

HASTINGS-ON-HUDSON
UNION FREE SCHOOL DISTRICT

27 Farragut Avenue
Hastings-on-Hudson, NY 10706

phone: 914-478-6207
fax: 914-478-6207

7842

REGISTRATION CHECK LIST

Items needed to complete the Registration Process
for Each Student Entering Hastings-on-Hudson UFSD

o Student Registration Form

Proper documentation must be provided for each child entering the school district. (This includes an original Birth Certificate, Health Forms, and all other necessary documents) Please make sure that the Registration Form is filled out completely.

o Proof of Residency (Needed per family entering Hastings-on-Hudson UFSD)

▪ Utility Bills (3 needed)

- Telephone (NOT cell phone)
- Cable Bill
- Utility Bill (Con Ed, Gas/Electric)
- Water Bill
- Homeowners or Renters Insurance

▪ And (At least 1 needed)

- Deed to House
- Tax Bill
- Lease
- Notarized letter from owner of house and copy of tax bill or deed

o Original Birth Certificate

o School Physical form. Physical must be completed and the form must be signed and stamped by physician.

o Immunization Records, form must be signed and stamped by physician.

o School Records/Release of Records Form

- Report Cards (Final report card from past 2 grades.)
- Transcript (if available)
- Standardized Test Scores
- Medical Records
- I.E.P.

o Proof of Guardianship

This applies to parents who are separated or divorced and for those children not living with biological/adoptive parents.

- Court Order Agreement re: Guardianship/Custody
- Other document(s) establishing Guardianship/Custody

ALL ITEMS MUST BE SUBMITTED PRIOR TO ADMITTANCE INTO SCHOOL.

If your child has previously received Special Education Services or has a Section 504 Accommodation Plan, please call our Director of Special Education, Laura Sullivan, at 914-478-6261



STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

Lisette Colón-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

55 Hanson Place, Room 894
Brooklyn, New York 11217
Tel: (718) 722-2446 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7848

Home Language Questionnaire (HLQ)

Grade Entering: _____

Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.

Please write clearly when completing this section.

STUDENT NAME: _____

First	Middle	Last
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DATE OF BIRTH: _____ **GENDER:** _____

Month	Day	Year	<input type="checkbox"/> Male
			<input type="checkbox"/> Female

PARENT/PERSON IN PARENTAL RELATION INFO:

Last Name	First Name	Relation to Student
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HOME LANGUAGE CODE _____

Language Background
(Always check all that apply)

- What language(s) is(are) spoken in the student's home or residence? English Other _____
specify
- What was the first language your child learned? English Other _____
specify
- What is the Home Language of each parent/guardian? Mother _____ Father _____
 Guardian(s) _____
specify
- What language(s) does your child understand? English Other _____
specify
- What language(s) does your child speak? English Other _____ Does not speak
specify
- What language(s) does your child read? English Other _____ Does not read
specify
- What language(s) does your child write? English Other _____ Does not write
specify

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED

SCHOOL DISTRICT INFORMATION:	STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:
District Name (Number) & School _____	_____
Address _____	

Home Language Questionnaire (HLQ)—Page Two

Educational History	
8. Indicate the total number of years that your child has been enrolled in school _____	
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.	
Yes* <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> *If yes, please explain: _____	
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe	
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below	
10b. *If referred for an evaluation, has your child ever <u>received</u> any special education services in the past?	
<input type="checkbox"/> No <input type="checkbox"/> Yes ~ Type of services received: _____	
Age at which services received (Please check all that apply):	
<input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)	
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes	
11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)	
12. In what language(s) would you like to receive information from the school? _____	

_____ Month: _____ Day: _____ Year: _____
 Signature of Parent or of Person in Parental Relation Date

Relationship to student: Mother Father Other: _____

OFFICIAL ENTRY ONLY: NAME/POSITION OF PERSONNEL ADMINISTERING HLQ	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
#DATE OF INDIVIDUAL INTERVIEW: _____ <small>MO DAY YR</small>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ <small>MO DAY YR</small>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:	

HILLSIDE ELEMENTARY SCHOOL
PARENT QUESTIONNAIRE

To be filled out
for grades
K-4 only

Child's Name _____ Birth Date _____

Parent(s) _____ Parent(s) _____

Home Phone _____ Parent Cell _____ Parent Cell _____

Has your child attended any schools before? Yes _____ No _____ How long? _____

What school? _____ Address _____

Please list all brothers and sisters

<u>Name</u>	<u>Age</u>	<u>School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please describe the siblings' feeling about school _____

Does your child have playmates of his/her own age? Yes/No

Does your child enjoy playing with other children? Yes/No

Does your child enjoy having time to spend alone? Yes/No

Does your child prefer to play with others or alone? Others/Alone

Is there any other child your child should not be placed with? _____

What are your child's special interests? _____

Please list some experiences that have enriched your child's knowledge.

