HORACE O'BRYANT SCHOOL

1105 Leon Street
Key West, Florida 33040
Phone: 305-296-5628
Fax: 305-293-1644

Principal
Brian J. Desilets

Assistant Principals
Scott Meier
Nicole Smith
Steve Vinson

WELCOME TO HOB!

The following documents are required to complete enrollment:

- Birth Certificate (copy)
- Social Security Card (copy)
- Florida Certificate of Immunizations (Shot Records, Yellow Form)
- Florida Certificate of Current Physical Exam (Physical must be within 1 year.)
- Proof of Residence for Elementary Students (Lease Agreement, Utility Bill)
- Proof of Custody- only if student does not reside with both natural parents

Also needed to ensure proper enrollment you must provide:

- Transcripts/Final Grade from previous school
- ESE/lEP/504/Gifted Documents
- Testing scores/reports

** We are currently only accepting enrollment packets via email. You can scan or send a picture of the documents requested to marissa.estenoz@keysschools.com along with your completed registration packet. For any questions about registration contact Marissa Estenoz ext. 65309**

ESCUELA HORACE O'BRYANT
1105 Leon Street, Key West, Florida 33040
Teléfono: 305-296-5628 Fax: 305-293-1644 ¡

BIENVENIDO A "HOB"!

Los siguientes documentos son necesarios para completar la inscripción:

- Certificado de nacimiento (copia)
- Tarjeta de Seguro Social (copia)
- Certificado de vacunas de Florida (Registros de vacunas, formulario amarillo)
  ** Para esto tienen que hacer una cita y ir al departamento de Salud:
  Gato Building 1100 Simonton Street 305-293-7500)
- Certificado de examen físico actual de Florida (el examen físico debe ser dentro 1 año)
  ** La Clinica de AHEC puede hacer esto. Para una cita llame al 305-743-7111 ext. 210
- Prueba de vivienda para estudiantes de primaria (contrato de arrendamiento, factura de servicios públicos) * Si vive con otra familia una factura cone el nombre de esa persona se puede usar junto a una carta explicando que viven en el mismo hogar.
- Prueba de custodia: solo si el estudiante no vive con ambos padres naturales

También es necesario para garantizar la inscripción adecuada, debe proporcionar:

- Transcripciones/Calificación final de la escuela anterior
- ESE/IEP/504/Documentos dotados
- Puntajes de exámenes/informes

Si tienen preguntas pueden llamar a la Sra. Ileana Garcia ext. 53393 o mandar un correo electrónico ileana.garcia@keysschools.com

Monroe County School District

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

Registration for School Name___**Horace O'Bryant School**_____ Date Registered _____

School No. _0111_ School Address: _1105 Leon Street, Key West, Florida 33040_____

Child's full
Legal Name: _____ S.S. # _____(optional)

Sex _____ Birth Date _____ Birth Place _____Military Family Student ___yes ___no

Home Address:_____ Home Phone:_____

Father's Name:_____ Place of Work:_____

Occupation:_____ Phone:_____ Ext._____

Mother's Name:_____ Place of Work:_____

Occupation:_____ Phone:_____ Ext._____

Mailing Address:_____ Guardian Name:_____

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

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

Neighbor/Relative to Contact in Case of Emergency:_____

Neighbor/Relative Phone No.:_____

Marital Status: Married _____ Divorced _____ Separated _____ Single _____

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

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

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

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

School Last Attended: _____ Address of School: _____

City _____ State _____ Zip Code _____

In Case of Emergency: Doctor Name: _____ Phone _____

                 Hospital _____ Phone _____

Other Emergency Contact: _____

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

_____

Special Notations: _____

Medical Conditions: _____

OFFICE USE ONLY

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

Physical Exam Received Yes_____ No____ Immunization Cert. Received Yes _____ No_____

Proof of Birth: Certificate No. _____State_____ Other: _____

                 Do not copy passports or visas. Verified By _____

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

Grade: _____ Teacher: _____ Teacher No: _____

Escuela del Distrito del Condado de Monroe

Fecha de ingreso a una escuela del los Estados Unidos (DEUSS)_____

Inscripción para la escuela **Horace O'Bryant School**   SchoolNo. **0111**   Fecha de registro:_____

School Address: **1105 Leon Street   Key West, FL 33040**

Nombre legal completo del niño: _____S.S. # _____   (Opcional)

Sexo_____ Fecha de Nacimiento_____ Lugar de nacimiento_____

Estudiante de familia militar ___yes ___no

Direccion de Casa:_____ Telefono de Casa: _____

Nombre del Padre:_____ Lugar de trabajo: _____

Ocupación: _____Teléfono: _____ Ext:_____

Nombre de la madre: _____ Lugar de trabajo:_____

Ocupación: _____Teléfono: _____ Ext:____

Dirección de correo: _____ Nombre del guardián:_____

Estado civil de Padres: Casado _____ Divorciado _____ Separado _____ Soltero _____

Etnicidad: Hispano _____ (Si selecciona este grupo étnico, también debe seleccionar al menos una raza)

Categoría racial: Blanco _____ Negro _____ Asiático _____ Indio americano o nativo de Alaska _____

Nativo hawaiano u otro isleño del Pacífico _____ (Por favor, marque todo lo que corresponda)

Vecino / Pariente de contacto en caso de emergencia:_____ Numero de Telefono: _____

