



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 **2024-2025 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- **Transcripts from Previous School** – Students new to CSHS must be formally withdrawn from their previous school and transcripts must be received/reviewed in order to enroll.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

89901 Old
Highway
Tavernier, FL
33070-2198
Phone: (305) 853-
3222
Fax: (305) 853 – 3228

Laura Lietaert
Principal
Ext. 56303

Debra Ward
Assistant Principal
Ext. 56310

Jacob Poelma
Assistant Principal
Ext. 56333

Dawn Michelini
Guidance (10th-
11th)
Ext. 56317

Kay MacKenzie
Guidance (9th-
12th)
Ext. 56345

Saveena Cade
Registrar
Ext. 56381



AUTHORIZATION FOR THE RELEASE OF SCHOOL RECORDS

DATE _____

STUDENT NAME _____

GRADE ENTERING _____ DATE OF BIRTH _____

NAME OF PREVIOUS SCHOOL _____

PREVIOUS SCHOOL ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SCHOOL TELEPHONE _____ SCHOOL FAX _____

CALL PREVIOUS SCHOOL FOR THE FOLLOWING INFORMATION:

PREVIOUS SCHOOL REGISTRAR'S NAME _____

REGISTRAR'S EXTENSION _____ EMAIL _____

OFFICE USE ONLY-PLEASE DO NOT WRITE BELOW THIS LINE

PLEASE SUBMIT THE FOLLOWING RECORDS:

- _____ PROOF OF COMPLETION OF 8TH GRADE
- _____ LAST GRADES RECORDED & OFFICIAL TRANSCRIPT
- _____ DISCIPLINARY & ATTENDANCE RECORDS
- _____ STANDARD TEST SCORES
- _____ BIRTH CERTIFICATION
- _____ SOCIAL SECURITY
- _____ IMMUNIZATIONS
- _____ ELL
- _____ IEP/SPECIAL EDUCATION RECORDS
- _____ BEHAVIOR PLAN
- _____ RTI DOCUMENTS/MTSS
- _____ PSYCHOLOGICAL RECORDS

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

School Name:



Student Registration Form

Only the parent/guardian (F.S. §1000.21(6)) who registers the student (i.e., completes this form) may withdraw the student from his/her current school, unless there is documentation of extenuating circumstances indicating otherwise. If the information below changes, it is the parent's/guardian's responsibility to notify the school in writing within 10 school days. The personal information you provide on this form will be kept confidential (in a protected area) and only used and disclosed by school and District staff on a need-to-know basis.

Student's Last Name (Legal)		First Name (Legal)		Middle Name	
Student's Primary Home Address		Apt #	City	Zip Code	Gender
					<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number		Date Student First Entered School in USA	Date of Birth	Birthplace (City/State/Country)	
Student Lives With		Ethnicity	Race (Check all that apply)		
<input type="checkbox"/> One Parent <input type="checkbox"/> Both Parents (same address) <input type="checkbox"/> Both Parents (different address)		<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other <input type="checkbox"/> Non-Hispanic or Non-Latino <input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black/ African-American		
Parent/Legal Guardian's First & Last Name (Primary)			Relationship to Student	Occupation/Place of Work	
Parent/Legal Guardian's Work Phone #		Parent/Legal Guardian's Phone #		Parent/Legal Guardian's Email Address	
Parent/Legal Guardian's Home Address (Primary)		Apt #	City	State	Zip Code
Parent/Legal Guardian's First & Last Name (Secondary)			Relationship to Student	Occupation/Place of Work	
Parent/Legal Guardian's Work Phone #		Parent/Legal Guardian's Phone #		Parent/Legal Guardian's Email Address	
Parent/Legal Guardian's Home Address		Apt #	City	State	Zip Code

Additional Emergency Contact's Name		Relationship		Phone Number
Previous School Name(s)	City/State/Country	Year(s) Attended	Grade(s)	Type
				<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Home Ed
				<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Home Ed
Has the student previously been:				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Enrolled in a Home Education program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	In a Magnet program?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	In Exceptional Student Education (ESE)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	In Foster Care?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	In an ESOL program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Referred for mental health services?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	On a 504 plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expelled from school?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Retained (repeated the same grade)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Convicted of a felony?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	In a Gifted program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Involved in the Juvenile Justice System?	
Is either parent:				
<input type="checkbox"/> Yes <input type="checkbox"/> No	An active duty member of the uniformed services, including the National Guard and Reserve?		If yes, which division?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	A veteran, medically discharged, or killed while on active duty from the uniformed services?		If yes, which division?	
Home Language Survey				
<i>*Please be informed that if you answer "YES" to ANY of the three questions located at the bottom of the registration form labeled "Home Language Survey," your child WILL be given an English Language Proficiency assessment.</i>				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Native Language Does the student have a first language other than English?	If "yes", which language?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Language Spoken in the Home Is a language other than English used in the home?	If "yes", which language?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Language Does the student most frequently speak a language other than English?	If "yes", which language?		
FOR OFFICE USE ONLY				
HLS Date:	Date of Entry into a US School:		Country of Birth:	

(CSHS Tarjeta de Datos del Estudiante)

(Año Escolar)

(Nombre del Estudiante)

(Fecha de Nacimiento)

MM/DD/YYYY

(Nivel de grado)

(Estudiante ID)

(Teléfono del Estudiante)

Familia Militar: Si o No

(Nombre y apellido de los hermanos que asisten a una escuela del condado de Monroe.)

(Dirección Física)

Street (*Calle*)

City (*Ciudad*)State (*Estados*)

Zip (Código postal)

(Dirección de Envoi)

Street (*Calle*)

City (*Ciudad*)

State (*Estados*)

Zip (Código postal)

(Números de Teléfono del Sistema de Notificación)

(Anoté los padres o tutores con custodia legal del estudiante en el orden en que prefiera que se les contacte. Todas las personas enumeradas a continuación tienen permiso para recoger al estudiante de la escuela. Si corresponde, informe a la oficina sobre las personas que legalmente no pueden contactar o recoger al estudiante. Por favor, provee cualquier documento de custodia o de tiempo compartido aplicable, a la oficina de la escuela.)

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

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

(PERSONAS PERMITIDAS A RECOGER/FIRMAR LA SALIDA: *Todas las personas enumeradas a continuación tienen permiso para recoger al estudiante de la escuela según lo indicado por el padre/tutor.*)

(CONTACTOS DE EMERGENCIA: En caso de que el estudiante 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 individuos.)

