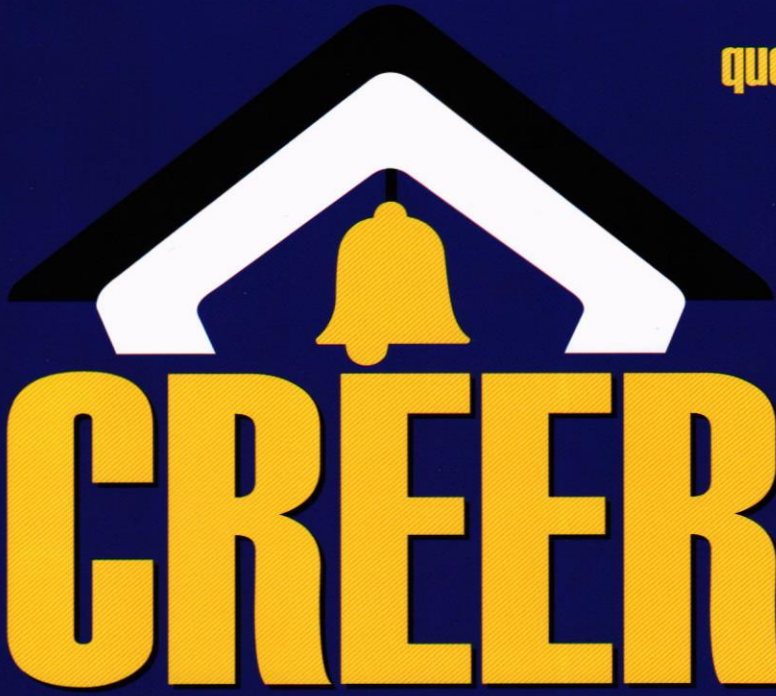
P (305) 293-1400 ext. 53392
F (305) 293-1408

www.keysschools.com

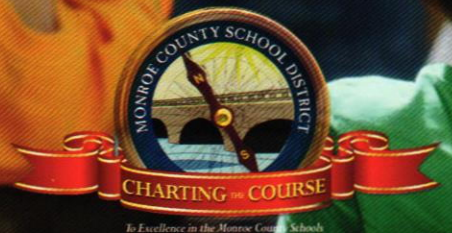


To Excellence in the Monroe County Schools

¿Estás listo para creer
que usted puede hacer un cambio?



en la seguridad
en la responsabilidad
en el respeto
en estar presente
que estar en el poder





To Excellence in the Monroe County Schools

Estimados Estudiantes, Padres, Personal Escolar, y Amigos de el Sistema Escolar del Condado de Monroe.

En este folleto, presentamos Expectativas de Comportamiento para todos en el Distrito Escolar de el Condado de Monroe. Esperamos que todo el mundo pueda alcanzar estas expectativas y ayudar a otros para alcanzarlas también. Por favor, lea atentamente. Se dan ejemplos de comportamiento correcto y ejemplos de comportamientos no aceptables para ayudar a los estudiantes a entender cada expectativa.

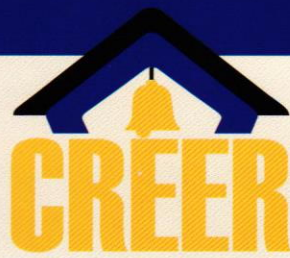
Las expectativas fueron desarrolladas para apoyar las necesidades de el distrito escolar que se clarificaron al revisar la Oficina de Disciplina de Referidos, hablando con los maestros y el personal, y, mediante el trabajo con nuestro Comité de Plan Estratégico.

Cuando las expectativas fueron alcanzadas, se compartieron con la facultad, el personal de cada escuela y el Consejo Asesor de la Escuela antes de ser publicado aquí.

Esperamos que este folleto pueda ser utilizado como una guía para crear una cultura de excelencia para todas las personas relacionadas con nuestras escuelas de el distrito. Que tengan un buen año escolar.

Atentamente,

*Mark Porter
Superintendente*



en el respeto

Expectativas de Conducta Estudiantil

EJEMPLOS DE BUENA CONDUCTA

EJEMPLOS DE MALA CONDUCTA

Trato a los demás de la manera que quiero ser tratado.

- Ayuda a los necesitados
- Hable apropiadamente
- Use buenos modales

- Usar un lenguaje no apropiado
- Ignorar a alguien
- Actuar con rudeza

Yo respeto el derecho de cada persona a ser diferente y busco el bien en los demás.

- Usar buenos modales
- Mantener el respeto hacia alguien que es diferente de mí

- Burlarse de las diferencias de otros

Evito la difusión de rumores o chismes.

- Utilice charla apropiada de una manera útil

- Difundir la información que hace daño de cualquier manera, incluyendo el uso de la tecnología o cualquier comunicación electrónica.

Soy honesto y digno de confianza.

- Di la verdad
- Tratar a todas las personas justamente

- Mentir
- No decir la verdad
- Esconder información
- Tomar las cosas que no me pertenecen

Yo respeto la propiedad privada y pública.

- Tener cuidado con los objetos que no me pertenecen

- Destruir útiles escolares, equipos o la propiedad ajena

Trato a la gente justamente y respeto sus derechos.

- Respetar los sentimientos y escuchar las opiniones de los demás sin hacer juicios

- Interrupción de las ideas de otros
- Hacer comentarios negativos acerca de las ideas de otros

Yo respeto las leyes, las normas y la autoridad escolar.

- Seguir las reglas e instrucciones dadas
- Cooperar con el personal de la escuela a mantener la seguridad, el orden y la disciplina

- Hacer lo que quiera sin escuchar a los adultos

PAPEL DE LOS MAESTROS

- Reconozco y refuerzo el comportamiento apropiado del estudiante.
- Proporciono reacción correctiva positiva y re-enseño las habilidades de comportamiento cuando se produce una mala conducta.
- Mantengo confidencialidad de los estudiantes.
- Mantengo profesionalidad en la interacción con todo el personal, estudiantes, familias y miembros de la comunidad.
- Me esfuerzo por tener interacciones positivas con todos los estudiantes, el personal, las familias y los miembros de la comunidad.

PAPEL DE LOS PADRES

- Refuerzo comportamientos positivos cuando mi hijo/hija demuestra buenos modales y conducta.
- Ofrezco un entorno que fomente el respeto de la escuela y los maestros.
- Trato conflicto de una manera tranquila, orientada para buscar soluciones.

PAPEL DE LOS ADMINISTRADORES

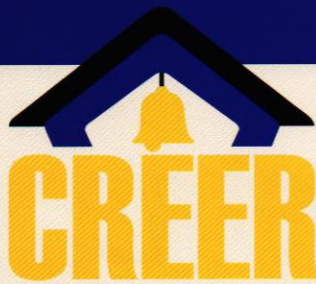
- Mantengo la conciencia, el respeto y el aprendizaje continuo de culturas y orígenes individuales en un esfuerzo para comunicarme eficazmente y colaborar con los estudiantes, padres, personal y miembros de la comunidad.
- Escucho activamente las preocupaciones traídas adelante por todos los interesados y busco resolución.
- Me esfuerzo por tener interacciones positivas con todos los estudiantes, el personal, las familias y miembros de la comunidad.

PAPEL DE PERSONAL EN TODO EL DISTRICTO*

- Mantengo la conciencia, el respeto y el aprendizaje continuo de culturas y orígenes individuales en un esfuerzo para comunicarme eficazmente y colaborar con los estudiantes, padres, personal y miembros de la comunidad.
- Escucho activamente a las preocupaciones traídas adelante por todos los interesados y busco resolución.
- Me esfuerzo por tener interacciones positivas con todos los estudiantes, el personal, las familias y miembros de la comunidad.

* Todo el personal de el distrito incluyendo Currículo e Instrucción, Equipo Ejecutivo, Equipo de Instalaciones, Finanzas, Servicios de Alimentos, Recursos Humanos, Mantenimiento, Compras, Servicios Estudiantiles, Transporte, y personal de apoyo.





en estar presente

Expectativas de Conducta Estudiantil

EJEMPLOS DE BUENA CONDUCTA

EJEMPLOS DE MALA CONDUCTA

Yo estoy presente.

- En la escuela
- A tiempo
- Participando activamente y escuchando las instrucciones

- Ausente
- Saltar clases
- No prestar atención
- Soñar Despierto

Estoy listo para escuchar.

- Sentarse bien
- Inclinarce hacia delante
- Mover la cabeza en dirección vertical/orizontal para indicar si o no

- Hablando
- Jugar con artículos de escritorio
- Escribir mensajes de texto o el uso de teléfono celular

Estoy listo para aprender.

- Preparado
- Prestando atención
- Haciendo preguntas
- Hablando con un maestro/a
- Dejando que todos aprendan

- No estar preparado
- No estar organizado

Estoy listo para trabajar.

- Trabajar duro en cada labor asignada

- Entregar trabajo no completado totalmente

Elijo cómo responderle a los demás.

- Elejir una actitud positiva
- Sonreir
- Usar palabras amables
- Aceptar la opinión de los demás

- Responder mal (insultos, usando el sarcasmo, burlas)

PAPEL DE LOS MAESTROS

- Asumo la responsabilidad de todos los estudiantes de la escuela.
- Vengo a trabajar regularmente y a tiempo.
- Yo fomento una cultura de aula donde los estudiantes quieren ser parte de ella.
- Escucho activamente a los estudiantes, el personal, las familias y los miembros de la comunidad.