What does your child most enjoy doing? _____

What kinds of things have you tried to teach your child at home? _____

How does your child respond to efforts to teach? _____

What responsibilities does your child have at home? _____

What kinds of things does your child find difficult to do? _____

How does your child react when he/she fails at something? _____

Does your child respond to encouragement and / or help? _____

When your child misbehaves, what methods do you find work best to correct the behavior? _____

Do you expect any difficulty for your child adjusting to kindergarten? _____

Has your child had any frightening or upsetting experiences? _____

Is your child able to sit and listen to a story? _____

Is your child able to separate from you when he/she goes to a birthday? _____

Other comments: _____

HASTINGS PUBLIC SCHOOLS
HASTINGS-ON-HUDSON, N.Y. 10706
RELEASE FORM FOR STUDENT INFORMATION

(In compliance with Federal General Education Provision Act, Part C, the Protection of the Rights and Privacy of Parents and Students, Public Law 93-380.)

To: _____ (School, Organization, Agency)

Address: _____

We are in need of information for _____ (birthdate) _____ who is enrolled in our school/program. We have received student/parent signature as indicated below for you to release or impart this information to us. All information will be treated as confidential.

Please provide information to:

Types of information needed:

Registrar's Office
27 Ferragut Avenue
Hastings-on-Hudson, N.Y. 10706

_____ Transcript/Grade Reports
_____ Health/Medical Records/Information
_____ Test Scores/Appraisal Reports
_____ Withdrawal Grades
_____ Other _____

Thank you for your prompt consideration of this request.

(Signature)

(Title)

(Date)

=====

I understand the need for information being transferred and hereby grant my permission for you to release or impart any information you may have concerning the above named student to the person or organization requesting as above.

(Student signature - If 18 or older)

(Parent Signature)

(date)

STUDENT NAME: _____

Hastings-on-Hudson UFSD

Hillside Nurse: 478.6280

Middle/High School Nurse: 478.6225

Dear Parents/Guardians:

Welcome to the Hastings on Hudson School District. As school nurses we understand how important good health is to academic performance. We look forward to partnering with you to keep your child as healthy as possible. With that common goal in mind, the requirements for school outlined below are in place to support your child's health and well-being.

New York State Education Law requires a health certificate (physical examination) to be on file for all students new to the Hastings on Hudson School District. All physical exams must be performed within 12 months prior to the date of entry. The physical exam and documentation of required immunizations must be completed, signed and stamped by your physician, physician assistant or nurse practitioner authorized to practice in New York State. A dental certificate is requested for students new to the district.

The physical examination form must be handed in within 30 days of the date of entry into school. Please note that a student cannot participate in physical education or a sport until there is a current copy of their New York State physical exam on file.

New York Public Health Law 2164 requires all students to be fully immunized against Polio, Diphtheria, Tetanus, Pertussis, Measles, Mumps, Rubella (MMR), Hepatitis B, Meningococcal and Varicella (Chicken Pox). Acceptable proof of immunity may include a physician's documented record of disease or a positive titer (blood test). These immunizations are required for school entrance and attendance. Exclusion from school will result if immunization requirements are not met.

We appreciate your compliance with these regulations. If you have any concerns or questions regarding your child's health, please contact the health office.