El Niño Vive Con: Ambos Padres _____ Madre _____ Padre _____ Guardian _____

Familia se mudó al condado de Monroe por primera vez: Mes:_____ Año: _____

Niño ingresó por primera vez a la escuela en el condado de Monroe: Mes: _____ Año: _____

¿Cuál fue la última escuela en el condado de Monroe a la que asistió el niño? _____

(Si su hijo no ha asistido a una escuela en el condado de Monroe, deje esta área en blanco)

Dirección de la escuela: _____

Ciudad:_____ Estado:_____ Código Postal: _____

En caso de emergencia: Nombre del médico:_____ Telefono:_____

Hospital: _____ Telefono: _____

Otro contacto de emergencia:_____ Telefono:_____

Notaciones especiales: _____

Condiciones médicas:_____

Divulgaciones de estudiantes: Según los Estatutos de Florida 232.0205 y los procedimientos del distrito, los estudiantes/tutores deben anotar una expulsiones escolares anteriores del estudiante, arrestos que resultaron en un cargo y acciones de justicia juvenil contra el estudiante. Por favor explique cualquier expulsión, arresto o acción juvenil:_____

OFFICE USE ONLY / USO DE OFICINA SOLO

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

Physical Exam Received Yes ___ No___ Immunization Cert. Received Yes _____ No___ *Do not copy passports/ visas*

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

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

Grade: _____ Teacher:_____ Teacher No:_____

Verified By:_____

MCSD-ADM009 – Revised November 2013 (REVISED IN SPANISH 2022)

EMERGENCY INFORMATION

HORACE O' BRYANT SCHOOL

Name of Student _____

Birth Date _____ Child lives with _____

Mother's/Guardian's Name _____

Home Address _____

Home/Cell Phone _____ Work Phone _____

Email Address _____

Father's/ Guardian's Name _____

Home Address _____

Home/Cell Phone _____ Work Phone _____

Email Address _____

If we cannot be reached, we authorize the following adult to be our agent during an emergency:

Name _____ Phone _____

I give the following adults permission to pick up my child:

1. _____ Phone (___)-_____ Relationship_____

2. _____ Phone (___)-_____ Relationship_____

3. _____ Phone (___)-_____ Relationship_____

4. _____ Phone (___)-_____ Relationship_____

Signature _____ Relationship _____

Teacher _____ Grade _____ Date _____

INFORMACIÓN DE EMERGENCIA

HORACE O' BRYANT SCHOOL

Nombre de Estudiante _____

Fecha de Nacimiento _____ El niño/a vive con _____

Nombre de la madre/guardian _____

Direccion de casa _____

Casa/Teléfono Móvil _____ Telefono del Trabajo _____

Dirección de correo electrónico _____

Nombre del padre/guardian _____

Direccion de casa _____

Casa/Teléfono Móvil _____ Telefono del Trabajo _____

Dirección de correo electrónico _____

Si no podemos ser contactados, autorizamos al siguiente adulto a ser nuestro agente durante una emergencia:

Nombre _____ Telefono _____

Doy permiso a los siguientes adultos para recoger a mi hijo:

1. _____ Telefono (___)-_____ Relación _____

2. _____ Telefono (___)-_____ Relación _____

3. _____ Telefono (___)-_____ Relación _____

4. _____ Telefono (___)-_____ Relación _____

Firma _____ Relacion _____

Profesor _____ Grado _____ Fecha _____

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

ESTUDIO DEL IDIOMA LOCAL

Fecha :_____   Escuela :_____

Nombre del Estudiante_____

Favor de llenar la información siguiente:

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

Origen Nacional : _____
(País donde nació el niño)

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

_____/_____/_____
(mes / día / año)

Favor contestar Sí o NO :

1.El primer idioma del niño fue otro idioma que el inglés ?   Sí   No

2. Se usa otro idioma que el inglés en casa ?   Sí   No

3. El niño habla más frecuentemente otro idioma que el inglés?   Sí   No

*School Staff Only: *DEUSS date 3 years or less and born outside the US, enter in the S705 date of entry and codes 8Z14 for Immigrant non ELL and 8414 for Immigrant and ELL.*

COMMUNITY LANGUAGE SURVEY

Date: _____   School: _____

Student's Name_____

Please complete the following information

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

National Origin: _____
(Country where child was born)

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

_____/_____/_____
Month / Day / Year

Please answer YES or NO:

1. Did the student have a first language other than English?   YES   NO

2. Is a language other than English used at home?   YES   NO

3. Does student most frequently speak a language other than English?   YES   NO

*School Staff Only: *DEUSS date 3 years or less and born outside the US, enter in the S705 date of entry and codes 8Z14 for Immigrant non ELL and 8414 for Immigrant and ELL.*

Revised 10.27.15

Monroe County School District: Haitian-Creole and English
HOME LANGUAGE SURVEY
YON EVALYASYON SOU LANG YO PALE LAKAY OU

YON EVALYASYON SOU LANG YO PALE NAN KOMITE OU A

Dat:_____ Lekòl :_____

Non Timoun la _____

Souple bay enfòmasyon sa yo:

Premye Lang Timoun la Te aprann	Lang Yo tilize plus Lakay la	Lang Timoun ou Pale Pi Souvan
_____	_____	_____

Peyi Li soti _____
(peyi kote li te fèt la)