Relationship (Relación): _____ Emergency Contact: Yes or No _____ Permitir Recolección: Sí o No _____

Relationship (Relación): Emergency Contact: Yes or No Permitir Recolección: Sí o No

Relationship (Relación): Emergency Contact: Yes or No Permitir Recolección: Sí o No

Updated 06/26/2024



Student Residency Questionnaire 2024-25

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 student qualifies for additional educational support services. **PLEASE PRINT VERY CLEARLY, COMPLETE ONE FORM PER FAMILY,** and return the survey to school's main office. ¿Habla Ud. Español? Por favor llene la encuesta al otro lado de este papel.

Section A: Name of your Child(ren) Enrolled in School (PK–grade 12) or not enrolled in school, including those ages 1-4 (If needed, use an additional sheet of paper) :

1. How many other children/youths are in your household (even if not enrolled in school)? _____

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
Section C: QUESTIONS	YES	NO	Hs CODE
1. A child/youth in my home is an unaccompanied youth (not in the physical custody of a parent/guardian).			

Section D (C CODE): If you answered "Yes" to questions 1-4 on Section B, mark the reason below that applies. We lost our home due to:

- | | | |
|--|---|---|
| <input type="radio"/> Man-made Disaster (Major) (D) | <input type="radio"/> Earthquake (E) | <input type="radio"/> Flooding (F) |
| <input type="radio"/> Hurricane (H) | <input type="radio"/> Mortgage Foreclosure (M) | <input type="radio"/> Tornado (T) |
| <input type="radio"/> Pandemic (Major) (P) | <input type="radio"/> Tropical Storm (S) | <input type="radio"/> Awaiting Military Housing (MH) |
| <input type="radio"/> Unknown (U) | <input type="radio"/> Wildfire (W) | <input type="radio"/> Other Homeless Cause (N) |

Parent, Guardian or Unaccompanied Youth's Name (Print): _____

Street Address (Location of House): _____
Street City State Zip

Length of time at this Address: _____

Former 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: 03/19/2024

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

THERESA AXFORD
Superintendent of Schools



Members of the Board

District # 5
DR. SUE WOLTANSKI
Chairperson

District # 3
MINDY CONN
Vice-Chairperson

District # 1
DARREN HORAN

District # 2
ANDY GRIFFIYHS

District # 4
JOHN DICK

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
- 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)
 - ❖ Behavior Policy (Charter School website)
- Mobile Device Agreement and Acknowledgement



Parent/Guardian Signature

Print Student Name

Date

Student Signature



MONROE COUNTY SCHOOL DISTRICT HONOR CODE

2024-2025 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 work together to inspire and bring excellence to every student every day.

Vision - The vision of the Monroe County Schools, in partnership with all stakeholders, is to create healthy, happy, and engaged students who are successful and productive.

Core Values – The core values of the Monroe County School District are as follows:

- ❖ We believe in promoting a sense of belonging for all students, teachers, staff and families in the Monroe County School District.
- ❖ We believe that respect, for ourselves and for all others, is essential for an effective and productive school system.
- ❖ We believe that integrity must guide all of our actions in carrying out the mission of the Monroe County School District.
- ❖ We believe that fiscal responsibility is fundamental to the ongoing success of our organization.

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.



MONROE COUNTY SCHOOL DISTRICT HONOR CODE

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.

Print Student Name

Parent Signature

Student Signature

Date

CONSENT FOR MEDICAL TREATMENT

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

Coral Shores High School

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: Coral Shores High School SCHOOL PHONE # (305) 853 - 3222

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.

FLORIDA CERTIFICATION OF IMMUNIZATION

Florida's **Health**

Update Authority: September 2012 012-000 012-013 Florida Statute, Sections 381.001-381.009

Florida Health Administrative Code

LAST NAME	FIRST NAME	ID	DOB/ISSUANCE DATE
PARENT OR GUARDIAN	CARETAKER (signature)	DATE IMMUNIZED (year)	

Section 381.001, Florida Statute, requires that all children under the age of 18 who are required to attend school in this state be immunized against the following diseases:

- 1. Diphtheria
- 2. Pertussis
- 3. Tetanus
- 4. Polio
- 5. Measles
- 6. Mumps
- 7. Rubella
- 8. Varicella
- 9. Hepatitis B
- 10. Meningitis
- 11. Hib
- 12. Pneumonia
- 13. HPV
- 14. Tdap
- 15. Hepatitis A
- 16. Hepatitis C
- 17. Hepatitis D
- 18. Hepatitis E
- 19. Hepatitis F
- 20. Hepatitis G
- 21. Hepatitis H
- 22. Hepatitis I
- 23. Hepatitis J
- 24. Hepatitis K
- 25. Hepatitis L
- 26. Hepatitis M
- 27. Hepatitis N
- 28. Hepatitis O
- 29. Hepatitis P
- 30. Hepatitis Q
- 31. Hepatitis R
- 32. Hepatitis S
- 33. Hepatitis T
- 34. Hepatitis U
- 35. Hepatitis V
- 36. Hepatitis W
- 37. Hepatitis X
- 38. Hepatitis Y
- 39. Hepatitis Z
- 40. Hepatitis AA
- 41. Hepatitis AB
- 42. Hepatitis AC
- 43. Hepatitis AD
- 44. Hepatitis AE
- 45. Hepatitis AF
- 46. Hepatitis AG
- 47. Hepatitis AH
- 48. Hepatitis AI
- 49. Hepatitis AJ
- 50. Hepatitis AK
- 51. Hepatitis AL
- 52. Hepatitis AM
- 53. Hepatitis AN
- 54. Hepatitis AO
- 55. Hepatitis AP
- 56. Hepatitis AQ
- 57. Hepatitis AR
- 58. Hepatitis AS
- 59. Hepatitis AT
- 60. Hepatitis AU
- 61. Hepatitis AV
- 62. Hepatitis AW
- 63. Hepatitis AX
- 64. Hepatitis AY
- 65. Hepatitis AZ
- 66. Hepatitis BA
- 67. Hepatitis BB
- 68. Hepatitis BC
- 69. Hepatitis BD
- 70. Hepatitis BE
- 71. Hepatitis BF
- 72. Hepatitis BG
- 73. Hepatitis BH
- 74. Hepatitis BI
- 75. Hepatitis BJ
- 76. Hepatitis BK
- 77. Hepatitis BL
- 78. Hepatitis BM
- 79. Hepatitis BN
- 80. Hepatitis BO
- 81. Hepatitis BP
- 82. Hepatitis BQ
- 83. Hepatitis BR
- 84. Hepatitis BS
- 85. Hepatitis BT
- 86. Hepatitis BU
- 87. Hepatitis BV
- 88. Hepatitis BW
- 89. Hepatitis BX
- 90. Hepatitis BY
- 91. Hepatitis BZ
- 92. Hepatitis CA
- 93. Hepatitis CB
- 94. Hepatitis CC
- 95. Hepatitis CD
- 96. Hepatitis CE
- 97. Hepatitis CF
- 98. Hepatitis CG
- 99. Hepatitis CH
- 100. Hepatitis CI
- 101. Hepatitis CJ
- 102. Hepatitis CK
- 103. Hepatitis CL
- 104. Hepatitis CM
- 105. Hepatitis CN
- 106. Hepatitis CO
- 107. Hepatitis CP
- 108. Hepatitis CQ
- 109. Hepatitis CR
- 110. Hepatitis CS
- 111. Hepatitis CT
- 112. Hepatitis CU
- 113. Hepatitis CV
- 114. Hepatitis CW
- 115. Hepatitis CX
- 116. Hepatitis CY
- 117. Hepatitis CZ
- 118. Hepatitis DA
- 119. Hepatitis DB
- 120. Hepatitis DC
- 121. Hepatitis DD
- 122. Hepatitis DE
- 123. Hepatitis DF
- 124. Hepatitis DG
- 125. Hepatitis DH
- 126. Hepatitis DI
- 127. Hepatitis DJ
- 128. Hepatitis DK
- 129. Hepatitis DL
- 130. Hepatitis DM
- 131. Hepatitis DN
- 132. Hepatitis DO
- 133. Hepatitis DP
- 134. Hepatitis DQ
- 135. Hepatitis DR
- 136. Hepatitis DS
- 137. Hepatitis DT
- 138. Hepatitis DU
- 139. Hepatitis DV
- 140. Hepatitis DW
- 141. Hepatitis DX
- 142. Hepatitis DY
- 143. Hepatitis DZ
- 144. Hepatitis EA
- 145. Hepatitis EB
- 146. Hepatitis EC
- 147. Hepatitis ED
- 148. Hepatitis EE
- 149. Hepatitis EF
- 150. Hepatitis EG
- 151. Hepatitis EH
- 152. Hepatitis EI
- 153. Hepatitis EJ
- 154. Hepatitis EK
- 155. Hepatitis EL
- 156. Hepatitis EM
- 157. Hepatitis EN
- 158. Hepatitis EO
- 159. Hepatitis EP
- 160. Hepatitis EQ
- 161. Hepatitis ER
- 162. Hepatitis ES
- 163. Hepatitis ET
- 164. Hepatitis EU
- 165. Hepatitis EV
- 166. Hepatitis EW
- 167. Hepatitis EX
- 168. Hepatitis EY
- 169. Hepatitis EZ
- 170. Hepatitis FA
- 171. Hepatitis FB
- 172. Hepatitis FC
- 173. Hepatitis FD
- 174. Hepatitis FE
- 175. Hepatitis FF
- 176. Hepatitis FG
- 177. Hepatitis FH
- 178. Hepatitis FI
- 179. Hepatitis FJ
- 180. Hepatitis FK
- 181. Hepatitis FL
- 182. Hepatitis FM
- 183. Hepatitis FN
- 184. Hepatitis FO
- 185. Hepatitis FP
- 186. Hepatitis FQ
- 187. Hepatitis FR
- 188. Hepatitis FS
- 189. Hepatitis FT
- 190. Hepatitis FU
- 191. Hepatitis FV
- 192. Hepatitis FW
- 193. Hepatitis FX
- 194. Hepatitis FY
- 195. Hepatitis FZ
- 196. Hepatitis GA
- 197. Hepatitis GB
- 198. Hepatitis GC
- 199. Hepatitis GD
- 200. Hepatitis GE
- 201. Hepatitis GF
- 202. Hepatitis GG
- 203. Hepatitis GH
- 204. Hepatitis GI
- 205. Hepatitis GJ
- 206. Hepatitis GK
- 207. Hepatitis GL
- 208. Hepatitis GM
- 209. Hepatitis GN
- 210. Hepatitis GO
- 211. Hepatitis GP
- 212. Hepatitis GQ
- 213. Hepatitis GR
- 214. Hepatitis GS
- 215. Hepatitis GT
- 216. Hepatitis GU
- 217. Hepatitis GV
- 218. Hepatitis GW
- 219. Hepatitis GX
- 220. Hepatitis GY
- 221. Hepatitis GZ
- 222. Hepatitis HA
- 223. Hepatitis HB
- 224. Hepatitis HC
- 225. Hepatitis HD
- 226. Hepatitis HE
- 227. Hepatitis HF
- 228. Hepatitis HG
- 229. Hepatitis HH
- 230. Hepatitis HI
- 231. Hepatitis HJ
- 232. Hepatitis HK
- 233. Hepatitis HL
- 234. Hepatitis HM
- 235. Hepatitis HN
- 236. Hepatitis HO
- 237. Hepatitis HP
- 238. Hepatitis HQ
- 239. Hepatitis HR
- 240. Hepatitis HS
- 241. Hepatitis HT
- 242. Hepatitis HU
- 243. Hepatitis HV
- 244. Hepatitis HW
- 245. Hepatitis HX
- 246. Hepatitis HY
- 247. Hepatitis HZ
- 248. Hepatitis IA
- 249. Hepatitis IB
- 250. Hepatitis IC
- 251. Hepatitis ID
- 252. Hepatitis IE
- 253. Hepatitis IF
- 254. Hepatitis IG
- 255. Hepatitis IH
- 256. Hepatitis II
- 257. Hepatitis IJ
- 258. Hepatitis IK
- 259. Hepatitis IL
- 260. Hepatitis IM
- 261. Hepatitis IN
- 262. Hepatitis IO
- 263. Hepatitis IP
- 264. Hepatitis IQ
- 265. Hepatitis IR
- 266. Hepatitis IS
- 267. Hepatitis IT
- 268. Hepatitis IU
- 269. Hepatitis IV
- 270. Hepatitis IW
- 271. Hepatitis IX
- 272. Hepatitis IY
- 273. Hepatitis IZ
- 274. Hepatitis JA
- 275. Hepatitis JB
- 276. Hepatitis JC
- 277. Hepatitis JD
- 278. Hepatitis JE
- 279. Hepatitis JF
- 280. Hepatitis JG
- 281. Hepatitis JH
- 282. Hepatitis JI
- 283. Hepatitis JJ
- 284. Hepatitis JK
- 285. Hepatitis JL
- 28