PAPEL DE LOS PADRES

- Me aseguro de que mi hijo/hija asista la escuela todos los días y esté descansado, bien alimentado y listo para aprender
- Trabajo con mi hijo/hija para ayudarlo a entender la importancia de un comportamiento positivo en la escuela y en el hogar respaldando el plan de Apoyo del Comportamiento Positivo (PBS).
- Proporciono a mi hijo/hija con los suministros necesarios para tener éxito en la escuela (libros, papel, lápices, etc.)

PAPEL DE LOS ADMINISTRADORES

- Reuno un equipo de absentismo escolar interinstitucional de colaboración para hacer frente a la tardanza crónica y ausentismo.
- Reconozco los estudiantes que asisten a la escuela regularmente.
- Equilibro mi tiempo en el campo escolar con las solicitudes de las responsabilidades a nivel de distrito.
- Paso por lo menos dos días a la semana en las aulas.
- Promuevo una cultura de escuela donde los estudiantes y el personal son respetados y quieren comprometerse.

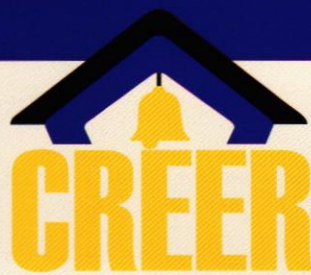
PAPEL DE PERSONAL EN TODO EL DISTRICTO*

- Promuevo un ambiente de trabajo/cultura donde colegas quieren comprometerse.
- Participo activamente y centro mi atención mientras que estoy en el trabajo.
- Llego al trabajo a tiempo.
- Me comunico respetuosamente con todos los colegas, estudiantes, empleados, familias y miembros de la comunidad.
- Asumo la responsabilidad por el bienestar de todos los estudiantes.

Un plan de estudios específico será proporcionado para apoyar la enseñanza de estas expectativas para todos los estudiantes en la primaria, intermedia y secundaria.

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en la seguridad

Expectativas de Conducta Estudiantil

EJEMPLOS DE BUENA CONDUCTA

EJEMPLOS DE MALA CONDUCTA

Actúo de una manera digna en mi escuela y en todos los eventos patrocinados en y por ella.

- Caminando en los pasillos
- Seguir las reglas de seguridad para cada escenario
- Segir instrucciones dadas por el personal del distrito escolar
- Cooperar con el personal escolar a mantener la seguridad, el orden y la disciplina

- Correr en los pasillos
- Pelea Amistosa
- Ignorar Instrucciones
- Lanzar objetos en un evento deportivo

Me involucro en actividades que son seguras y denunciare cualquier peligro de seguridad conocida.

- Utilizar materiales apropiadamente
- Decir a un adulto si veo o se de una situación peligrosa
- Mantener las manos a mi mismo

- Ignorar las reglas de seguridad con expectativas de no ser herido o aprendido
- Mantener situaciones peligrosas a mí mismo y no pedir ayuda a nadie

Debo evitar los conflictos y la violencia física o verbal.

- Hablar en voz pacífica
- Expresarme adecuadamente
- Alejarme de una situación peligrosa

- Confrontar alguien agresivamente
- Empuje o empujón
- Gritarle a un adulto o compañero

Informare de cualquier intimidación, el ciberacoso o acoso que por definición debe: ser repetido, implican un desequilibrio percibido de poder, sea deliberado y un impacto negativo en el rendimiento escolar.

- Mantener información a mí mismo, incluso si sé que alguien en varias ocasiones le a echo daño verbal o físicamente a alguien (a través de palabras o acciones) Empuje o empujón

- Decirle a un adulto de confianza o funcionario de la escuela de cualquier situación en la que alguien, incluido a mí mismo, está siendo repetidamente perjudicado verbal o físicamente (a través de palabras o acciones) actions)

Ayudo a mantener el campo escolar limpio, seguro, y libre de graffiti, armas y drogas.

- Limpiar después de mí mismo en el aula, baño y/o en la cafetería
- Guardar materiales apropiadamente
- Reportar cualquier cosas ilegales o per judiciales que alguien trajo a la escuela
- Obedecer las leyes y reglas de la junta escolar

- Dibujar, escribir o pintar en las paredes o en los baños
- Trae cosas ilegales y dañinas a la escuela
- Mantenerme a mí mismo aun cuando yo conozco que alguien trajo algo peligroso o ilegal a la escuela
- Desobedecer las leyes y reglas

PAPEL DE LOS MAESTROS

- Defino y esculto expectativas estudiantil y reglas de la conducta escolar.
- Superviso activamente actividades de los estudiantes en todo momento.
- Informo comportamiento al administrador de la escuela o a la persona responsable de la disciplina en la escuela para un estudiante que participa en mala conducta, a pesar de las intervenciones apropiadas.
- Prevengo y reporto cualquier riesgo de seguridad.
- Sigo los procedimientos de el plan de seguridad escolar.

PAPEL DE LOS PADRES

- Proporciono un ambiente seguro para mi hijo que fomenta un comportamiento positivo.
- Sigo todas las reglas de la escuela (por ejemplo, dejar y recoger hijo/hija en la escuela, recoger pase de visitante, etc.) y las leyes de la junta escolar.
- Yo hablo con el maestro/a (s) de mi hijo cuando tengo preocupaciones sobre la seguridad de mi hijo.
- Coopero con la escuela, si el mal comportamiento aumenta, prometo ayudar a identificar las causas y remedios para la situación

PAPEL DE LOS ADMINISTRADORES

- Yo instituyo un plan de seguridad escolar y los miembros del personal están capacitados en los procedimientos.
- Me aseguro de que las reglas de la escuela sean enseñadas, puestas en vigor, comunicadas y modeladas a todos los interesados.
- Me aseguro de que el ambiente escolar se mantenga físicamente seguro.
- Me aseguro de que halla un programa de prevención de la intimidación implementado en el sitio.

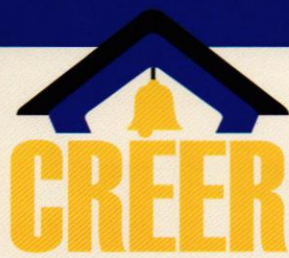
PAPEL DE PERSONAL EN TODO EL DISTRICTO*

- Apoyo planes de seguridad escolar.
- Apoyo los esfuerzos de el personal administrativo para garantizar que las reglas escolares sean enseñadas, puestas en vigor, comunicadas y modeladas a todos los interesados.
- Apoyo los esfuerzos para mantener un ambiente escolar físicamente seguro.
- Apoyo las reglas del distrito relacionada con los programas de prevención de intimidación basadas en investigaciones

Un plan de estudios específico será proporcionado para apoyar la enseñanza de estas expectativas para todos los estudiantes en la primaria, intermedia y secundaria.

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en la responsabilidad

Expectativas de Conducta Estudiantil

EJEMPLOS DE BUENA CONDUCTA

EJEMPLOS DE MALA CONDUCTA

Asumo la responsabilidad de mis acciones.

- Admitir cuando algo mal echo a ocurrido

- Mentir acerca de algo que a sucedido
- Hacer excusas por lo sucedido

Ayudo a crear un ambiente escolar positivo.

- Decir y hacer cosas amables para adultos y estudiantes
- Trabajar para resolver un conflicto positivamente

- Gritar cuando algo no sale de una determinada manera

Yo vengo a la escuela en tiempo, listo para aprender.

- Tengo todos los útiles escolares listos
- Establecer una alarma para que me ayude a llegar a la escuela a tiempo

- Llegar tarde
- Venir a la escuela no preparado
- Faltar classes

Doy mi mejor en todo lo que hago.

- Trato de completar todas las tareas

- Acabado cosas sin preocuparse por el tipo de Product o calidad del trabajo completado

Un plan de estudios específico será proporcionado para apoyar la enseñanza de estas expectativas para todos los estudiantes en la primaria, intermedia y secundaria.

PAPEL DE LOS MAESTROS

- Trabajo con las familias en colaboración para reforzar el comportamiento apropiado (reuniones, correspondencia de correo, utilizando los recursos de los padres independientemente en cada caso, etc.)
- Sigo el plan de apoyo de conducta para TODOS los estudiantes.
- Utilizo datos en colaboración con el personal de administración y de apoyo para supervisar la mala conducta usando el sistema apropiado (por ejemplo, SWIS, PBS).
- Para mantener el estudiante participando en el aprendizaje, si ella o él se retira del entorno educativo/aula, yo proporcionare al estudiante con suficiente y relevante trabajo en el aula en el momento oportuno. Si suspendidos fuera de la escuela, el trabajo relevante de aula sera proporcionado antes de la hora de salida al día siguiente a la suspensión.
- Busco la ayuda de la administración y colegas cuando la necesito.

PAPEL DE LOS PADRES

- Enseño a mi hijo/hija a asumir responsabilidades de sus propias acciones.
- Yo creo una relación positiva entre la familia y la escuela.
- Soy sensible a las preocupaciones que la escuela comparta con migo.
- Animo a mi hijo/hija a hacer su mejor todos los días en todas las clases.
- Controlo el uso de mi hijo de dispositivos tecnológicos y los sitios de redes sociales.