Ekri dat timoun nan te antre LEKOL Ozetazini:
_____ / _____ / _____
(Mwa / Jou / Ane)

Souple reponn Wi oswa Non :

1. Eske timoun la pale yon lòt lang ke anglè ?   Wi Non

2. Eske yo pale lang sa a lakay li tou?   Wi Non

3. Timoun la pase plus tan ap pale yon lòt lang ke anglè ?   Wi Non

*School Staff Only: *DEUSS date 3 years or less and born outside the US, enter in the S705 date of entry and codes 8Z14 for Immigrant non ELL and 8414 for Immigrant and ELL.*

MCSD ESOL-0001.1
Revised 10.27.15

COMMUNITY LANGUAGE SURVEY

Date: _____ School: _____

Student's Name_____

Please complete the following information

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

National Origin: _____
(Country where child was born)

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

_____ / _____ / _____
Month / Day / Year

Please answer YES or NO:

1. Did the student have a first language other than English?   YES NO

2. Is a language other than English used at home?   YES NO

3. Does student most frequently speak a language other than English?   YES NO

*School Staff Only: *DEUSS date 3 years or less and born outside the US, enter in the S705 date of entry and codes 8Z14 for Immigrant non ELL and 8414 for Immigrant and ELL.*

HEALTH HISTORY/EMERGENCY CONTACT FORM   2022-2023

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

STUDENT'S NAME: _____GRADE: _____

DATE OF BIRTH: _____ SEX: _____ HOMEROOM TEACHER: _____

PARENT/GUARDIAN NAME: _____ HOME PHONE: _____

Parent/Guardian Address: _____ WORK PHONE: _____

Parent's cell phone number(s) _____   _____

EMERGENCY CONTACT if unable to reach parent/guardian: _____

RELATIONSHIP: _____HOME PHONE : _____ WORK PHONE: _____

Emergency contact's cell phone number(s) _____   _____

STUDENT'S PHYSICIAN: _____ PHYSICIAN PHONE NUMBER _____

===

CHECK ANY THAT <u>CURRENTLY</u> APPLY TO YOUR CHILD   **PLEASE DESCRIBE**

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

18. List **any chronic or long term condition**_____

19. List any surgery, date and reason _____

20. List any hospitalization in the past five years_____

21. List **any restrictions on activity/physical handicaps**_____
_____

22. List **all daily medication your child takes** _____
_____

23. List all **allergies to medications**, food products or insect stings your child has _____
Please specify those that are **severe** _____
Does your child have an Epi-Pen? _____Will you be providing one for the school? [   ] Yes   [   ] No

MY CHILD (STUDENT'S FULL NAME): _____ has my permission to take part in the School Health Services Program. I understand that my child will receive emergency care in the school, if needed and health services at school that *may* include:
* First aid for minor injuries, accidents, or illnesses
* Vision, hearing, height-weight, dental and scoliosis screenings
* Assistance with administration of doctor ordered medications
* Health education on specific health topics and approaches to wellness
* Assistance with doctor ordered minor, complex, or chronic health conditions or procedures

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

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

PARENT/GUARDIAN SIGNATURE: _____   DATE: _____

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

HEALTH HISTORY/EMERGENCY CONTACT FORM 2022-2023

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

Nombre de estudiante: _____ Grado: _____

Fecha de Nacimiento: _____ Sexo: _____ Profesor de aula: _____

Nombre del Padre/Guardián: _____ # de teléfono (casa): _____

Dirección del Padre/Guardián: _____ # de teléfono (trabajo): _____

El numeró de teléfono celular de los padres: _____

Contacto de emergencia (si no podemos comunicarlos con el padre/guardián): _____

Relación: _____ # de teléfono (casa); _____ # de teléfono (oficina): _____

El número de teléfono celular _____ _____

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

MARQUE TODOS EN <u>LA ACTUALIDAD</u> QUE APLICAN A SU HIJO   **PORFAVOR EXPLIQUE**

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

---

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

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

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

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

FIRMA DE PADRE/GUARDIAN: _____ FECHA: _____

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

Student Residency Questionnaire
2022-23

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

Section A: Name of Child(ren) in this school*:
*If you have children attending another school, including pre-kindergarten, please fill out a form at that school for them.

First Name	MI	Last Name	Grade	School

First Name	MI	Last Name	Grade	School

First Name	MI	Last Name	Grade	School

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

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

Parent or Guardian Name (Print): _____

Street Address (Location of House): _____

Mailing Address: _____

Street	City	State	Zip

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

Parent or Guardian Signature: _____ Date: _____

Cuestionario de Residencia Estudiantil
2022-23

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

Las respuestas a las preguntas abajo nos asistirán a determinar si su niño califica para los servicios de apoyo académico adicionales.

Favor de responda a la Sección A, B, C, D y llene el nombre del Padre/Guardián, dirección y teléfono. POR FAVOR ESCRIBA CON LETRA DE MOLDE MUY CLARAMENTE, LLENE UNA POR ESCUELA, y devuelva la encuesta al maestro de su hijo.

Sección A: Nombre del Estudiante(s) en ésta Escuela*:
*Si tiene niños asistiendo a otra escuela, incluyendo Pre-kindergarten, por favor llene un formulario en esa escuela para ellos.