Roth Building Center Clinic

Appointments:



Florida
HEALTH
Monroe County



GATO – Roosevelt Sands Center Clinic – 1100 Simonton St, Key West, FL

For children (under age 18): There is never an out of pocket cost for children's vaccines at our Florida Department of Health – Monroe clinics. If you have insurance, bring your insurance card and if covered, we will bill the insurance company directly. If you do not have insurance, we have a program that will cover the cost of your child's vaccines.



2024-2025

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.
- 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. 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

HEALTH HISTORY/EMERGENCY CONTACT FORM 2024-2025

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. <input type="checkbox"/> Eye or Vision problems | 1. _____ |
| 2. <input type="checkbox"/> Ear/Hearing problems | 2. _____ |
| 3. <input type="checkbox"/> Lung/Breathing problems, asthma, etc. | 3. _____ |
| 4. <input type="checkbox"/> Heart problems/surgery/blood pressure problem | 4. _____ |
| 5. <input type="checkbox"/> Kidney/bladder problems, surgery, etc. | 5. _____ |
| 6. <input type="checkbox"/> Bone, joint or muscle problems | 6. _____ |
| 7. <input type="checkbox"/> Neurological problems, seizures, etc. | 7. _____ |
| 8. <input type="checkbox"/> Spine or back problems, surgery, etc. | 8. _____ |
| 9. <input type="checkbox"/> History of emotional/mental health problems | 9. _____ |
| treatments or hospitalizations | |
| 10. <input type="checkbox"/> Alcohol/drug use/abuse or treatment | 10. _____ |
| 11. <input type="checkbox"/> Diabetes (Type I or Type II) | 11. _____ |
| 12. <input type="checkbox"/> Cancer | 12. _____ |
| 13. <input type="checkbox"/> ADD/ADHD | 13. _____ |
| 14. <input type="checkbox"/> Sickle Cell Disease or bleeding disorders | 14. _____ |
| 15. <input type="checkbox"/> Cystic Fibrosis | 15. _____ |
| 16. <input type="checkbox"/> Autism Spectrum Disorders | 16. _____ |
| 17. <input type="checkbox"/> 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
- * Use of otoscopes (to look in ears), tongue depressors (to look at back of throat), tympanic thermometers (to take temperature by ear), or oral thermometers (to take temperature by mouth) to assess/screen for illness and refer as necessary
- * Vision, hearing, height-weight, dental and scoliosis screenings
- * Assistance with administration of doctor ordered medications
- * 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



Monroe County School District
241 Trumbo Road – Key West, Florida 33040 – 305-293-1400

PARENTAL CONSENT FOR SCHOOL HEALTH SERVICES FORM

Updated for 2024-2025

Student Name: _____ School: _____

Grade: _____ DOB: _____

Part 1 – School Health Services

The School Health Services Program is designed to appraise, protect, and promote the health of our students. Additionally, it provides preventative and emergency school-based health services in accordance with the School Health Services Plan for Monroe County.

A. Essential School Health Screenings (School Clinic- School Nurse)

Florida Statute 381.0056 mandates regular health screening to public school students. The screenings include vision (grades K, 1, 3, and 6), hearing (grades K, 1, and 6), height and weight body mass index (grades 1, 3, and 6), and scoliosis (grade 6).

____ Yes, I agree to all essential screenings

____ No, I decline all essential screenings (provide written notice to the nurse or principal if the school does not have a clinic)

B. Essential School Health Services (School Clinic – School Nurse)

These services include the following: basic first aid for minor injuries, accidents, or illness; assisting student with physician ordered medication administration (separate permission form required) and/or medical procedures; health education on specific health topics and approaches to wellness; immunization and health examination reviews.

____ Yes, I agree to all essential services (A consent signature is also required on the [Health History/Emergency Contact Form](#))

____ No, I decline all essential services

C. Additional School Health Services (Health Care Partners)

These services are provided through the District's health care partners. These services each require an additional permission slip/consent form in order to participate.

Yes ____ No ____ Medical Care by [AHEC](#) (Includes physicals, examinations, medications, and testing)

Yes ____ No ____ Dental Services by [AHEC](#) (Low-cost evaluation and treatment)

Yes ____ No ____ [Dental Sealant Program](#) by AHEC/FL Department of Health (For grades 2 and 7)

Yes ____ No ____ Vision Care (Exams and glasses provided, if needed, by [Heiken Children's Vision Program](#))

Part 2 - School-Based Support for Resiliency, Well-Being and Behavior

School-based support for resiliency, well-being, and behavior involves individual and/or small group support to enhance behavior management, social and coping skills, emotional regulation, grief, and other barriers that impede academic success.

A. School-Based Counseling and Supports for Student Well-Being (School Counselor and/or School Social Worker)

Services are provided by school counselors and/or school social workers. Examples of services include small groups, referrals to community agencies, crisis support, Check In-Check Out, lunch bunches, evidence-based classroom interventions, and 1:1 sessions. Parents are contacted to discuss, plan, and consent to these supports before they begin. For more information please visit the district webpage for student support at <https://www.keysschools.com/Page/6726>.

Yes ____ No ____

B. Mentoring

This service is provided by Keys to be the Change (Lower Keys only). Parents are contacted to discuss, plan, and consent to this service before it begins. For more about Keys to Be the Change visit their website at <https://www.keystobethechange.com/>.