PAPEL DE LOS ADMINISTRADORES

- Ensambló equipos escolares de colaboración (por ejemplo, Equipo de MTSS, Equipo de PBS, Equipo de Truancy) para hacer frente a las preocupaciones de conducta mediante el diseño e implementación de planes de apoyo a la conducta de varios niveles eficaces.
- Yo recopiló y analizo datos de comportamiento para la toma de decisions en marcha.
- Yo comunico con claridad mi disponibilidad a los padres, personal, estudiantes y miembros de la comunidad.
- Proporciono la formación y el apoyo necesarios para el personal y los padres en el mantenimiento de un entorno propicio para el aprendizaje.
- Colaboro y me asocio con los programas después de la escuela y las agencias externas.

PAPEL DE PERSONAL EN TODO EL DISTRICTO*

- Reconozco la importancia y apoyo a los equipos escolares de colaboración (por ejemplo, Equipo de MTSS, Equipo de PBS, Equipo de Truancy) para hacer frente a las preocupaciones de conducta mediante el diseño e implementación de planes de apoyo a la conducta de varios niveles eficaces.
- Estoy consciente de el código de conducta estudiantil y lo apoyo.
- Yo comunico con claridad mi disponibilidad a los padres, personal, estudiantes y miembros de la comunidad.
- Participo en el entrenamiento que apoya el mantenimiento de un entorno propicio para el aprendizaje.
- Colaboro y me asocio con agencias externas.





CREER que estar en el poder



Expectativas de Conducta Estudiantil

EJEMPLOS DE BUENA CONDUCTA

EJEMPLOS DE MALA CONDUCTA

Me comprometo a tener un comportamiento positivo, seguro, legal y ético al usar la tecnología.

- Uso la tecnología como un recurso para mis tareas escolares.
- Comparto información positiva con mis amigos.
- Obtengo información para proyectos escolares de fuentes confiables.

- Copio la información exacta sin darle crédito al origen/autor.
- Mando información de fuentes no confiables.

Tengo el control de mi identidad personal y reputación.

- Uso imágenes y palabras positivas en los medios sociales.
- Comparto ideas positivas en las plataformas de medios sociales para ayudar a otros.

- Publico o envío imágenes y mensajes inapropiados.
- Uso los medios sociales para difundir chismes o herir a otros.

Respeto los derechos y obligaciones de usar propiedad intelectual.

- Estoy consiente de las herramientas disponibles para verificar los derechos de propiedad intelectual en diferentes plataformas.
- Dedico tiempo a aprender las técnicas de atribución apropiadas.
- Pido ayuda si no estoy seguro sobre los derechos de uso relacionados a la información que quiero usar.

- Descargo películas o canciones ilegalmente.
- Utilizo la contraseña de otro usuario para acceder páginas.

Tengo control de mi data para mantener la privacidad y seguridad

- Estoy consiente de la tecnología disponible para la colección de datos.
- Protejo las contraseñas de mi cuenta y las cambio frecuentemente.

- Comparto información personal en cualquier momento que me lo piden.
- Comparto mi información personal (usuario y contraseña) con otros.

PAPEL DE LOS MAESTROS

Promuevo el uso de marcas en manera saludable mediante el uso ejemplar del internet y medio sociales. Soy ejemplo y promuevo el manejo seguro de información e identidad personal al mismo tiempo que protejo la privacidad de mis estudiantes.

PAPEL DE LOS PADRES

Actúo de manera correcta y coherente al compartir publicaciones para servir como ejemplo a mi hijos. Le presto importancia a las conversaciones con mis hijos relacionadas con el uso saludable de los medios sociales y el internet.

PAPEL DE LOS ADMINISTRADORES

Entender los problemas y responsabilidades sociales, éticos y legales relacionados a la cultura digital que evoluciona constantemente. Establecer y promover políticas para el uso seguro, legal y ético de la información digital.

PAPEL DE PERSONAL EN TODO EL DISTRITO*

Entiendo las políticas del distrito para el uso seguro, legal y ético del uso de información digital. Tengo buenos hábitos en referencia al acceso y uso de datos para que sea seguro, legal y ético

Un plan de estudios específico será proporcionado para apoyar la enseñanza de estas expectativas para todos los estudiantes en la primaria, intermedia y secundaria.

* Todo el personal de el distrito incluyendo Currículo e Instrucción, Equipo Ejecutivo, Equipo de Instalaciones, Finanzas, Servicios de Alimentos, Recursos Humanos, Mantenimiento, Compras, Servicios Estudiantiles, Transporte, y personal de apoyo.



How iBELieve came to life



historia del proyecto

La Planeación Distrital de Acción y Resolución de Problemas del equipo (DAPPS Team) fue establecida en una alianza con la Universidad del Sur de la Florida y el Proyecto PSRTI Florida. El nombre del sistema para el análisis, la remediación y la búsqueda de soluciones a largo plazo para los problemas de aprendizaje de los estudiantes tanto en el comportamiento y académica ha cambiado a un sistema de varios niveles de soportes que utilizan el programa de 8 pasos de resolución para guiar el trabajo. Después de una revisión exhaustiva de los datos del distrito y reuniones con grupos focales de maestros para la entrada, el comité se dedicó a la implementación de su primer gol con base en los resultados generados por el proceso. El objetivo fue establecer un Sistema de Comportamiento de todo el Distrito escolar que participaran todos los interesados. El esfuerzo recibió afirmación cuando el Comité de Planificación Estratégica estableció como su primer objetivo "Mejorar Distrito, Clima y Cultura." Esta necesidad expandió la mejora de la conducta de los estudiantes, la mejora de las condiciones de trabajo, y el desarrollo de relaciones profesionales de colaboración de apoyo mutuo entre todos los interesados. El equipo DAPPS consultó múltiples recursos para crear el sistema de comportamiento y también habló con expertos en la materia. El sistema se compone de los siguientes:

- Objetivos de comportamiento para estudiantes, maestros, padres, administradores y personal del distrito, así como visitantes de la comunidad como voluntarios, consultores, etc,
- Lista completa de las consecuencias por conducta inapropiada
- Delineación de Oficina Administrativa contra Comportamientos Gestionados por Maestros
- Lista completa de intervenciones para desarrollar comportamientos positivos
- Lista Cordiada de Recursos para profesores y padres
- Planes de clases para acompañar a cada área del plan de comportamiento de los estudiantes para crear un entendimiento común de lo que se espera
- Lista completa de Recompensas por comportamientos apropiados

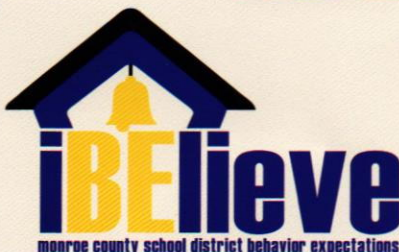
objetivo estratégico 1: el clima y la cultura de la excelencia

Crear un clima positivo a través de un enfoque en la educación social, emocional, ético, cívico e intelectual que fomenta la confianza y profesionalidad en todo el Distrito.

- Zona de Objetivo 1.1 - Todos los estudiantes serán apoyados en el reconocimiento y el desarrollo de sus propias capacidades y disposiciones sociales, emocionales, éticos, cívicos e intelectuales.
- Zona de Objetivo 1.2 - Promover el desarrollo de decisiones basada en la escuela en alineación con los planes de distrito que dan lugar a mejoras cuantificables en todos los aspectos del distrito.
- Zona de Objetivo 1.3 - Crear una cultura en la que los interesados se sienten que son valorados y motivados intrínsecamente para llevar a cabo un alto nivel de responsabilidad.



Ahora, ¿cree usted



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For Information Contact
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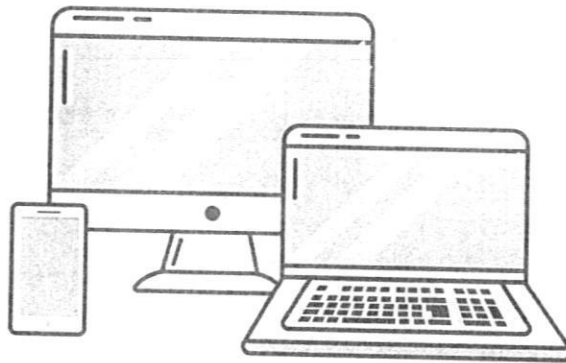
www.keysschools.com



To Excellence in the Monroe County Schools



MCSD Technology Usage Policy



The policies, procedures, and information within this document applies to all Technology use and Network access by Monroe County School District students. This document also applies to any and all devices both considered by school Administration to fall under these policies whether used on site or virtually off site.

Students/Parents/Guardians can also access this Policy on-line via the district's landing page as well as school based websites.

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PERSONAL ELECTRONIC DEVICES

An electronic communication device (ECD) is any technology capable of sending or receiving messages using a network or learning management system (LMS). Such as, but not exclusive to, a mobile phone, iPad or laptop. All ECDs, whether owned by Monroe County School District, the student, or anyone else, are subject to the rules and regulations of Monroe County School District if they are on school property or using the MCSD network both onsite and off site virtually. Reference MCSD School Board Neola Policies 5136.01, 7530.02 and 7542.