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

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

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

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

Dirección (Lugar de su Casa): _____

Dirección Postal: _____

| Calle | Ciudad | Estado | Código Postal |

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

Firma del Padre o Guardián: _____ Fecha: _____

PARENT/GUARDIAN ATTESTATION

The signature on this form indicates the understanding and agreement on the part of the parent/guardian/student that the student will be monitored <u>every morning before school</u> for illness. By signing this form, you acknowledge and agree that your child is REQUIRED to stay home if exhibiting signs of illness, and that you will notify the school if your child is kept home due to such illness.

MONITOR: By signing this form, you agree to monitor your child every morning before school for the following conditions. If you answer "YES" to any of these questions, the student should remain at home:

1. Fever (100.4 or greater) *Temperature must be taken prior to administration of any fever-reducing medication. DO NOT send your child to school if fever-reducing medication has been administered prior to a temperature check if you suspect they are exhibiting signs of fever.*
2. Sore Throat
3. Cough/ Shortness of Breath
4. Muscle and/or Body Aches
5. Severe Headache
6. Nausea/ Vomiting/ Diarrhea
7. Has the child been in close contact with anyone who has been **diagnosed** with COVID19?
8. Has the child been in close contact with anyone who has been placed on quarantine for **probable** contact with COVID19?
9. Has the child traveled outside of the United States within the past thirty (30) days?

Please seek medical attention as needed with either your personal medical provider OR one of our AHEC School Clinic providers. A flyer with AHEC School Clinic information is available.

You also agree that if your child becomes ill during the school day, you will be expected to pick your child up IMMEDIATELY from school. You are required to notify school if you change your phone number or address.

This will also include compliance of exclusion from school if ordered by Florida Department of Health-Monroe, Epidemiology Division.

STUDENT NAME: _____ DOB: _____

ATTESTATION: I understand and agree to follow the requirements:

1. I will monitor my child for illness every morning before school.
2. If my child is ill, I will keep my child home from school.
3. I will notify the school each time my child is ill.
4. I will immediately notify the school of any changes to my phone number or address.
5. If my child becomes ill during school, I will pick up my child immediately.
6. I will follow any/ALL guidelines from Florida Department of Health-Monroe, Epidemiology Division if/when contact tracing requires my child to be excluded/ quarantined from the school setting.

PARENT/GUARDIAN NAME: _____

ADDRESS: _____ PHONE: _____

SIGNATURE: _____ DATE: _____

Acuerdo de Padres/Guardia

La firma en este formulario indica el entendimiento y el acuerdo por parte del padre/tutor/estudiante de que el estudiante será monitoreado cada mañana antes de la escuela por enfermedad. Al firmar este formulario, usted reconoce y acepta que su hijo está obligado a quedarse en casa si presenta signos de enfermedad, y que usted notificará a la escuela si su hijo se mantiene en casa debido a dicha enfermedad.

ATTENCION: Al firmar este formulario, usted acepta monitorear a su hijo cada mañana antes de la escuela para las siguientes condiciones. Si responde "SI" a cualquiera de estas preguntas, el estudiante debe permanecer en casa:

1. Fiebre (100.4 o superior) *La temperatura debe tomarse antes de la administración de cualquier medicamento que reduzca la fiebre. NO envíe a su hijo a la escuela si se ha administrado medicamentos para reducir la fiebre antes de un control de temperatura si sospecha que está presentando signos de fiebre.
2. Dolor de Garganta
3. Toce o falta de aire
4. Dolores musculares o dolor de cuerpo
5. Dolor de cabeza
6. Nausea/ Vomito/ Diarrea
7. ¿El niño ha estado en contacto directo con alguien que ha sido diagnosticado con COVID19?
8. ¿El niño ha estado en contacto directo con alguien que ha sido puesto en cuarentena para el contacto probable con COVID19?
9. ¿Ha viajado el niño fuera de los Estados Unidos en los últimos treinta (30) días? ¿Ha viajado el niño fuera de los Estados Unidos en los últimos treinta (30) días?

Por favor, busque atención médica según sea necesario con su médico personal o uno de nuestros proveedores de la clinica AHEC en la escuela. Hay disponible un folleto con información de la Clínica Escolar AHEC.

Usted también acepta que si su hijo se enferma durante el día escolar, se espera que usted recoja a su hijo INMEDIATAMENTE de la escuela. Usted está obligado a notificar a la escuela si cambia su número de teléfono o dirección.

Esto también incluirá el cumplimiento de la exclusión de la escuela si lo ordena el Departamento de Salud de Florida-Monroe, División de Epidemiología.

Nombre de Estudiate: _____

Fecha de Nacimiento: _____

ATTESTACION: Entiendo y acepto seguir los requisitos:

1. Vigilaré a mi hijo por enfermedad cada mañana antes de la escuela.
2. Mantendré a mi hijo en casa si tiene sintomas.
3. Notificaré a la escuela cada vez que mi hijo esté enfermo.
4. Notificaré inmediatamente a la escuela cualquier cambio en mi número de teléfono o dirección.
5. Si mi hijo se enferma durante la escuela, recogeré a mi hijo inmediatamente.
6. Seguiré cualquier/TODAS las pautas del Departamento de Salud de Florida-Monroe, División de Epidemiología si/cuando el seguimiento de contactos requiere que mi hijo sea puesto en cuarentena del entorno escolar.