Yes ____ No ____

C. Universal Screenings for Student Well-Being (grades 5-12)

Student self-rated screenings are completed twice a year to assess areas such as growth mindset, social awareness, emotional regulation, grit, self-management, and supportive relationships. If a student is identified through the screening as someone who could potentially benefit from school-based counseling, parents are contacted and consent is required in order for these supports to begin. For more information about this screening and to see the questions asked, please visit the district website at: <https://www.keysschools.com/Page/7099>

Yes ____ No ____

Student Name: _____ Grade: _____ DOB: _____

Parent/Legal Guardian First and Last Name: _____

Parent/Legal Guardian Signature: _____ Date: _____

By signing I understand that the above consent statements will remain in effect until the parent/legal guardian submits a new Parental Consent for School Health Services Form or the form is replaced by an updated version and sent home to parents by the district. Please look for this in the beginning of year packet sent home by your child's school.

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, Inc.

5800 Overseas Hwy, #38-Marathon, FL 33050 PH. 305-743-7111/ FAX 305-743-7709

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

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 ☐

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 ☐

FAMILY FINANCIAL SCALE

☐ \$0-15,999

☐ \$16,000-25,999

☐ \$26,000-35,999

☐ \$36,000-59,999

☐ \$60,000-100,000

☐ \$100,000+

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

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: _____



Parent Notes to Provider

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

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

Keys AHEC

Health Centers

- ☐ 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

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

Health Centers

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).



**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 Mobile Device Agreement** 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 Mobile Device Agreement**, 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:

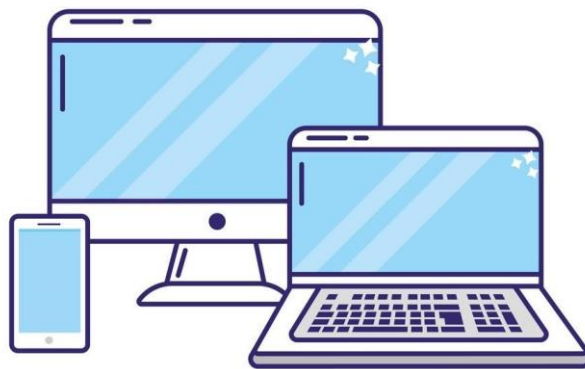
Student Name: _____ School #: _____

Device Serial #: _____ Device Tracking #: _____

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



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 offsite 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, 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, 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. The MCSD IT Department monitors this email system 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 school staff have made special arrangements.
- 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 complies 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.**

Parents and Students, please sign and return the Chromebook Policy & Usage Receipt of Notification and Understanding document on the next page. Once received students will have full access to the chromebooks and the Google Education Suite.



Coral Shores High School

*89901 Old Highway
Tavernier, FL 33070-2198*



CS/HB 379 — Technology in K-12 Public Schools

The bill (Chapter 2023-36, L.O.F.) requires public schools to provide instruction for students in grades 6-12 on the social, emotional, and physical effects of social media. The bill requires the Department of Education to make social media safety instructional material available online and district school boards to notify parents of the material's availability.

The bill specifies that district school boards must provide and adopt an Internet safety policy for student access to the Internet provided by the school district which:

- Limits access by students to only age-appropriate subject matter and materials.
- Protects the safety and security of students when using e-mail and other forms of direct electronic communication.
- Prohibits access to data or information, and other unlawful online activities, by students.
- Prevents access to websites, applications, or software that does not protect against the disclosure, use, or dissemination of students' personal information.

The bill requires each district school board prohibit and prevent students from accessing social media platforms through the use of Internet access provided by the school district, except when expressly directed by a teacher solely for educational purposes.

The bill also requires each school district to prohibit the use of the TikTok platform or any successor platform on Internet access provided by the school district or as a platform to communicate or promote any district school or school activity.

Additionally, the bill prohibits a student from using a wireless communications device during instructional time, except when directed by a teacher for educational purposes, and requires a teacher to designate an area for wireless communications devices during instructional time.

These provisions were approved by the Governor and take effect on July 1, 2023.

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.

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, and sides.
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 should 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 the mid-thigh.
6. Holes in clothing must be below mid-thigh.

7. Hats and sunglasses are not to be worn indoors.
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 should 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
- Hoods
- Hats or Sunglasses indoors
- Apparel with chains or spikes
- Self-defense keys chains
- Bandanas worn or displayed



iBElieve



Monroe County School District Behavioral Expectations

**Are you ready to BELieve that you can
BE anything you put your mind to?**

BE

Safe

Responsible

Respectful

Ready to Learn

Empowered

Monroe County School District - Division of Teaching and Learning

A specific curriculum is used to support teaching of these expectations to all students in grades PreK-12.



iBElieve



Monroe County School District Behavioral Expectations

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

This brochure presents Behavior Expectations for everyone in the Monroe County School District. These expectations were developed to support the needs of the school district and have been used over the last several years and updated along the way to include expectations for online behavior. Since we began enforcing these expectations, we have seen an outstanding increase in positive behavioral referrals and a significant decrease in discipline referrals. This is work you should be very proud of as it is unique to our school system. We developed it ourselves through working with teachers, students, parents, and other staff. Please review this brochure carefully and note the clear examples of acceptable and unacceptable behavior. Use this guide to continue to nurture the culture of excellence for everyone connected to our school district.

I wish you a wonderful school year.

Sincerely,

Theresa Axford
Superintendent
Monroe County Schools

BE Safe
BE Responsible
BE Respectful
BE Ready to Learn
BE Empowered





BE Safe



I engage in behaviors that are safe and legal, and I report behaviors that could be harmful to myself or others.

Student BEhavior Expectations



Elementary



- Walk in halls
- Follow adult directions
- Keep hands and feet to self
- Tell a trusted adult if I, or someone else, is hurting themselves or others, or is in danger
- Keep computer passwords to myself
- Use approved internet sites only
- Run in halls
- Ignore instructions
- Push, shove or kick others
- Keep information to myself, even if I know that I, or someone else, is in harm
- Share my passwords
- Use sites not appropriate for my age



Secondary



All of Elementary PLUS:

- Avoid physical and verbal violence
- Lead a healthy drug, alcohol, and tobacco free lifestyle
- Protect my account credentials and change my passwords regularly

All of Elementary PLUS:

- Argue with teachers and staff
- Get into altercations with peers
- Use, sell, or possess drugs, alcohol, tobacco, or associated paraphernalia

A specific curriculum is used to support teaching of these expectations to all students in grades PreK to 12.

TEACHERS' ROLE

- I define and model student behavioral expectations and school rules.
- I actively supervise student activities at all times.
- I seek assistance as needed to support the well-being of students and myself.
- I prevent and report any safety hazards.
- I implement the school safety plan.
- I follow the classroom /office managed protocol.
- I keep my classroom door locked at all times.
- I model and promote management of personal data and digital identity, and protect student privacy.