The use of cell phones and other personal electronic devices are permissible before and after school only while on campus. Use of these devices in the classroom and at other times during the school day is prohibited, unless for an educational purpose or use is approved by administration. Violation of this rule shall result in confiscation of the device. The confiscated device shall be held until the following day, or until such time that the parent or guardian can pick it up at their convenience. **If a student refuses to give up the cell phone or other electronic device to a staff member when a violation occurs, this constitutes insubordination.** If pictures are taken and used to intimidate, embarrass, or harass any person (staff, student, or otherwise) in the school, or used to produce a means to cheat in the classroom, consequences may range from confiscation of the phone to suspension and possible law enforcement contact if privacy issues are violated. The use of cell phones and/or electronic devices to take and/or produce visual documentation of a violation of the MCSD Code of Conduct may result in suspension or expulsion of the student(s) involved and police intervention. If cell phone usage becomes such that they are not being used in the manner prescribed or used unlawfully as stated in the previous two statements, they will be banned from the building altogether for the student who has violated the use. All MCSD students will have access to a school issued device for instructional purposes to use for onsite instructional purposes.

Monroe County School District Acceptable Use Policy for Networked Communications

It is a general policy that Monroe County School District network facilities (i.e., computers, electronic mail, conferences, bulletin boards, databases, and access to the Internet), referred to as "the network telecommunications," are to be used in a responsible, efficient, ethical, and legal manner in accordance with the mission of the District School Board of Monroe County and Board Policies 7540 and 7542. The following guidelines have been established for all users of the network. Failure to follow these guidelines may result in the loss of access to the network or other disciplinary action.

Public Information

Electronic communications and documents should never be considered completely private. The District School Board of Monroe County is subject to Florida Statutes regarding public information access. As such, all electronic messages and documents are a matter of public record. Examples: all email, files and documents saved on district computers or networks.

Acceptable Uses of the Network LMS/Internet/Email

- Participating in activities which support learning and teaching as a part of Monroe County School's delivery of instruction and research.
- Participating in electronic/virtual conferences, bulletin boards, email, databases, and access to the Internet to support curriculum.
- Students should be considerate of other users on the network. Cyber bullying is unlawful behavior.
- Students must use appropriate language for school situations and must not use vulgar or profane language or images, including those with implied vulgarity and/or profanity.

- Students should immediately report any security problems or breaches of these responsibilities to the supervising teacher.
- Students must adhere to copyright laws and plagiarism rules when using the Internet.

Unacceptable Uses of the Network LMS/Internet/Email

- Using impolite, abusive, or objectionable language, or sending and displaying offensive, or obscene messages or pictures. Sexual harassment, discrimination of any sort referencing age, sex, gender, religion, race, or inference to drugs, guns, or violence will not be tolerated.
- Using the network in ways that violate federal, state, or local laws, including use of network resources to commit forgery, or to create a forged instrument.
- Access by minors to inappropriate matter on the Internet and World Wide Web, including disclosure of personal information when using electronic mail, chat rooms, and other forms of direct electronic communications
- Activities which cause congestion of the network or otherwise interfere with the work of others (i.e. chain letters, jokes, multimedia greeting cards, and email backgrounds, enhancements and stationery).
- Using the networked communications for commercial purposes or financial gain
- Sending, receiving, or copying copyrighted materials without permission of the author.
- Unauthorized access to another's resources, programs, or data.
- Unauthorized disclosure, use and dissemination of personal information regarding minors.
- Falsifying one's identity to others while using the network.
- Installation of unauthorized software on networked computers.
- Students must not intentionally degrade or disrupt Internet network services or equipment. This includes but is not limited to tampering with computer hardware or software, vandalizing data, invoking computer viruses, attempting to gain access to restricted or unauthorized network services, unauthorized redirection of school web pages or violating copyright laws. Vandalizing networked resources, including the uploading or creation of computer viruses.
- Outside email services such as GMAIL, Yahoo mail, etc. within our network.
- Instant messaging or VOIP services.
- Installation of unauthorized software on networked computers.
- Students must not use proxy avoidance sites (sites that allow the user to bypass the district Internet filter) or other sites indicated as blocked. Use of these sites violates this contract and could result in loss of Internet access and/or other disciplinary actions.
- Falsifying one's identity to others while using the network.
- Students must not share user IDs and passwords.
- Students must not give out personal information about themselves or where they live.
- Students may not have access publicly provided Internet Service Providers or e-mail services.
- Students must not attach or transfer media from a personal storage device to district hardware without permission from an appropriate staff member.
- Students must not use the network in a fashion inconsistent with directions from teachers and other staff.

Acceptable Uses and Digital Citizenship

School-issued devices should be used for educational purposes only and students are to adhere to the Acceptable Use of Technology and all of its corresponding administrative procedures at all times.

Students will only sign up for and work within applications that are assigned and approved by their teachers and the Monroe County School District. Students must **ALWAYS** use their Monroe County Schools keysstudents.net account when logging into their chromebooks.

Monroe County Schools Internet Access is to be used only for classroom related activities. This policy applies when

using either school equipment or personal equipment on the district network. Computer use is not private and the district will monitor all activity on the networked communication system and district issued devices.

Students, using the Internet, will follow all laws, policies, and rules governing computers. This includes (but is not limited to) copyright laws, software publisher's rights, license agreements, acts of terrorism, assault, threats, and student right of privacy. Students will have ongoing instruction in Internet Safety and virtual classroom protocols.

While working in a digital and collaborative environment, students should always conduct themselves as good digital citizens by adhering to the following:

1. **Respect Yourself:** I will show respect for myself through my actions. I will select online names that are appropriate. I will use caution with the information, images, and other media that I post online. I will carefully consider what personal information about my life, experiences, or relationships I post. I will not be obscene. I will act with integrity.
2. **Protect Yourself:** I will ensure that the information, images, and materials I post online will not put me at risk. I will not publish my personal details, contact details, or a schedule of my activities. I will report any attacks or inappropriate behavior directed at me while online. I will protect passwords, accounts, and resources.
3. **Respect Others:** I will show respect to others. I will not use electronic mediums to antagonize, bully, harass, or stalk people. I will show respect for other people in my choice of websites: I will not visit sites that are degrading to others, pornographic, racist, or inappropriate.
4. **Protect Others:** I will protect others by reporting abuse and not forwarding inappropriate materials or communications. I will avoid unacceptable materials and conversations.
5. **Respect Intellectual property:** I will request permission to use copyrighted or otherwise protected materials. I will suitably cite all use of websites, books, media, etc. I will acknowledge all primary sources. I will validate information. I will use and abide by the fair use rules.
6. **Protect Intellectual Property:** I will request to use the software and media others produce. I will purchase, license, and register all software or use available free and open source alternatives rather than pirating software. I will purchase my music and media and refrain from distributing these in a manner that violates their licenses.

Access to the Internet by Minors (students under the age of 18) or Adults (over the age of 18)

Minors or adults shall:

1. Not access material that is obscene, pornography, harmful to minors, or otherwise inappropriate for education.
2. Not use Monroe County Schools technology or Internet resources to engage in hacking or attempts to otherwise compromise any computer or network system's security.
3. Not engage in any illegal activities on the Internet.
4. Only use electronic mail, social networking sites, and other forms of direct electronic communications for the purposes related to education within the context of a Monroe County Public Schools-related assignment or activity.
5. Not attempt to override or bypass any protection measure that has been put in place by Monroe County Public Schools to block and/or filter access to Internet Sites that are not in accordance with district policies.
6. Minors shall not disclose personal identification information on the Internet.

Policy Violations

Any violation of this policy may result in the loss of access to the Internet by the student/adult involved. Additional disciplinary action may be determined in accordance with existing policies of the Monroe County Public Schools, including applicable State and Federal laws.

Students shall be granted permission to access the Internet under the direction of a teacher upon receipt of the signed Acceptable Use Policy Signature form Parents received when they registered their child.

Acceptable Use

- We believe that access to the Internet is an important educational resource for our students.
- We require efficient, ethical, courteous and legal utilization of the equipment, computers, and network resources.
 - As a safety precaution, full names, or addresses are not to be revealed online.

- Sharing of individual accounts is prohibited.
- Electronic mail (email) and other computer use or storage is not guaranteed to be private or confidential. Network or other computer use or storage areas are and will be treated as school property. Computers, files and communications may be accessed and reviewed by district personnel and may be accessed by other computer users.
- Vandalism or "hacking" of any kind is prohibited.
- The security of the system and the rights of other users are to be respected at all times.
- Students or staff knowingly violating the terms of the agreement will be dealt with according to the discipline policies of the individual school building and Monroe County Public Schools and/or civil authorities.
 - Such activities may result in termination of their account/access and/or expulsion from school and/or legal prosecution.

Privacy and Safety

- Do not go into any chat rooms other than those set up by your teacher or mandated in other distance education courses.
- Do not open, use, or change computer files that do not belong to you.
- Do not reveal your full name, phone number, home address, social security number, credit card numbers, passwords, or passwords of other people.
- Remember that network storage is not guaranteed to be private or confidential. District Administration reserves the right to inspect your files at any time and will take the necessary steps if files are in violation of the district's Acceptable Use Policy.
- If you inadvertently access a website that contains obscene, pornographic, or otherwise offensive material, notify a teacher or the principal immediately so that such sites can be blocked from further access. This is not merely a request, it is a responsibility.