Nombre de Padre/Guardia: _____

DIRECCION: _____ TELEFONO: _____

FIRMA: _____ FECHA: _____

Monroe County School District

Mobile Device Agreement Acknowledgement Page

Student Name: _____ School: _____

By signing this acknowledgement page, you are confirming that you have read the "**MCSD Digital Technology Usage Policy**" and agree to it's terms and conditions. The policies listed above can be found at https://www.keysschools.com/Page/6571

Acknowledgement: Student and parent/guardian acknowledge that they have read the "**MCSD Digital Technology Usage Policy**" policies, understand them, and agree to be bound by their terms and conditions. Student and parent further acknowledge that this agreement represents the complete understanding and agreement between the school board (MCSD) and the parent 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 the express written approval of the school board (MCSD). Any change, modification, or amendment to this agreement approved by the school board must be in writing.

Signatures Acknowledging **MCSD Digital Technology Usage Policy and Communications Video Consent Policy.** If issued a **School Issued Device**, your signature acknowledges all rights and responsibilities of the device and return.

Networked Communications System (check ONLY one)

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

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

Video and Still Photo Publication Consent (check ONLY one)

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

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

Parent Name (Print) _____ Date: _____

Parent/Guardian Signature _____

Parent Email address _____

Best Contact Number _____ Alternate Contact Number _____

Note: Devices checked out are property of MCSD 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: _____

11

ACUERDO DE ESTUDIANTES/PADRES
DISTRITO DE ESCUELAS DEL CONDADO DE MONROE
SISTEMA DE RED /CONSENTIMIENTO DE VIDEO

****

Esta forma deberá completarse una vez en cada campus, y mantenerse en el archivo durante la inscripción del estudiante en ese campus.

ESTUDIANTE:
Nombre (por favor **IMPRIMA**): _____ Grado_____

Entiendo que mi uso de computadoras no es privado y que el Distrito supervisará mi actividad del sistema de la red.
He leído la póliza de uso aceptable y las regulaciones administrativas, y me someto a cumplir con las provisiones. Entiendo que cualquier violación de estas provisiones podrá resultar en mi suspensión o la revocación del acceso al sistema.

Firma del Estudiante_____Fecha_____

****

PADRES:
Firmando abajo indico que he leído la póliza del sistema electrónica de comunicaciones del Distrito y las regulaciones administrativas de la misma. Añadiendo, y certificando que la información contenida en esta forma es correcta.

Al firmar este documento usted afirma que no es razonable que el Distrito Escolar del Condado de Monroe puede supervisar directamente a su hijo todos los minutos que él o ella este en la computadora. Usted acepta que cuando su hijo no está directamente supervisado, él o ella obedecerán todas las políticas de uso de la computadora de la escuela, las leyes civiles y penales. En el caso de que su hijo le notifica que están recibiendo mensajes informáticos que amenazan de muerte, lesiones corporales o destrucción a la propiedad, está de acuerdo de reportar este evento inmediatamente a la policía y el Distrito Escolar del Condado de Monroe.

Como padre / tutor de este estudiante, yo entiendo los riesgos asociados con permitir que mi hijo use el Internet. Por otra parte, en firmando esta política, afirmo que a través de este documento, el distrito escolar hizo un atento razonable en educarme sobre los riesgos potenciales conocidos de uso de Internet y las normas y objetivos del uso del Internet de la escuela. En base a esta notificación adecuada, yo estoy de acuerdo de no mantener el Distrito Escolar del Condado de Monroe responsable por los materiales adquiridos o contactos realizados en la red.

SISTEMA DE RED /CONSENTIMIENTO DE VIDEO(cheque una sola respuesta)

☐ Doy permiso a mi hijo/a de participar en el sistema electrónico de comunicaciones del Distrito (incluyendo el acceso de internet).

☐ **No** doy permiso a mi hijo/a de participar en el sistema electrónico de comunicaciones.

Consentimiento para la Publicación de Video y Fotografía (cheque una sola respuesta)

☐ Durante el año escolar los estudiantes de las escuelas del Distrito de Monroe, ocasionalmente participan en actividades las cuales envuelven tomar fotografías, la creación de proyectos de videos informativos, diseño de página de internet, grabación de videos, fotos para el anuario y entrevistas.
Por este medio **doy permiso** a mi hijo/a de ser fotografiado, participar en grabación de video, o ser entrevistado para uso posible del periódico, televisión, transmisiones de radio, paginas escolares de internet, y publicaciones del consejo directivo escolar.

☐ **No doy** permiso que mi hijo sea identificado en fotografías, videos o entrevistas para el uso posible de periódicos, televisión, transmisiones de radio, paginas escolares, y publicaciones del consejo directivo escolar.

Firma del Padre/Tutor_____
Dirección_____
Fecha_____ Teléfono del Hogar_____

HORACE O'BRYANT SCHOOL

1105 Leon Street
Key West, Florida 33040
Phone: 305-296-5628
Fax: 305-293-1644

Principal
Brian J. Desilets

Assistant Principals
Scott Meier
Nicole Smith
Steve Vinson

Exceptional Education Program

At your child's previous school, was he/she enrolled in an
Exceptional Education program such as:

Program Name	Yes	No
Specific Learning Disability		
Emotionally Handicapped		
Speech		
Hearing		
Other		

Parent's Signature:

HORACE O'BRYANT SCHOOL
1105 Leon Street
Key West, Florida 33040
Phone: 305-296-5628
Fax: 305-293-1644

Principal
Brian J. Desilets

Assistant Principals
Scott Meier
Nicole Smith
Steve Vinson

Important Information

If you are active military personnel, please fill out the following information.