PARENT'S ROLE

- I provide a safe environment for my child that fosters positive behavior.
- I follow all school and school board policies.
- I talk to my child's teacher when I have concerns about my child's safety.
- I collaborate with the school, if misbehavior increases, by helping to identify causes and remedies for the situation.
- I engage in conversations with my child related to healthy social media and internet use.

ADMINISTRATOR'S ROLE

- I implement and train staff on the school safety plan and procedures.
- I ensure that school rules are taught, enforced, communicated, and modeled.
- I ensure the school physical environment is safely maintained.
- I ensure that bully prevention policies are implemented.
- I establish and promote policies for safe, legal and ethical use of digital information.

DISTRICT-WIDE STAFF'S ROLE

- I support and follow all aspects of the teacher's, parent's, and administrator's roles.
- I support district policies related to bully prevention.

District staff includes curriculum and instruction, executive team, facilities, finance, food service, human resources, maintenance, purchasing, student services, transportation, and support personnel.





BE Responsible



I help to create a positive school environment by giving my best and learning from my mistakes.

Student BEhavior Expectations



Elementary



- Admit when I make a mistake
- Keep desk, backpack and locker orderly
- Attempt to complete all tasks
- Clean up after myself
- Say and do kind things for others
- Work to resolve conflicts positively
- Blame others for my behavior
- Lose and break supplies
- Refuse to do work, or talk/play instead of doing work
- Leave messes others have to clean
- Argue with peers and adults



Secondary



All of Elementary PLUS:

- Gain information for assignments from reliable sources and cite sources
- Know what the requirements are for graduation
- Set an alarm to help me get to school on time

All of Elementary PLUS:

- Plagerize work
- Send information that is not reliable or could hurt others
- Be unsure of my GPA, how many credits I have, or which assessments I need to pass my classes.

POSITIVE
MIND

POSITIVE
VIBES

POSITIVE
LIFE

TEACHERS' ROLE

- I collaborate with families to reinforce positive behavior.
- I follow the behavior support plan for all students.
- I use data and collaborate with administration and support personnel to monitor behavior.
- If a student is removed from class or suspended due to misbehavior I provide sufficient and relevant classroom work in a timely manner.
- I seek assistance from administration and colleagues when I need help.
- I promote healthy branding and use of self-image by exhibiting exemplary internet and social media use.

PARENT'S ROLE

- I teach my child to take responsibility for his/her actions, including arriving to school on time.
- I create positive relationships between our family and the school.
- I am responsive to the concerns the school shares with me.
- I encourage my child to always be their best.
- I monitor my child's internet and social media use.
- I model respectful social media posts for my child.

ADMINISTRATOR'S ROLE

- I assemble collaborative school teams to design and implement effective student behavior support plans.
- I collect and analyze behavior data for on-going decision-making.
- I clearly communicate my availability to all stakeholders.
- I provide necessary training and support to all stakeholders to maintain an environment conducive to learning.
- I collaborate and partner with outside agencies.

DISTRICT-WIDE STAFF'S ROLE

- I support all aspects of the teacher's, parent's and administrator's roles.
- I support and recognize the importance of collaborative school teams.
- I am aware of and support the student code of conduct.
- I participate in training that supports maintaining an environment conducive to learning.
- I understand and model the district policies 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 grades PreK-12.



BE Respectful



I am honest and trustworthy, and I treat others how I want to be treated.

Student BEhavior Expectations



Elementary



- Raise my hand and wait to be called on before speaking
- Help others in need
- Say please and thank you
- Tell the truth
- Speak in a calm voice, even when upset
- Only use positive words and images on email, assignments and social media
- Blur out
- Interrupt others when they are speaking
- Say mean things to others
- Say "no" when asked to do something
- Not take turns
- Get upset when I do not get my way



Secondary



All of Elementary PLUS:

- Be kind, helpful and non-judgmental toward those who are different from me
- Refrain from making disparaging remarks about one's culture, race, gender, or physical attributes
- Refrain from spreading rumors and gossip in school or on-line
- Listen to the feelings and opinions of others without making judgments

All of Elementary PLUS:

- Use profanity
- Talk back to adults
- Walk out of classroom without permission
- Use racial slurs or hate speech of any kind
- Use the internet or apps in negative and hurtful ways to others
- Refuse to hear someone else's point of view

TEACHERS' ROLE

- I make an effort to form positive relationships with all of my students.
- 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 remain professional and positive when interacting with all staff, students, families, and community members.
- I maintain awareness and respect for individual cultures and backgrounds in an effort to effectively communicate and collaborate with all stakeholders.

PARENT'S ROLE

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

ADMINISTRATOR'S & DISTRICT-WIDE STAFF'S ROLE

- I maintain awareness and respect for 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 actively seek resolution.
- I strive to have positive interactions with students, families, staff, and community members.



A specific curriculum will be provided to support the teaching of these expectations to all students in grades PreK-12.



BE Ready to Learn



I come to school on time everyday ready to listen, learn and complete assigned tasks.

Student BEhavior Expectations



Elementary



- Face adults when they are talking
- Smile and choose to be positive
- Come to school everyday and arrive on time
- Ask questions when I need clarification or help
- Complete all classwork
- Actively engage and participate in learning
- Talk or fiddle with objects when the teacher is talking
- Stay grumpy and in a bad mood all day
- Give parents a hard time about coming to school
- Rush through my work even if it means answers are wrong
- Daydream



Secondary



All of Elementary PLUS:

- Accept feedback from others
- Remain attentive and quiet in class so everyone can learn
- Ensure my Chromebook is charged and ready to use
- Complete homework and turn it in on time
- Consult with my teachers for support if my grades start to drop

All of Elementary PLUS:

- Skip class or school
- Argue when someone is trying to help me or ask me questions
- Blurt out, talk to others or engage in other behavior that disrupts learning for myself and others
- Text or use cell phone

TEACHERS' ROLE

- I assume responsibility for all students in the school.
- I come to work regularly and on time.
- I foster a classroom culture where students are engaged.
- I actively listen to students, staff, families, and community members.
- I have my classroom set up and ready to go at the start of each day.

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.
- I provide my child with supplies necessary to be successful at school (books, paper, pencils, etc.).
- If I need resources to better support my child, I will reach out to the counselor or social worker at my child's school.