Legal Propriety

- All students and staff must comply with trademark and copyright laws and all license agreements. Ignorance of the law is not immunity. If you are unsure, ask the Director of Media Services or the Director of Technology if you are in compliance with the law.
- Plagiarism is a violation of the Monroe County Schools code of conduct. Give credit to all sources used, whether quoted or summarized. This includes all forms of media on the Internet, such as graphics, movies, music, and text.
- Electronic mail, network usage, and all stored files shall not be considered confidential and may be monitored at any time by the MCSD IT Department to ensure appropriate use. The Monroe County Public Schools District cooperates fully with local, state, and federal officials in any investigation concerning or relating to violations of computer crime laws.

Email

- Students in need of email for academic reasons will only be allowed email access through an address assigned by the district, @keysstudents.net. This email access will be through a Google Gmail system managed by Monroe County School District. This email system is monitored by the MCSD IT Department and all messages sent or received through this system are archived and subject to inspection and filtering of inappropriate content.
- **Students will only be able to receive and transmit emails internally in the Keysstudents.net platform.**
- Do not transmit language/material that is profane, obscene, abusive, or offensive to others.
- Do not send mass emails, chain letters, or spam.
- No private chatting during class is allowed without permission.

Discipline Consequences

- The student or staff member whose name a system account and/or computer hardware is issued will be responsible at all times for its appropriate use. Non-compliance with district acceptable use policies will result in disciplinary action as outlined by the student code of conduct and/or other school policies for the user unless there is proof that another is responsible.

Hardware and Access

- Monroe County School District (MCSD) provides hardware for all Pre-K/Headstart through Grade 12 students (all students) for use during the school year in all instructional settings. Based on the CDC guidelines for the sharing of materials all students have access to a school issued device for use in a face-to-face, blended, and virtual environment.

- In a traditional face-to-face environment, K-5 students' take home policies will be determined by building leadership at each school site and 6-12 students will have access to take devices home on a nightly basis.
- In the event of a blended instructional delivery model, where necessary some students will have access to take the device home nightly or during school closures.
- School district issued devices will be **required** for use in an on campus environment.
- Students who do not wish to take the school issued device home can dock in a centralized location determined by each site.

Personal devices

- Personal devices may be allowed/approved for use and will follow the same acceptable use policies and regulations as school issued devices. Students must understand that if they decide to use their personal device on school property that the device is regulated by all policies in place which include the right by school staff to monitor/access what the student is doing on the device upon request. The school is released from all liability in regards to theft of damage to any student personal device, if they choose to use it onsite instead of the district issued device.
- Student wifi and network access will only be available through the district's LMS.
- Students will log into their device using their school-issued Google Apps for Education (firstintitallastname@keysstudents.net) account. Password is 44(lunch number)0

Receiving Your School Issued Device

- **Parent/Guardian and Student Agreement Policy**
All parents/guardians and students are required to sign the **Mobile Device Agreement Acknowledgement** page.
- **Distribution: Transfer/New Student**
Current students, as well as all transfer/new students will receive their device and related peripherals based on school site distribution protocols. Students and parents signatures on the **Mobile Device Agreement Acknowledgement** page will serve as acknowledgement of these policies and the receipt of their school issued device.

Returning Your School Issued Device

- **End of Year**
At the end of the school year or at any time during check out in the event school administration requests it, students assigned an individual device will turn in their school issued device as well as all issued peripherals based on their school's specific return policy.
- **Transferring/Withdrawing Students**
Students who transfer out of or withdraw from school must turn in their school issued device assigned to them on their last day of attendance.

Failure to turn in a school issued device upon request will result in the student/parent being charged the full replacement value. Unpaid fines and fees of students leaving the Monroe County School District may be subject to collections protocol.

Equipment Repair and Replacement Fee

Students and Parents assume all liability for replacement and repair cost of the school issued device. The current district policies and protocols related to student textbooks will apply to all devices as well.

Training

Students will receive training during the regular school day and under certain circumstances due to campus closures and or a blended learning environment.

- Care and use of their school issued device.
- Usage of their Google Apps for education (keysstudents.net account).
- Navigating the districts LMS platforms
- Digital Citizenship training to address respectful, responsible, and ethical use of the internet and digital tools.

Proper Care of Your Device

Students are responsible for the general care of their device and device peripherals issued by the school. School issued devices/lpads that are broken or fail to work properly must be turned into the teacher. If a loaner device is available, one will be issued to the student until their device can be repaired or replaced. All policies and contracts will apply to the loaner device as well.

General Precautions

- No food or drink should be next to any device while it is in use.
- Cords, cables, and removable storage devices must be inserted carefully into the device and ejected properly.
- Students must ensure that their devices are stored (school/home) and transported (school/home) in a safe and proper manner to lessen the risk of damage.
- Devices that go home should not be used or stored near pets.
- Devices that go home should be secured at all times, not left in vehicles or exposed to environmental factors like extreme temperatures or direct sunlight that could damage them.
- In the event the device is exposed to extreme heat, always bring it to room temperature prior to turning it on.
- Student issued devices must only be used by the student assigned the device. Students cannot loan or share devices with other students.
- All devices must remain free of any decorative writing, drawing, stickers, paint, tape, or labels that are not the property of Monroe County Public Schools.

Device Protection

- School issued devices must be stored in a secure location when not in the student's possession. Devices **CANNOT** be left inside or outside of a teacher's classroom, or left unattended anywhere on/off campus.
- Lack of proper care may result in damage that the student/parent is responsible for.

Device Screen Care

- The screen can be damaged if subjected to heavy objects, rough treatment, some cleaning solvents, and other liquids. The screens are particularly sensitive to damage from excessive pressure.
- Laptops/tablet type devices; make sure there is nothing on the keyboard before closing the lid (pens, pencils, disks, etc.).
- Only clean the screen with a soft, **dry** microfiber cloth, or anti-static cloth.

Charging

- Students are responsible for ensuring their device is properly charged and ready for use on site.
- Students are responsible for ensuring their devices are plugged into their assigned charging cart properly based on their teachers charging protocol when available during the school day and or at the end of the day if the device is not taken home.
- Loaner devices or student devices that are removed from the location they are assigned to must be returned to that assigned location. Teachers are responsible to ensure this has occurred.

If a student does not bring his/her device to class.

In the event a student does not bring the assigned device to face-to-face instruction, a loaner distribution plan is in place at each site.

- A loaner device should be returned to the distribution contact at each site prior to the student leaving the school unless their device is being repaired/serviced. The student has 24 hours from date of pick up to return the loaner device or be subject to disciplinary consequences as well as those pertaining to the Lost/Stolen Device Policy.

Printing

- Students will be encouraged to digitally publish and share their work with their teachers and peers when appropriate.

- Chromebooks **WILL NOT** be set up for printing at school unless special arrangements have been made by school staff.
- Students that have compatible printers at home may set up their home printers with the Google Cloud Print solution to print from their Chromebooks at home. Information about Google Cloud Print can be obtained here: <http://www.google.com/cloudprint/learn>. Teachers will direct students on their individual expectations/protocol for printed work.

Logging into a Device

- Students will log into their Device/LMS using their school-issued Google Apps for Education (firstintitallastname@keysstudents.net) account. Password is 44(lunch number)0
- Students can also use the Quick Card QR reader to log in on district devices. School staff will give applicable students the information needed to use this login protocol.
- Students should never share their account passwords with others. In the event of a compromised account the Monroe County Schools IT Department reserves the right to disable your account.
- Students will access all apps and district programs through Classlink once logged in.

Managing and Saving Digital Work

- Students will use district approved learning management systems, i.e. Google Apps for Education/Canvas, to document, manage, and share student work, activities and correspondences.
- Students will also use the district's learning management systems, Classlink, etc, at home and other locations outside of school to help facilitate learning.
- Google Apps for Education accounts can be accessed on the web using any device by accessing <https://drive.google.com/drive/my-drive> from your chrome browser or accessing classlink.
- Students are bound by the Monroe County Schools Use of Technology Policy, Administrative Procedures, Acceptable Use Agreement, and all other guidelines in this document wherever they use their Classlink/Google accounts at school or at home.

Device Technical/Hardware Support

Repairing or Replacing Your Device

The school based IT department will be the first point of contact for repairs of district devices. All devices in need of repair must be brought to the teacher's attention as soon as possible. Any device hardware or software issues must be reported as soon as possible so a Help Desk request can be submitted.

Student Assigned Devices Being Repaired

- Loaner devices may be issued to students when they leave their school-issued Device for repair.
- Students will follow the protocols in place at their school to report damage and submit a device in need of repair.
- A student borrowing a device must realize that the agreement signed by them and their parents covers the loaner device as well.
- If the repaired device is to be returned to the student, the staff member that initiated the repair will notify them.
- If a device damaged by the student cannot be repaired school personnel will notify the student/parents and remind them of their responsibilities that are outlined in this document.

Lost/Stolen Devices

- Students/parents are responsible for reporting any loss/theft to the school and proper authorities. Students/Parents are responsible for any replacement costs based on the replacement value of the device.

Additional Services

- Password Identification
- User account support
- Operating System or software configuration support
- System software updates

Estimated Costs (subject to change)-School personnel will notify parents/students of costs involved after examination by the district's IT department personnel. Repair/Replacement costs will not exceed the replacement value of the device.

Parents/Students may be charged for the full replacement cost of a device that has been damaged due to intentional misuse, abuse as well as loss/stolen devices.