Student Name:_____

Name of dependent in the military: _____

Relationship to student: _____

Thank you,
Marissa Estenoz
Data Entry/Registrar

Principal
Brian Desilets

Assistant Principals
Nicole Smith
Steve Vinson
Scott Meier

Request for Records

To:

_____

(Previous school name and phone number; fax number or contact e-mail)

From: Marissa Estenoz – Registrar

Date Request Sent: _____

The following student _____ has enrolled or will be enrolling into our school. Please forward all records including:

1. Report Cards
2. Health Records
3. Standardized Test Scores
4. Current Grades
5. Special Needs (IEP/Psychological/504)
6. Discipline Records

I, _____ am the parent/guardian of
_____ and hereby give permission to release the records of my child to his/her new school.

Parent/Guardian Signature _____ Date: _____

Registrar _____ Date: _____

2017-2018 Prototype Household Application for Free and Reduced Price School Meals

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

Apply online:

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

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

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

Child's First Name	MI	Child's Last Name	Grade	Student? Yes / No	Foster Child	Homeless, Migrant, Runaway
				☐ ☐	☐	☐
				☐ ☐	☐	☐
				☐ ☐	☐	☐
				☐ ☐	☐	☐
				☐ ☐	☐	☐
				☐ ☐	☐	☐

Check all that apply

STEP 2 — Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

☐ **NO** > Go to STEP 3   ☐ **If YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number: _____

Write only one case number in this space.

STEP 3 — Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income	How often? Weekly / Bi-Weekly / 2x Month / Monthly
$	○ ○ ○ ○

B. All Adult Household Members (including yourself)

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

Name of Adult Household Members (First and Last)	Earnings from Work	How often? Weekly / Bi-Weekly / 2x Month / Monthly	Public Assistance/ Child Support/Alimony	How often? Weekly / Bi-Weekly / 2x Month / Monthly	Pensions/Retirement/ All Other Income	How often? Weekly / Bi-Weekly / 2x Month / Monthly
	$	○ ○ ○ ○	$	○ ○ ○ ○	$	○ ○ ○ ○
	$	○ ○ ○ ○	$	○ ○ ○ ○	$	○ ○ ○ ○
	$	○ ○ ○ ○	$	○ ○ ○ ○	$	○ ○ ○ ○
	$	○ ○ ○ ○	$	○ ○ ○ ○	$	○ ○ ○ ○
	$	○ ○ ○ ○	$	○ ○ ○ ○	$	○ ○ ○ ○

Total Household Members (Children and Adults) [ ]

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X – X X – [ ][ ][ ][ ]   Check if no SSN ☐

STEP 4 — Contact information and adult signature. MAIL COMPLETED FORM TO YOUR SCHOOL AT:

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

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

Printed name of adult signing the form

Signature of adult

Today's date

Prototipo de solicitud para familias de comidas escolares gratis o a precio reducido para el año 2017-2018

Complete una solicitud por vivienda. Utilice un bolígrafo (no un lápiz).

Realice la solicitud en línea en:

PASO 1 — Enumerar a TODOS los miembros de la vivienda que sean bebés, niños y estudiantes hasta el grado 12, inclusivo (si se requieren más espacios para nombres adicionales, adjunte otra hoja de papel)

Definición de miembro de la vivienda: "Cualquier persona que viva con usted y **comparta ingresos y gastos,** aunque no estén emparentados".

Los niños en régimen de acogida y los que encajan en la definición de personas sin hogar, migrantes o fugados tienen derecho a recibir comidas gratis. Lea Cómo solicitar comidas escolares gratis o a precio reducido para obtener más información.

Nombre del niño	Inicial del segundo nombre	Apellido del niño	Grado	¿Estudiante? Sí / No	Niño en régimen de acogida	Sin hogar, migrante, fugado
				☐ ☐	☐	☐
				☐ ☐	☐	☐
				☐ ☐	☐	☐
				☐ ☐	☐	☐
				☐ ☐	☐	☐

Marque todo lo que corresponda

PASO 2 — ¿Algún miembro de su vivienda (incluido usted) participa actualmente en uno o más de los siguientes programas de ayuda: SNAP, TANF o FDPIR?

☐ **En caso NEGATIVO** > Vaya al PASO 3   ☐ **En caso AFIRMATIVO** > Escriba aquí un número de expediente y vaya al PASO 4 (No rellene el PASO 3)

Número de expediente: _____

Escriba solo un número de expediente en este espacio.

PASO 3 — Declarar los ingresos de TODOS miembros de la vivienda (Omita este paso si su respuesta es "Sí" en el PASO 2)

¿No está seguro de qué ingresos incluir aquí?

Dele la vuelta a la página y consulte las listas tituladas "Fuentes de ingresos" para obtener más información.

La lista "Fuentes de ingresos de niños" le ayudará en la sección Ingresos del niño.

La lista "Fuentes de ingresos de adultos" le ayudará en la sección Todos los miembros adultos de la vivienda.

A. Ingresos del niño

A veces, los niños de la vivienda tienen ingresos. Incluya los ingresos TOTALES obtenidos por todos los miembros de la vivienda enumerados en el PASO 1 aquí.