Sincerely,

Hastings on Hudson School Nurses

PARENT/GUARDIAN HEALTH OFFICE FORM CHECKLIST

- Health Certificate (Physical exam) form – signed by healthcare provider
- Health History – completed and signed by parent/guardian
- Current Immunization Record – signed by healthcare provider
- Dental Certificate – signed by dentist (optional)
- Medication Authorization (if applicable) – signed by healthcare provider and parent/guardian
- Emergency Information form – signed by parent/guardian

Hastings-On-Hudson Union Free School District

STUDENT HEALTH HISTORY

Name:	DOB:	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Parent/Guardian: (person completing this form)	Home Phone:	Cell Phone:	Date:

Has your child ever:	YES	NO	If Yes, please explain and include date:
Had an ongoing medical condition	<input type="checkbox"/>	<input type="checkbox"/>	
Seen a medical specialist	<input type="checkbox"/>	<input type="checkbox"/>	
Had allergies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> food <input type="checkbox"/> environmental <input type="checkbox"/> insect <input type="checkbox"/> medication <input type="checkbox"/> other <input type="checkbox"/> epi-pen
Had an hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	
Had an operation	<input type="checkbox"/>	<input type="checkbox"/>	
Had an injury requiring an Emergency Room visit	<input type="checkbox"/>	<input type="checkbox"/>	
Missed 5 days of school in a row due to illness/injury	<input type="checkbox"/>	<input type="checkbox"/>	
Had a bone/muscle injury	<input type="checkbox"/>	<input type="checkbox"/>	
Passed out, had a concussion or serious head injury	<input type="checkbox"/>	<input type="checkbox"/>	
Had a convulsion/seizure	<input type="checkbox"/>	<input type="checkbox"/>	
Had a vision problem or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> glasses <input type="checkbox"/> contacts
Had a hearing problem or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hearing aid <input type="checkbox"/> cochlear implant
Worn dental bridge, braces or mouthpiece	<input type="checkbox"/>	<input type="checkbox"/>	
Have any family members under the age of 50 ever:	YES	NO	If Yes, please specify:
Had a heart attack	<input type="checkbox"/>	<input type="checkbox"/>	
Had other serious health problems	<input type="checkbox"/>	<input type="checkbox"/>	

CHECK ALL THAT APPLY TO YOUR CHILD:

- | | | |
|--|--|---|
| <input type="checkbox"/> ADHD
<input type="checkbox"/> Asthma/trouble breathing
<input type="checkbox"/> Autism/Asperger
<input type="checkbox"/> Dental Injuries
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Ear Infections | <input type="checkbox"/> GI Conditions (ulcer, reflux, IBS)
<input type="checkbox"/> Headaches/migraines
<input type="checkbox"/> Heart Conditions
<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Mental Health Condition
(depression, eating disorder, anxiety, OCD, ODD, etc.) | <input type="checkbox"/> Scoliosis
<input type="checkbox"/> Single Organ (<input type="checkbox"/> kidney, <input type="checkbox"/> testicle)
<input type="checkbox"/> Skin Condition
<input type="checkbox"/> Speech Condition
<input type="checkbox"/> Urinary Condition |
|--|--|---|

CURRENT MEDICATIONS	YES	NO	Please list name, dose, time(s)
Given at school	<input type="checkbox"/>	<input type="checkbox"/>	
Taken at home	<input type="checkbox"/>	<input type="checkbox"/>	
ASSISTIVE EQUIPMENT	YES	NO	Please check all that apply
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> crutches <input type="checkbox"/> walker <input type="checkbox"/> wheelchair <input type="checkbox"/> other:
TREATMENTS	YES	NO	
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> insulin/blood glucose monitoring <input type="checkbox"/> inhaler/nebulizer/peak flow monitoring <input type="checkbox"/> special diet

Is there any condition that would prevent your child from participating in physical education or sports?

No Yes: _____

Please list any additional concerns: (use back of sheet if necessary) _____

Parent/Guardian Signature: _____ Date: _____

Hastings-On-Hudson Public Schools
Health Offices

Hillside Elementary School
120 Lefurgy Avenue
Hastings-On-Hudson, NY 10706
(Tel) 914 478-6280
(Fax) 914 478-3795

High School-Middle School
27 Farragut Avenue
Hastings-On-Hudson, NY 10706
(Tel) 914 478-6224
(Fax) 914 478-6340

Parent and Prescriber's Authorization for Administration of Medication in School

A. To be completed by parent/guardian:

I request that my child _____ grade _____ receive the medication(s) as prescribed below by our licensed health care prescriber. The medication is to be furnished by me in a properly labeled original container from the pharmacy. *(In the event of an emergency the district's stock Albuterol may be used when the student's prescription is empty)*

Parent/Guardian Signature: _____ (Tel #) _____

B. To be completed by the licensed health care prescriber:

I request that my patient, as listed below, receive the following medication(s):