Operating System and Security

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

No Expectation of Privacy

Students have no expectation of confidentiality or privacy with respect to any usage of a school issued device and or student account, regardless of whether that use is for district-related or personal purposes, other than as specifically provided by law. The district may, without prior notice or consent, log, supervise, access, view, monitor, and record use of student usage at any time for any reason related to the operation of the district. Use of district devices and or accessing student accounts constitutes agreement to such access, monitoring, and recording of their use.

Monitoring Software

Teachers, school administrators, and the technology department staff may use monitoring software such as Hapara that allows them to view the screens and activity on student devices such as Chromebooks.

Content Filter

The district utilizes an Internet content filter that is in compliance with the federally mandated Children's Internet Protection Act (CIPA). All Chromebooks/lpads, regardless of physical location (in or out of school), will have all Internet activity protected and monitored by the district

Updates/Virus Protection

- Software and operating system updates are managed by the district and update automatically. Students do not need to manually update their device
- There is no need for additional virus protection. Virus protection and firewalls are in place. They are managed by the district for all student devices and internet access through student accounts.

Device Instructional support

- Instructional supports for students can be found in the district's landing page
- Supports included but not limited to are; program resources/tutorials, school based help hotlines, and support videos.

Parent:

By signing in acknowledgement below, I am stating that I have read the District's electronic communications system policy and administrative regulations. Further, I certify that the information contained on this form is correct.

Upon signing this document you affirm that it is not reasonable that the Monroe County School District can directly supervise your child every minute he or she is on the computer. Therefore, you agree that when your child is not directly supervised, he or she will obey all school computer use policies, civil and criminal laws. In the event your child notifies you they are receiving computer messages threatening death, bodily harm, or destruction to property, you agree to report this event immediately to both law enforcement and the Monroe County School District. As parent/guardian of this student, I understand the risks associated with allowing my child to use the Internet. Furthermore, in signing this policy, I affirm that through this document the school district made a reasonable attempt to educate me on the known potential risks of using the Internet and the school's rules and goals of Internet use. Based on this adequate notice, I agree not to hold the Monroe County School District responsible for materials acquired or contacts made on the network.

Parents and Students signatures are required on the Monroe County School District Technology Agreement Acknowledgement page to represent acknowledgement of the receipt and review of this document by students receiving devices and or accessing our district's network and learning management systems (LMS). **If you have any questions or concerns please contact your child's school.**



**MONROE COUNTY SCHOOL DISTRICT
MOBILE DEVICE AGREEMENT ACKNOWLEDGEMENT**

Student Name: _____ School: _____

By signing this acknowledgement page, you are confirming that you have read the **MCS D Digital Technology Usage Policy** and agree to its terms and conditions. The policies listed can be found at <https://www.keysschools.com/Page/6571>.

ACKNOWLEDGEMENT: Student and parent/guardian acknowledge that they have read the **MCS D Digital Technology Usage Policy**, understand it and agree to be bound by the terms and conditions. Student and parent/guardian further acknowledge that this agreement represent the complete understanding and agreement between the School Board of Monroe County and the parent/guardian and student with respect to the subject matter hereof. No other representations, stipulations, agreement or understanding, whether oral or in writing shall be valid or enforceable or have binding effect unless contained in this agreement. This agreement may not be changed, amended, or modified without express written approval of the School Board of Monroe County. Any change, modification, or amendment to this agreement approved by the School Board of Monroe County must be in writing.

SIGNATURES: If issued a **School Issued Device**, your signature acknowledges all rights and responsibilities of the device and return.

NETWORKED COMMUNICATIONS SYSTEM (check one (1) only):

_____ I give permission for my child to participate in the District's electronic communications system (inc. internet access).
_____ I do not give permission for my child to participate in the District's electronic communications system (inc. internet access).

VIDEO and STILL PHOTO PUBLICATION CONSENT (check one (1) only): During the school year, Monroe County School District students are often involved in activities that involve taking pictures and developing video for multimedia projects, internet web design, video recording, yearbook photos, and interviews.

_____ I give consent for my child to be photographed, video recorded or interviewed for possible use in newspapers, television, radio broadcasts, school websites, and School Board productions.

_____ I do not want my child to be identified photographs, video recordings or interviews for possible use in newspapers, television, radio broadcasts, school websites, and School Board productions.

Parent/Guardian Name (Print): _____ Date: _____

Parent/Guardian Signature: _____

Parent/Guardian Email: _____

Parent/Guardian Phone: _____ Alternative Phone: _____

NOTE: Devices checked out are property of Monroe County School District and are expected to be returned upon request.

FOR INTERNAL USE ONLY:

Student Name: _____ School #: _____

Device Serial #: _____ Device Tracking #: _____

Charger checked out: YES NO Ancillary Devices checked out: _____

2022-2023 Distrito Escolar del Condado de Monroe
Página de reconocimiento del acuerdo de dispositivo móvil

Nombre del estudiante: _____ Escuela: Coral Shores High School

Al firmar esta página de reconocimiento, confirma que ha leído la “**Política de uso de tecnología digital de MCSD**” y que acepta sus términos y condiciones. Las políticas se pueden encontrar en <https://www.keysschools.com/Page/6571>

Reconocimiento: Los estudiantes y los padres / tutores reconocen que han leído las políticas de la “**Política de uso de tecnología digital de MCSD**”, las comprenden y aceptan regirse por sus términos y condiciones. El estudiante y el padre reconocen además que este acuerdo representa el completo entendimiento y acuerdo entre la junta escolar (MCSD) y el padre y el estudiante con respecto al tema del presente. Ninguna otra representación, estipulación, acuerdo o entendimiento, ya sea oral o por escrito, será válida o ejecutable o tendrá efecto de atracción a menos que esté contenida en este acuerdo. El acuerdo no puede cambiarse, enmendarse o modificarse sin la aprobación expresa por escrito de la junta escolar (MCSD). Cualquier cambio, modificación o enmienda a este acuerdo aprobado por la junta escolar debe hacerse por escrito.

La firma reconoce la **Política de uso de tecnología digital de MCSD** y la Política de consentimiento de video de comunicaciones. Si se emite un dispositivo emitido por la escuela, su firma reconoce todos los derechos y responsabilidades del dispositivo y la devolución.

Sistema de comunicaciones en red (marque SÓLO uno)

☐ Doy permiso para que mi hijo participe en el sistema de comunicaciones electrónicas del Distrito (incluido el acceso a Internet).

☐ No doy permiso para que mi hijo participe en el sistema de comunicaciones electrónicas del Distrito.

Consentimiento para la publicación de videos y fotografías (marque solo uno)

☐ Durante el año escolar, los estudiantes del Distrito Escolar del Condado de Monroe a menudo participan en actividades que involucran tomar fotografías y desarrollar videos para proyectos multimedia, diseño web de Internet, grabación de videos, fotos del anuario y entrevistas. Por la presente doy **mi consentimiento** para que mi hijo sea fotografiado, grabado en video o entrevistado para su posible uso en periódicos, televisión, transmisiones de radio, sitios web de la escuela y publicaciones de la junta escolar.

☐ **No quiero** que mi hijo sea identificado en fotografías, cintas de video o entrevistas para su posible uso en periódicos, televisión, transmisiones de radio, sitios web de la escuela y publicaciones de la junta escolar.

Nombre del padre (en letra de imprenta): _____ Fecha: _____

Firma del Padre / Tutor: _____

Correo electrónico de los padres: _____

Mejor número de contacto: _____ Número de contacto alternativo: _____

Nota: Este dispositivo es propiedad de MCSD y se espera que se devuelva a pedido. Esta computadora tiene un valor de \$300. El costo de reemplazar el cargador es de \$ 40. El costo de reemplazar la pantalla dañada es de \$ 50. Al firmar, acepta reembolsar esa cantidad para reemplazar cualquier dispositivo perdido, robado o dañado.

Número de serie del dispositivo: _____

Número de seguimiento del dispositivo: _____



Student Residency Questionnaire 2022-23

School Data Entry:

Date: _____ Print your Name: _____

Codes: Hs _____ C _____ UY _____

This survey is intended to address the requirements of the ESSA:

McKinney Vento Act Title IX, Part A. The answers to the questions below will assist in determining if your child qualifies for additional educational support services. *Please respond to Section A, Section B, Section C, and fill in parent/guardian name, address, and phone. PLEASE PRINT VERY CLEARLY, COMPLETE ONE PER SCHOOL* and return the survey to your child's teacher. ¿Habla Ud. Español? Por favor llene la encuesta al otro lado de este papel.

Section A: Name of Child(ren) in this school*:

***If you have children attending another school, including pre-kindergarten, please fill out a form at that school for them.**

First Name _____ MI _____ Last Name _____ Grade _____ School _____

First Name _____ MI _____ Last Name _____ Grade _____ School _____

First Name _____ MI _____ Last Name _____ Grade _____ School _____

Place an "X" in the appropriate box to answer "YES" or "NO".