Ingresos del niño	¿Con qué frecuencia? Semanales / Quincenales / Bimensuales / Mensuales
$	○ ○ ○ ○

B. Todos los adultos miembros de la vivienda (incluido usted)

Enumere a todos los miembros de la vivienda que no aparezcan en el PASO 1 (incluido usted), aunque no reciban ingresos. Por cada miembro de la vivienda enumerado, si reciben ingresos, declare el ingreso total bruto (antes de impuestos) por cada fuente en dólares en números enteros (sin centavos) solamente. Si no reciben ingresos de ninguna fuente, escriba '0'. Si escribe "0" o deja algún campo en blanco, está certificando (prometiendo) que no hay ingresos que declarar.

Nombres de los miembros adultos de la vivienda (nombre y apellido)	Ingresos profesionales	¿Con qué frecuencia? Semanales / Quincenales / Bimensuales / Mensuales	Ayuda pública/ manutención infantil / pensión alimenticia	¿Con qué frecuencia? Semanales / Quincenales / Bimensuales / Mensuales	Pensión/jubilación/ otros	¿Con qué frecuencia? Semanales / Quincenales / Bimensuales / Mensuales
	$	○ ○ ○ ○	$	○ ○ ○ ○	$	○ ○ ○ ○
	$	○ ○ ○ ○	$	○ ○ ○ ○	$	○ ○ ○ ○
	$	○ ○ ○ ○	$	○ ○ ○ ○	$	○ ○ ○ ○
	$	○ ○ ○ ○	$	○ ○ ○ ○	$	○ ○ ○ ○
	$	○ ○ ○ ○	$	○ ○ ○ ○	$	○ ○ ○ ○

Total de miembros de la vivienda (Niños y adultos) ☐☐

Últimos cuatro dígitos del número de la Seguridad Social (SSN - Social Security Number) del sustento principal u otro miembro adulto de la vivienda X X X X X ☐☐☐☐

Marque si no tiene SSN ☐

PASO 4 — Información de contacto y firma de un adulto. ENTREGUE O ENVIE LA SOLICITUD A LA ESCUELA.

"Certifico (prometo) que toda la información de esta solicitud es veraz y que he declarado todos los ingresos. Entiendo que esta información se da para obtener fondos federales, y que las autoridades escolares pueden verificar (comprobar) la información. Soy consciente de que si he dado información falsa con conocimiento de causa, mis niños pueden perder la prestación de alimentación y se me podría procesar con arreglo a las leyes federales y estatales pertinentes".

Dirección (si está disponible) _____   **Apartamento n.°** _____

Ciudad _____   **Estado** _____   **Código postal** _____   **Teléfono durante el día y correo electrónico (opcional)** _____

Nombre del adulto que firma el formulario _____

Firma del adulto _____

Fecha de hoy _____

Modèle d'Application du Foyer pour les Repas Gratuits et à Prix Réduits des Cantines Scolaires 2016-2017

Remplir une forme d'application par foyer. Veuillez utiliser une plume (non un crayon).

Appliquez sur internet sur **www.abcdefgh.edu**

ETAPE 1   Dressez une liste de TOUS Membres du Foyer qui sont des bébés, enfants, et élèves jusqu'a classe 12 y compris (s'il y a besoin de beaucoup plus d'espaces, attachez une autre feuille de papier)

Définition de Membre du Foyer: "Toute personne qui vit avec vous et collabore dans le revenu **et les dépenses, même s'il n'est pas de la famille.**"

Les enfants en **Soin adoptif** et ceux qui sont définis comme **Sans-abri, Nomade** ou **Cocorates** sont éligibles pour les repas gratuits. Lire comment appliquer pour **Cantines Scolaires Gratuites et à Prix Réduits** pour de plus amples informations.

Prénom de l'Enfant	MI	Nom de l'Enfant	Classe	Elève? Oui	Elève? Non	Enfant en Adoption	Sans-abri, Nomade, Cocorate
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

Crochez tout ce qui y applique

ETAPE 2   Est-ce que les Membres du Foyer (y compris vous) participe actuellement dans un ou plus des programmes d'aide suivants: SNAP, TANF, or FDPIR?

Si c'est NON   > Allez à ETAPE 3.   Si c'est OUI>   Ecrivez un numéro social ici puis passez dans l'ETAPE 4 **(Ne complétez pas ETAPE 3)**

Numéro Social:

Ecrivez uniquement un numéro social dans cette espace.

ETAPE 3   Rapportez le Revenu pour TOUS les Membres du Foyer (Sautez cette étape si vous aviez répondu 'Oui' dans l'ETAPE 2)

A. Revenu pour Enfant

Certaines fois des enfants au sein du foyer gagnent ou reçoivent un revenu. Veuillez mettre le TOTAL de revenu reçu par les Membres du Foyer qui sont dans la liste de l'ETAPE 1 ici.

N'êtes vous pas sûr lequel des revenus il faut mettre ici?

Prenez la page puis réviser les graphes titrés "Sources de Revenu" pour beaucoup plus d'information.

Le graphe "Les sources de Revenu pour Enfant" vous aidera avec la section Revenu des Enfants.

Le graphe "Les sources de Revenu pour Enfant" vous aidera avec la section Tous les Membres Adultes du Foyer.