Student Name: _____ DOB: _____

Diagnosis: _____

****MEDICATIONS MUST BE ORDERED IN PROPER DOSAGE NOTATION (i.e. mg, concentration) TO BE ACCEPTED****

Medication: _____ Dosage: _____ Frequency: _____ Route: _____

Medication: _____ Dosage: _____ Frequency: _____ Route: _____

Medication: _____ Dosage: _____ Frequency: _____ Route: _____

Medication: _____ Dosage: _____ Frequency: _____ Route: _____

Medication: _____ Dosage: _____ Frequency: _____ Route: _____

Possible Side Effects: _____

Health Care Provider Permission for Independent Use and Carry (not applicable for grades K-4)

I attest that this student has demonstrated to me that they can self-administer the medication(s) listed below safely and effectively, and may carry and use this medication (with a delivery device if needed) independently at any school/school sponsored activity with no supervision by school staff. This order applies to the medications checked below:

This student is diagnosed with:

- Allergy and requires Epinephrine Auto-injector
- Asthma or respiratory condition and requires Inhaled Respiratory Rescue Medication
- Diabetes and requires Insulin/Glucagon/Diabetes Supplies
- _____ which requires rapid administration of _____
(State Diagnosis) (Medication Name)

Signature: _____ Date: _____

Parent/Guardian Permission for Independent Use and Carry

I agree that my child can use their medication effectively and may carry and use this medication independently at any school/school sponsored activity with no supervision by school staff.

Signature: _____ Date: _____

Licensed Prescriber: _____ Date _____

Name and Title (print): _____

Signature: _____

Address: _____

Stamp:

HASTINGS-ON-HUDSON
UNION FREE SCHOOL DISTRICT
27 Farragut Avenue
Hastings-on-Hudson, New York 10706
Phone (914) 478-2900
www.hohschools.org

HOH STUDENT Network Access

Please read the included policy packet with your parents. Your network and Gmail learn account access will be activated once this form has been returned.

Please print legibly:

Name: _____ Student ID: _____ (Required)

Grade Level: _____ Anticipated Graduation Year: _____

Acceptable Use Policy

I have read and understand the District Technology Acceptable Use Policy for students, and have had the opportunity to have any and all of my questions about the use of educational technology answered.

By signing this form, I agree to abide by the rules, policies, and regulations set forth in this agreement.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Please Sign & Complete Above

A completed copy of this form must be forwarded to the Technology office

TECHNOLOGY OFFICE USE ONLY

Network Access

Google Mail

Engineer Sign off: _____ Date: _____

Email to Counselor or main office has been sent confirming account availability.

POLICY

2007

7314

3 of 3

Students

SUBJECT: ACCEPTABLE USE (Cont.'d)

Demonstrated intent to this violate policy will be considered the same as an actual policy violation. Demonstrated intent means evidence such as actions that if successful or if carried out as intended, would result in a policy violation. Failure to abide by the above policy will result in suspension of technology access privileges, financial liability for damages, other disciplinary action, and in some circumstances, may result in criminal liability.

District Responsibility

1. The Hastings-on-Hudson Union Free Public Schools will allocate resources in an effort to provide a safe internet experience for all users. This Acceptable Use Policy is adopted and enforced in furtherance of that goal. However, it is important to note that, even though the District may use technical or manual means to regulate access and information including internet filters to help prevent users from accessing inappropriate information on the internet in accordance with the Children's Internet Protection Act [Pub. L. 106-554 and 47 USC 254(h)], these methods do not provide a foolproof means of enforcing the provisions of this policy and its goals.
2. The District will use technology protection measures (e.g., internet filters) to help prevent users from accessing inappropriate information on the internet in accordance with the Children's Internet Protection Act [Pub. L. 106-554 and 47 USC 254(h)].

Adopted: 05/20/03
Revised: 06/04/07

~~HASTINGS-ON-HUDSON UFSD~~

~~BUSINESS OFFICE~~

27 Farragut Avenue

Hastings-on-Hudson, NY 10706

Dear Parents/Guardians,

The Hastings on Hudson Union Free School District (the District) will offer an insurance plan option for the Chromebooks. This plan will cover all accidental damages, losses and theft. A loaner will be provided while repairs are made. The cost of the plan is \$30.00 per student. There will be no deductible. To report accidental damage to a Chromebook, please bring the device to the main office of your school and complete a Chromebook Repair Form. In addition, you must notify the main office and complete a police report in the event of loss or theft.