Section B: QUESTIONS	YES	NO	Hs CODE
1. My family or one of my school age children lives in a tent campsite (without running water and/or electric), emergency or transitional shelter.			A
2. My family temporarily lives with another family (doubled up) due to loss of housing, economic hardship, or a similar reason.			B
3. My family lives in a location not ordinarily used as a sleeping space such as a car, park, public space, abandoned building, bus station, storage facility, substandard housing or boat at anchor without facilities (running water and/or electric)			D
4. My family lives in a motel or hotel due to lack of alternate accommodations.			E
5. Are you a laborer who moves from place to place to get temporary work harvesting seasonal crops?			
Section C: If you answered "Yes" to questions 1-5, place a check next to the reason below that applies.			C CODE
We lost our home due to:			
1)Mortgage Foreclosure			M
2)Wildfire			W
3)Man-made Disaster (Major)			D
4)Natural Disaster (Earthquake, Flooding, Hurricane, Tropical Storm, Tornado) Circle One			E F H S T
5)Pandemic (Major)			P
6)Other - Please name (i.e. Unemployment/underemployment, forced eviction, domestic violence, lack of affordable housing/health care, mental illness, long term poverty, etc.)			N
Section D: QUESTIONS	YES	NO	Hs CODE
1. A child/youth in my home is an <u>unaccompanied youth</u> (not in the physical custody of a parent/guardian).			Y

Parent or Guardian Name (Print): _____

Street Address (Location of House): _____

Mailing Address: _____

Street

City

State

Zip

Home phone: _____ Cell phone: _____ Work phone: _____

Parent or Guardian Signature: _____ Date: _____

Directions for school Data Entry:

For students with a **YES** response to questions 1-5, enter information into FOCUS under Homeless using the drop-down arrow and select from Homeless Student PK-12 & Homeless Cause. Also select **Yes** or **No** under the Homeless Unaccompanied Youth and Homeless Date (enter the date when the form was signed by parent/guardian or student) which serves as the Identification Date. This is **VERY Important for free lunch**. Complete school data entry date at the bottom of the page and indicate the name/entered by.

PLEASE SCAN THIS FORM INTO FILEBOUND.

Updated: 05/02/2022



Cuestionario de Residencia Estudiantil 2022-23

Esta encuesta cubre los requisitos del Acto de la Ley Cada Estudiante Triunfa-McKinney Vento-Título IX, Parte A.

Las respuestas a las preguntas abajo nos asistirán a determinar si su niño califica para los servicios de apoyo académico adicionales. **Favor de responder a la Sección A, B, C, D y llene el nombre del Padre/Guardián, dirección y teléfono. POR FAVOR ESCRIBA CON LETRA DE MOLDE MUY CLARAMENTE, LLENE UNA POR ESCUELA, y devuelva la encuesta al maestro de su hijo.**

Sección A: Nombre del Estudiante(s) en ésta Escuela*:

*Si tiene niños asistiendo a otra escuela, incluyendo Pre-kindergarten, por favor llene un formulario en esa escuela para ellos.

Nombre	Sg Nombre (Inicial)	Apellido	Grado	Escuela
Nombre	Sg Nombre (Inicial)	Apellido	Grado	Escuela
Nombre	Sg Nombre (Inicial)	Apellido	Grado	Escuela

Coloque una "X" en la casilla apropiada para contestar "Sí" o "No."

Sección B: Questionario	Si	No	Hs CODE
1. Mi familia o unos de mis hijos de edad escolar vive en un sitio de campamento en carpa o casa de campaña, en un albergue de emergencia o de transición (sin agua corriente y/o electricidad)			A
2. Mi familia vive temporalmente con otra familia (compartiendo un hogar) debido a la pérdida de vivienda, dificultades económicas o una razón similar.			B
3. Mi familia vive en un lugar donde generalmente no se usa como un espacio para dormir como en un coche, un parque, un lugar público, un edificio abandonado, una casa en condiciones inadecuada, en una estación de autobús, o en un bote anclado sin servicios básicos (agua, corriente y/o electricidad).			D
4. Mi familia vive en un motel o en un hotel por falta de alojamiento alterno.			E
5. ¿Es usted un trabajador que se traslada de un lugar a otro en busca de un empleo temporal cosechando cultivos de temporada?			
Sección C: Si usted contestó "Sí" a cualquier pregunta 1-5 ponga un "✓" al lado de la razón abajo que aplica. Perdimos nuestro hogar a causa de:			C CODE
1) Embargo Hipotecario			M
2) Incendio			W
3) Desastre provocado por el ser humano (de causa mayor)			D
4) Desastre Natural (Terremoto, Inundación, Huracán, Tormenta Tropical, Tornado) Circule uno			E F H S T
5) Pandemia (de causa mayor)			P
6) Otro - Por favor indique uno (i.e Desempleo o salario bajo, desalojo, violencia doméstica, falta de vivienda económicas o de seguro médico, enfermedad mental, pobreza a largo tiempo, etc.)			N
Sección D: Questionario	Si	No	Hs CODE
1. Un niño/joven en mi casa es un joven que <u>no está acompañado</u> (joven que no está en la custodia física de un padre o tutor)			Y

Nombre del Padre o Guardián (Escriba con letra de molde): _____

Dirección (Lugar de su Casa): _____

Dirección Postal: _____

Calle Ciudad Estado Código Postal

Teléfono: _____ Teléfono celular: _____ Teléfono del trabajo: _____

Firma del Padre o Guardián: _____ Fecha: _____

Directions for school Data Entry:

For students with a **YES** response to questions 1-5, enter information into FOCUS under **Homeless** using the drop-down arrow and select from Homeless Student PK-12 & Homeless Cause. Also select **Yes** or **No** under the Homeless Unaccompanied Youth and Homeless Date (enter the date when the form was signed by parent/guardian or student) which serves as the Identification Date. This is **VERY Important for free lunch**. Complete school data entry date at the bottom of the page and indicate the name/entered by.

PLEASE SCAN THIS FORM INTO FILEBOUND.

Updated: 05/02/2022



Monroe County School District

Acceptable Use Policy for Networked Communications

It is a general policy that Monroe County School District network facilities (i.e., computers, electronic mail, conferences, bulletin boards, data bases, and access to the Internet), referred to as "the network telecommunications," are to be used in a responsible, efficient, ethical, and legal manner in accordance with the mission of the District School Board of Monroe County and Board Policy. The following guidelines have been established for all users of the network. Failure to follow these guidelines may result in the loss of access to the network or other disciplinary action.

The primary purpose of the MCSD Network is to support students and teachers in the process of teaching and learning and to support the business operations and communications of the School district. Any violation of the principles and policies in this document may result in disciplinary actions (including suspension or expulsion) and possible legal action.

Public Information

Electronic communications and documents should never be considered completely private. The District School Board of Monroe County is subject to Florida Statutes regarding public information access. As such, all electronic messages and documents are a matter of public record. Examples: all email, files and documents saved on district computers or networks

Acceptable Uses of the Network/Internet/Email

- Participating in activities which support learning and teaching in Monroe County Schools
- Participating in electronic conferences, bulletin boards, email, databases, and access to the Internet to support curriculum.
- Students should use the Internet/network for appropriate educational purposes and research.
- Students should use the Internet/network only with the permission of designated school staff.
- Students should be considerate of other users on the network. Cyber bullying is unlawful behavior.
- Students must use appropriate language for school situations and must not use vulgar or profane language or images, including those with implied vulgarity and/or profanity.
- Students should immediately report any security problems or breeches of these responsibilities to the supervising teacher.
- Students must adhere to copyright laws and plagiarism rules when using the Internet.

Unacceptable Uses of the Network/Internet/Email

- Using impolite, abusive, or objectionable language or sending and displaying offensive or obscene messages or pictures. Sexual harassment, discrimination of any sort referencing age, sex, gender, religion, race or inference to drugs, guns or violence will not be tolerated.
- Using the network in ways that violate federal, state, or local laws, including use of network resources to commit forgery, or to create a forged instrument
- Access by minors to inappropriate matter on the Internet and World Wide Web, including disclosure of personal information when using electronic mail, chat rooms, and other forms of direct electronic communications
- Activities which cause congestion of the network or otherwise interfere with the work of others (i.e. chain letters, jokes, multimedia greeting cards, and e-mail backgrounds, enhancements and stationery)
- Using the networked communications for commercial purposes or financial gain
- Sending, receiving or copying copyrighted materials without permission of the author
- Avoiding security and/or proper log in procedures
- Unauthorized access to another's resources, programs, or data.
- Unauthorized disclosure, use and dissemination of personal information regarding minors
- Students must not intentionally degrade or disrupt Internet network services or equipment. This includes but is not limited to tampering with computer hardware or software, vandalizing data, invoking computer viruses, attempting to gain access to restricted or unauthorized network services, unauthorized redirection of school web pages or violating copyright laws. Vandalizing networked resources, including the uploading or creation of computer viruses.
- Outside email services such as GMAIL, Yahoo mail, etc. within our network.
- Instant messaging or VOIP services.
- Installation of unauthorized software on networked computers

- Students must not use proxy avoidance sites (sites that allow the user to bypass the district Internet filter)
- or other sites indicated as blocked . Use of these sites violates this contract and could result in loss of Internet access and/or other disciplinary actions
- Falsifying one's identity to others while using the network.
- Students must not share user IDs and passwords .
- Students must not give out personal information about themselves or where they live.
- Students may not have access publicly provided Internet Service Providers or e-mail services
- Students must not attach or transfer media from a personal storage device to district hardware without permission from an appropriate staff member.
- Students must not work directly on teacher, school, or district department websites without express written permission from the district Web Administrator and Director for Instructional Technology.
- Students must not use the network in a fashion inconsistent with directions from teachers and other staff.

Use of District-Created E-Mail Distribution Lists

The purpose of all mailing lists maintained on Monroe County School District's network is to provide a fast, convenient medium for written communications. Distribution lists are to be used only for school district business or in support of teaching and learning activities.