Revenu pour Enfant	Chaque semaine	Du fois chaque Semaine	2 fois chaque mois	Chaque mois
$	○	○	○	○

B. Tous les Membres du Foyer (y compris vous)

Dressez une liste de tous les Membres du foyer qui se trouvent dans la liste de l'ETAPE 1 (y compris vous) même s'ils ne reçoivent aucun revenu. Pour chacun des Membres du Foyer de la liste, s'ils ne reçoivent pas de revenu d'aucune source, écrivez '0'. Si vous ecrivez '0' oubien laissez une des parties blanches, vous certifiez (promettez) qu'il n'y a aucun revenu à rapporter.

Nom des Membres Adultes du Foyer	Gains provenant du travail	Chaque semaine	Du fois chaque Semaine	2 fois chaque mois	Chaque mois	Aide publique/assistance à l'enfant/ Alimony	Chaque semaine	Du fois chaque Semaine	2 fois chaque mois	Chaque mois	Pensions/Retraites/ Autres revenus	Chaque semaine	Du fois chaque Semaine	2 fois chaque mois	Chaque mois
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○

Total des Membres du Foyer (Enfants et Adultes)

Les Quatre Derniers Chiffres du Numéro de Sécurité Social (SSN) du Salaire Ouvrier Principal oubien Autre Membre Adulte du Foyer   X X X   X X   Crochez si pas de SSN ☐

ETAPE 4   Coordonnées de contact et signature d'adulte

"Je certifie (promet) que toutes les informations sur cette forme d'application est vraie et que tout revenu est rapporté. Je comprends que cette information est fournie en rapport avec le reçu de Trésor Fédéral, et que les responsables de l'établissement scolaire peuvent vérifier(crochez) l'information. Je suis au courant que dans le cas où j'ai fait exprès de donner de fausses informations, mes enfants pourront perdre les avantages du repas, et aussi je pourrai être poursuivi en justice selon les lois Fédérales et Etatiques en vigueurs."

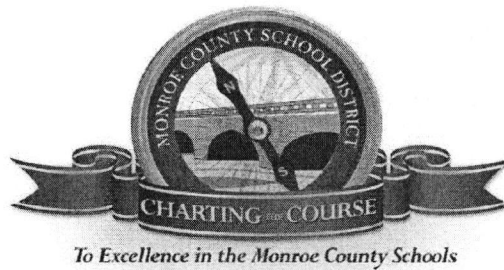Rue (en cas où c'est disponible)   Numéro d'appartement   Ville   Etat   Code postal   Téléphone de la journée et Email (au choix)
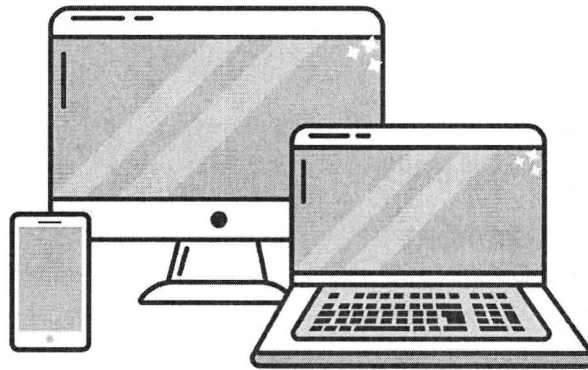
Nom tapé de l'adulte qui signe la forme   Paraphe de l'adulte   Date du jour

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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MCSD Digital Technology Usage Policy *prepared July 2020 by Kevin M. Walden for Monroe County School District*

PERSONAL ELECTRONIC DEVICES

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

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

Monroe County School District
Acceptable Use Policy for Networked Communications

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

Public Information

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

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

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

Unacceptable Uses of the Network LMS/Internet/Email

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

Acceptable Uses and Digital Citizenship

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

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

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

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

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

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

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

Access to the Internet by Minors (students under the age of 18) or Adults (over the age of 18)
Minors or adults shall:
1. Not access material that is obscene, pornography, harmful to minors, or otherwise inappropriate for education.
2. Not use Monroe County Schools technology or Internet resources to engage in hacking or attempts to otherwise compromise any computer or network system's security.
3. Not engage in any illegal activities on the Internet.
4. Only use electronic mail, social networking sites, and other forms of direct electronic communications for the purposes related to education within the context of a Monroe County Public Schools-related assignment or activity.
5. Not attempt to override or bypass any protection measure that has been put in place by Monroe County Public Schools to block and/or filter access to Internet Sites that are not in accordance with district policies.
6. Minors shall not disclose personal identification information on the Internet.

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

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

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

- o Sharing of individual accounts is prohibited.
- o 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.
- o Vandalism or "hacking" of any kind is prohibited.
- o 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.
  - o Such activities may result in termination of their account/access and/or expulsion from school and/or legal prosecution.

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

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

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

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

Hardware and Access

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

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

Personal devices

- Personal devices may be allowed/approved for use and will follow the same acceptable use policies and regulations as school issued devices. Students must understand that if they decide to use their personal device on school property that the device is regulated by all policies inplace 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/Ipads 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.

DeviceScreen Care

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

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

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

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

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

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

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

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

Device Technical/Hardware Support

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

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

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

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

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

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

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

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

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

Content Filter
The district utilizes an Internet content filter that is in compliance with the federally mandated Children's Internet Protection Act (CIPA). All Chromebooks/Ipads, 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 devic
- 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 Technnology 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.**