ADMINISTRATOR'S ROLE

- I establish 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 foster a school culture where students and staff are respected and are engaged.
- I assume responsibility for the well-being of all students.

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 am 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 grades PreK-12.





BE Empowered



I am becoming stronger and more confident in my own abilities.

Student BEhavior Expectations



Elementary



- Keep trying even if it is hard or I do not get it right the first time
- Use "I can, I feel, and I need" statements
- Do well with unexpected changes
- Use problem-solving skills I have been taught to solve problems
- Give up when things get hard
- Keep emotions to myself
- Use "I can't" statements
- Argue or have a tantrum due to unexpected changes
- Ask for help without trying to figure out a solution first



Secondary



All of Elementary PLUS:

- Use positive self-talk to replace negative thoughts/feelings
- Refrain from taking out my frustrations on others
- Help others feel good about themselves by reminding them of their strengths and positive attributes

All of Elementary PLUS:

- Dwell on the negative
- Take out my frustrations on others
- Make negative comments to people about things like looks or ability
- Ignore people who seem lonely



TEACHERS' ROLE

- I believe that every student has the ability to succeed in all areas of their life.
- I take the time to listen to students and provide them with praise for hard work.
- I validate student's feelings and concerns.
- I teach and model problem solving skills, optimism, positive language, and a "Can Do" attitude.
- I give students voice and decision-making power.
- I encourage meaningful technology use.
- I encourage my students to set goals and support them in their effort to reach them.

PARENT'S ROLE

- I take time to listen to my child's words, and pay attention and respond to their moods.
- I allow my child to have a voice about things that directly affect them.
- I encourage my child by using words such as clever, creative, talented, and proud.
- I encourage my child to keep practicing until my child gets it or comes close.

ADMINISTRATOR'S AND DISTRICT STAFF'S ROLE

- I believe in, and encourage, the inherent ability of students, families, teachers, and staff to be the best they can be.
- I provide leadership opportunities for staff.
- I involve staff in important decisions that impact the entire school/district.
- I encourage staff to make personal goals and I support them in their endeavors.
- I foster an environment that supports collaboration and team building.
- I provide a safe and positive environment for students, families, staff, and community members to communicate their thoughts and ideas.
- I take time to show my colleagues and staff how much I appreciate them and the work they do.

A specific curriculum will be provided to support the teaching of these expectations to all students in grades PreK-12.



iBElieve



iBElieve and PBIS Expectations by Location

	BE Safe	BE Responsible	BE Respectful	BE Ready to Learn	BE Empowered
Classroom	Follow adult directions	Take care of supplies Complete homework Follow classroom procedures	Allow everyone to learn Listen while others speak Use polite tone when speaking	Come to class on time Have materials ready Pay attention	Always try your best
Hallway	Walk quietly Hands and feet to self	Listen for instructions	Respect personal space of others Stay to the right	Face forward Remain attentive to surroundings	Walk with your head held high
Cafeteria	Hands and feet to self Raise your hand to ask permission to leave your seat	Clean up after yourself Respond to directions and announcements	Use inside voice Be mindful of personal space	Eat to give your brain power	Be ready to order the lunch you want Make healthy choices
Media Center	Handle books carefully	Push in chairs after use Return materials to proper place	Use inside voice	Take time to read	Explore the world through books
Restroom	Report any maintenance issues to teacher or office Wash hands	Flush Remain silent	Respect personal space and privacy of others	Return to class in a timely manner	Take a moment to look in the mirror and think of something positive about yourself
Bus	Sit in your assigned seat at all times and face forward Hands and feet to self Keep bus aisles clear Enter and exit the bus using walking feet	Keep all items in backpack Take all belongings and trash with you when you leave the bus Follow the driver's instructions	Use inside voice Use nice words	Be at your stop before the bus arrives	Say hello and goodbye to the driver and passengers as you walk by them
Playground/PE	Use equipment properly Hands and feet to self Play safely	Follow specific playground and game rules Put all items away Play fairly	Listen to staff Share equipment Take turns Use nice words	Line up immediately when called Enter building quietly	Be a good sport Offer to include someone who you see is alone



**Escanear código
para Español**



**Eskane kòd
pou Kreyòl**

THERESA AXFORD
Superintendent of Schools



Members of the Board

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Chairperson

District # 3
MINDY CONN
Vice-Chairperson

District # 1
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ANDY GRIFFITHS

District # 4
JOHN DICK

PPRA (Protection of Pupil Rights Amendment) LETTER

August 2024

Dear Parent, Guardian, or Adult Student,

The purpose of this letter is to notify you of your certain rights under the Protection of Pupil Rights Amendment (PPRA) regarding our conduct surveys, collection and use of information for marketing purposes, and certain physical exams. These include the right to:

1. **Consent** before students are required to submit to a survey that concerns one or more of the following protected areas ("protected information survey") if the survey is funded in whole or in part by a program of the U.S. Department of Education (ED):

- a) Political affiliations or beliefs of the student or student's family;
- b) Mental or psychological problems of the students or student's family;
- c) Sex behavior or attitudes;
- d) Illegal, ant-social, self-incriminating, or demeaning behavior;
- e) Critical appraisals of others with whom respondents have close family relationships;
- f) Legally recognized privileged relationships, such as with lawyers, doctors, or ministers;
- g) Religious practices, affiliations, or beliefs of the students or parents; or
- h) Income, other than as required by law to determine program eligibility.

2. **Receive notice and an opportunity to opt a student out of:**

- a) Any other protected information survey, regarding funding;
- b) Any non-emergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent, and not necessary to protect the immediate health and safety of a student, except for hearing, vision, or scoliosis screenings, or any physical exam or screening permitted or required under State Law; and
- c) Activities involving collection, disclosure, or use of personal information obtained from students for marketing or to sell or otherwise distribute the information to others.

3. **Inspect**, upon request and before administration or use:

- a) Protected information surveys of students;
- b) Instruments used to collect personal information from students for any of the above marketing, sales, or other distribution purposes; and
- c) Instructional material used as part of the educational curriculum

These rights transfer from the parents to a student who is eighteen (18) years old or an emancipated minor under State Law.