Official Correspondence

It is the responsibility of the originator to properly maintain copies of all electronic documents, files and messages that may be construed as "official correspondence". This specifically includes responsibility for appropriate records retention, confidentiality, disposal, duplication, distribution and security. Users are expected to manage their allocated server and e-mail space in an efficient and timely manner. The school district, and specifically the Information Services Department, is not responsible for maintaining archived email or electronic documents sent over email as part of the school's network or over the Internet.

Web Content Filtering

The school district maintains a web-content filtering system that either permits or denies certain websites and protocols based on a category system, if a particular legitimate website is unduly blocked, a request can be made to unblock such site. This is done by requesting it via the district's help request system.

There should be no expectancy of privacy by MCSD staff, all web access by staff and students is tracked, and is subject to the public records law.

**STUDENT/PARENT AGREEMENTS
MONROE COUNTY SCHOOL DISTRICT
NETWORKED COMMUNICATIONS SYSTEM / VIDEO CONSENT**

This form should be completed once per school campus and kept on file at the school for the duration of the student's enrollment at that campus.

STUDENT:

Name (please **PRINT**): _____ Grade _____

I understand that my computer use is not private and that the District will monitor my activity on the networked communication system.

I have read the acceptable use policy and administrative regulations and agree to abide by their provisions. I understand that violation of these provisions may result in suspension or revocation of system access.

Student's signature _____ Date _____

PARENT:

By signing below, I am stating that I have read the District's electronic communications system policy and administrative regulations. Further, I certify that the information contained on this form is correct.

Upon signing this document you affirm that it is not reasonable that the Monroe County School District can directly supervise your child every minute he or she is on the computer. Therefore, you agree that when your child is not directly supervised, he or she will obey all school computer use policies, civil and criminal laws. In the event your child notifies you they are receiving computer messages threatening death, bodily harm, or destruction to property, you agree to report this event immediately to both law enforcement and the Monroe County School District.

As parent/guardian of this student, I understand the risks associated with allowing my child to use the Internet. Furthermore, in signing this policy, I affirm that through this document the school district made a reasonable attempt to educate me on the known potential risks of using the Internet and the school's rules and goals of Internet use. Based on this adequate notice, I agree not to hold the Monroe County School District responsible for materials acquired or contacts made on the network.

Networked Communications System (check ONLY one)

☐

I give permission for my child to participate in the District's electronic communications system (including Internet access).

☐

I do not give permission for my child to participate in the District's electronic communications system.

Video and Still Photo Publication Consent (check ONLY one)

☐

During the school year Monroe County School District students are often involved in activities that involve taking pictures and developing videos for multimedia projects, Internet web design, video taping, yearbook photos and interviews. I hereby **give consent** for my child to be photographed; video taped or interviewed for possible use in newspapers, television, radio broadcasts, school web sites, and school board publications.

☐

I **do not** want my child to be identified in photographs, video tapes or interviews for possible use in newspapers, television, radio broadcasts, school web sites, and school board publications

Signature of parent or guardian _____

Home address _____

Date _____ Home phone number _____

CONSENT FOR MEDICAL TREATMENT

(Required for students when participating in athletics, student activities, and any field trips that are outside Monroe County)

SCHOOL

DATE

The patient and others whose signatures are attached below do hereby consent to any and all medical and surgical treatments including anesthesia and operations, which may be deemed advisable by physician and surgeons. The intention hereof being to grant authority to administer and to perform all and singularly any examinations, treatments, anesthetic, operations and diagnostic procedures, which may now, or during the course of the patient's care be deemed advisable or necessary. We also agree that the patient when admitted is to remain in the hospital until a physician recommends the patient's discharge.

In witness of our consent and agreement to the matters stated in the three preceding sentences, we have subscribed our signatures below.

Minor - Patient

Father

Mother

Guardian(s)

Date

STATE OF FLORIDA)
)SS
COUNTY OF _____)

Sworn to and subscribed before me this _____ day of _____, in the year of the Lord _____.

Notary Public
State of Florida at Large

My Commission expires _____

**** If there are any specific medical practices which are prohibited in regards to religious convictions please list below:



MONROE COUNTY STUDENT MEDICAL INFORMATION & PERMISSION FORM

SCHOOL: _____ SCHOOL PHONE # _____

Policy and procedure in the event a child requires medical treatment while on any school sponsored trip is to contact the parents to advise them of the situation and obtain consent and direction on how to proceed. In the event of an emergency, and should we be unable to reach you, your signature below would grant permission for routine emergency treatment.

INSURANCE INFORMATION

Student's Full Name: _____

Health insurance Carrier: _____ Policy # _____

I agree that in the event emergency treatment is provided for my child, I will pay any transportation or medical expenses not covered by my insurance company or if I do not have insurance, I agree to pay all such expenses incurred.

IMPORTANT MEDICAL INFORMATION

Please check all that apply:

_____ Heart Disease _____ Diabetes _____ High Blood Pressure _____ Epilepsy
_____ Allergies _____ Other (please list below) _____ Medication/s (please list below)

PARENT/GUARDIAN PHONE NUMBERS

Father: _____ Ph: _____

Mother: _____ Ph: _____

Other: _____ Ph: _____

I/we grant the school staff the right to order emergency medical treatment for my/our child and I/we understand that any and all financial responsibility of such services rests with me/us. Finally, I/we agree to hold harmless the school staff and school program for all actions taken on behalf of my/our child.

Parent(s) / Guardian(s) Signatures (s)

Date

*If any program or event requires a student to leave the county, this form and the Consent for Medical Treatment form (MCSD-ADM002) must be executed.

(Requisito para los estudiantes que participan en el atletismo, las actividades del estudiante, y cualquier viaje de estudio que está fuera del Condado de Monroe)

Fecha

La firma del paciente y otros, cuyas firmas adjuntas más abajo, mediante la presente permite a cualquiera y a todos los tratamientos médicos y quirúrgicos incluso la anestesia y operaciones el cuál pueden juzgarse aconsejable por el médico y cirujanos. La intención de esto es de conceder la autoridad para administrar y realizar todo y peculiarmente de algunos exámenes, tratamientos, anestesia, operaciones y procedimientos diagnósticos, que pueden ahora, o durante el curso del cuidado del paciente creer ser aconsejable o necesario. Nosotros también estamos de acuerdo a que cuando el paciente una vez admitido, permanecerá en el hospital hasta que un médico recomiende que se le dé de alta.

En testimonio a nuestro consentimiento y acuerdo a las cuestiones declaradas en las tres frases precedentes, nosotros hemos suscrito nuestras firmas más abajo.

Paciente- Menor

Padre

Madre

Guardián(es)

Fecha

EL ESTADO DE LA FLORIDA)
) SS
EL CONDADO DE)

Jurado y firmado ante mí este día de _____ de _____, en el año del Señor _____.

Notario Público

Estado de Florida sin Limitaciones

Mi Comisión expira en

* * * Si hay algunas prácticas médicas específicas que se prohíben con respecto a convicciones religiosas por favor hacer una lista más abajo:

INFORMACIÓN MÉDICA DEL ESTUDIANTE DEL CONDADO DE MONROE Y FORMULARIO DE PERMISO

ESCUELA Coral Shores High School

TELÉFONO DE LA ESCUELA# (305)853-3222

La norma y el procedimiento en el caso de que un niño(a) requiera de un tratamiento médico mientras este en algún viaje patrocinado por la escuela, para ponerse en contacto con los padres y para informarles sobre la situación y obtener el consentimiento y las instrucciones de cómo proceder en caso de una emergencia y si no podemos localizarlo, su firma más abajo otorgaría el permiso para un tratamiento rutinario de emergencia.

INFORMACIÓN DEL SEGURO

Nombre del Estudiante: _____

Portador de su seguro de salud: _____

Número de la póliza # _____

Yo estoy de acuerdo que en caso de un tratamiento de emergencia proporcionado a mi hijo(a), Yo pagaré por cualquier transporte o gastos médicos no cubiertos por mi compañía de seguro o si Yo no tengo el seguro, Yo estoy de acuerdo en pagar tales gastos contraídos.

INFORMACIÓN MÉDICA IMPORTANTE: (Por favor marque el que aplica)

Enfermedad del corazón _____ Diabetes _____ Presión alta _____ Epilepsia _____ Alergias _____

Medicamento _____

Otro _____

NUMEROS DE TELÉFONO DE LOS PADRES

PADRE _____ Casa _____ Trabajo _____

MADRE _____ Casa _____ Trabajo _____

OTRO _____ Casa _____ Trabajo _____

Yo/nosotros otorgo a el personal de la escuela el derecho a ordenar un tratamiento médico de emergencia para mí/nuestro hijo(a) y Yo/nosotros entiendo que alguna o toda la responsabilidad financiera de tales servicios dependen de mí/nosotros. Finalmente, Yo/nosotros estoy de acuerdo en liberar de responsabilidad a el personal de la escuela y a el programa de la escuela por todas las acciones tomadas a favor de mí/nuestro hijo(a).

Padre(s) o Guardián(es)

Fecha

*Si algún programa o acontecimiento requieren a un estudiante a salir del condado, esta forma y la forma de consentimiento para el tratamiento médico (MSCD-ADM002) reproducida en la parte de atrás de esta forma se deben de otorgar.