The District School Board of Monroe County will develop and adopt policies, in consultation with parents, regarding these rights, as well as arrangements to protect student privacy in the administration of protected information surveys and the collection, disclosure, or use of personal information for marketing, sales, or other distribution purposes. **The Monroe County School District** will directly notify parents of these policies at least annually at the start of each school year and after any substantive changes. **Monroe County School District** will also directly notify, such as through U.S. Mail or email, parent of students who are scheduled to participate in the specific activities or surveys noted below and will provide an opportunity for the parent to opt his or her child out of participation of the specific activity or survey. **Monroe County School District** will make this notification to parents at the beginning of the school year if the District has identified the specific or approximate dates of the activities or surveys at that time. For surveys and activities scheduled after the school year starts, parents will be provided an opportunity to opt their child out of such activities and surveys. Parents will also be provided an opportunity to review any pertinent surveys. Following is a list of specific activities and surveys covered under this requirement:

- Collection, disclosure, or use of personal information for marketing, sales or other distribution.
- Administration of protected information survey not funded in whole or in part by the ED.
- Any non-emergency, invasive physical examination or screening as described above.

Parents who believe that their rights have been violated, may file a complaint with:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC, 20202-5920
Web: <https://studentprivacy.ed.gov/>

Sincerely,

Theresa Axford
Superintendent of Schools

THERESA AXFORD
Superintendent of Schools



Members of the Board

District # 5
DR. SUE WOLTANSKI
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District # 3
MINDY CONN
Vice-Chairperson

District # 1
DARREN HORAN

District # 2
ANDY GRIFFITHS

District # 4
JOHN DICK

FERPA (Family Educational Rights and Privacy Act) LETTER

August 2024

Dear Parent, Guardian, or Adult Student,

The purpose of this letter is to inform you of your rights concerning your child's or your educational records.

It is the desire of the School Board of Monroe County, Florida, to protect the accuracy and privacy of student records. Our district's *Policy 8330 Student Records* is designed to safeguard student data included in Directory Information. Federal and State laws require each school district to provide parents, guardians, and adult students with an annual written notice of their rights regarding student records and reports. The intent of the law is to protect the accuracy and privacy of students' educational records. You have the following rights:

- a) The right to inspect and review the student's education records within forty-five (45) days of the day that the District receives a request for access.
- b) The right to request the amendment for the student's education records that the parent, guardian, or eligible student believes is inaccurate or misleading.

Parents, guardians, or eligible students may ask the Monroe County School District to amend a record that they believe is inaccurate or misleading by writing a letter to the school principal that clearly identifies the part of the record that they want changed, and should specify why it is inaccurate or misleading. If the District decides not to amend the record as requested the parent, guardian, or eligible student then the District will notify the parent, guardian, or eligible student and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent, guardian, or eligible student when notified of the right to the hearing.

- c) The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that the Federal Educational Records Privacy Act (FERPA), codified at 20 U.S.C.A. § 1232(g), authorizes disclosure without consent.
- d) The right to file a complaint with the U.S. Department of Education concerning alleged failures by the District to comply with the requirements of FERPA.

The name and address of the office that administers FERPA is:
Family Policy Compliance Office

241 Trumbo Road • Key West, FL 33040
Tel. (305) 293-1400
www.KeysSchools.com

U.S. Department of Education
400 Maryland Ave, SW
Washington, DC 20202-4605
Email: FERPA.Complaints@ed.gov
Web: <https://studentprivacy.ed.gov/>

One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the District as an administrator, a supervisor, an instructor or support staff member (including health or medical staff, and law enforcement unit personnel); a person serving on the School Board; a person or company with whom the District has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); a parent or student serving on an official committee (such as disciplinary or grievance committee) or assisting another school official in performing his or her tasks.

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibilities.

Educational agencies and institutions are also permitted to disclose personally identifiable information, without consent, from educational records to appropriate parties, including parents, whose knowledge of the information is necessary to protect the health and safety of the student or others.

Furthermore, disclosure of the student records is permitted without consent in the following instances:

- a) To the Attorney General of the United States or his designees in response to an *ex parte* order in connection with the investigation or prosecution of terrorism;
- b) In response to lawfully issued subpoenas and court orders;
- c) In connection with a health and safety emergency;
- d) Records created and maintained for law enforcement purposes by the school law enforcement unit; and
- e) In response to a request for records by the Immigration and Naturalization Service (INS) for a student who has signed the INS Form I-20 for the purpose of allowing INS to determine the student's nonimmigrant status.

In addition, you must receive annual written notice of the categories of personally identifiable information designated as directory information for which consent to release is not required. The District School Board of Monroe County defines directory information as:

"the student's name; address; telephone – if it is a listed number; date and place of birth; participation in officially-recognized activities and sports; height and weight – if a member of an athletic team; dates of attendance; date of graduation or program completion; and awards received."

Parents, guardians, and adult students have the right to prohibit the release of any or all categories of personally identifiable information defined as directory information. To prohibit the release of directory information you must notify the school principal in writing that directory information is not to be released for a specified student. Each school district that receives funds under the Elementary and Secondary Act of 1965 must comply with a request from a military recruiter or an institution of higher education for secondary students' names, addresses, and telephone numbers; unless a parent, guardian, or eligible student has "opted out" of providing directory information. (See form below.)

However, personally identifiable records or reports of a pupil or student may be release, without the consent of the pupil’s parent or guardian, or eligible student, to parties of interagency agreement among the Department of Health and Rehabilitative Services, school and law enforcement authorities, and other signatory agencies for the purpose of reducing juvenile crime and especially motor vehicle theft by promoting cooperation and collaboration, and out-of-school suspensions, to support alternatives to in-school and out-of-school suspensions and exclusions, and which support students in successfully completing their education. Information provided in furtherance of such interagency agreements is intended solely for use in determining the appropriate programs and services for each juvenile or the juvenile’s family, or for coding the delivery of such programs and services, and as such is inadmissible in any court proceedings prior to a dispositional hearing unless written consent is provided by a parent, guardian, or other responsible adult on behalf of the juvenile.

If you have any questions, please contact your school counselor.

Sincerely,
Theresa Axford
Superintendent of Schools

.....

To opt out of permitting the release of directory information, return this portion of this form to the principal of your student’s school.

Do not release directory information about:

Student name: _____ **to**
(Please print the student’s full legal name legibly.)
military recruiters; any individual, agency, or organization.

Signature: _____ **Date:** _____

Printed Name: _____

Select one: ☐ Parent ☐ Guardian ☐ Adult