Please note that should you choose not to participate in the Chromebook insurance plan you will remain responsible for any damages to or loss or theft of your child's Chromebook. The typical charges have ranged from \$50.00 to replace a cracked screen up to \$300.00 to replace an irreparable, lost or stolen Chromebook.

To enroll in the plan:

Complete the form below and return the completed form and payment to Hastings High School on Chromebook distribution day. Please make checks payable to the Hastings on Hudson UFSD.

Should you have any questions please contact your school's main office. Thank you.

Sincerely,

Maureen Caraballo

- I choose to participate in the Chromebook insurance.
- I choose to self-insure the Chromebook and am fully aware that I am financially responsible for any repairs or loss.

Student's Name: _____ Grade: _____

Parent's Name: _____ Date: _____

Parent's Signature: _____

Hastings-on-Hudson Public Schools

School Chromebook Handbook

Procedures and Information for Students and Parents

Ownership of the Chromebook

Hastings on Hudson Union Free School District retains sole right of possession of the Chromebook. H OHSD lends the Chromebook to the students for educational purposes only for the academic year. Additionally, Hastings on Hudson Union Free School District administrative staff and faculty retain the right to collect and/or inspect Chromebooks at any time, including via electronic remote access and to alter, add or delete installed software or hardware.

Receiving Your Chromebook

Parents and students must sign the Hastings on Hudson UFSD Device Acceptable Use Policy (AUP) prior to being issued a Chromebook.

Returning Your Chromebook

At graduation or at the time of transfer/withdrawal, students will turn in their Chromebooks and all peripherals and accessories. Failure to turn in a Chromebook will result in the student being charged the full \$300.00 replacement cost. Additionally, a report of stolen property with the local law enforcement agency will be filed by the school or school designee.

Transferring/Withdrawing Students

Students that transfer out of or withdraw from Hastings School District must turn in their Chromebooks and accessories. Failure to turn in the Chromebook will result in the student being charged the full \$300.00 replacement cost and result in a hold placed on the release of student records to the receiving district. Unpaid fines and fees of students leaving Hastings on Hudson Union Free School District may be turned over to a collection agency.

Additionally, a report of stolen property with the local law enforcement agency will be filed by the school or school designee.

Rights and Responsibilities for Electronic Data

Students are solely responsible for any apps or extensions on their Chromebooks that are not installed by a member of the Hastings technology staff. Students are responsible for backing up their data to protect from loss. Users of school technology have no rights, ownership, or expectations of privacy to any data that is, or was, stored on the Chromebook, school network, or any school-issued applications and are given no guarantees that data will be retained or destroyed.

Estimated Replacement/Repair Costs (subject to change)

The following are estimated costs of Chromebook parts and replacements:

- Replacement - \$300.00
- Repair cost - If damage to the Chromebook results from misuse, abuse or accident the student is responsible for all repair costs.
- The cost for Chromebook Insurance is \$30.00.

No Expectation of Privacy

Students have no expectation of confidentiality or privacy with respect to any usage of a Chromebook. The school may, without prior notice or consent, log, supervise, access, view, monitor, and record use of student Chromebooks at any time for any reason related to the operation of the school. By using a school-issued Chromebook, students agree to such access, monitoring, and recording of their use.

Monitoring Software

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

Educational Use

School-issued Chromebooks should be used for educational purposes only. Students are to adhere to the Hastings on Hudson Acceptable Use Policy and all of its corresponding administrative procedures at all times.

Using Your Chromebook At School

It is the student's responsibility to charge their Chromebook at home each night. They are expected to bring their fully-charged Chromebook to school every day to all classes, unless specifically advised not to do so by their teacher.

Printing

- Students will be encouraged to digitally publish and share their work with their teachers and peers when appropriate.
- Students may set up their home printers with the Google Cloud Print solution to print from their Chromebooks at home. Information about Google Cloud Print can be obtained here: <http://www.google.com/cloudprint/learn/>.

Logging into a Chromebook

- Students will log into their Chromebooks using their school-issued email addresses.
- Students should never share their account passwords with others.
- No external email accounts may be used on the school-issued device.
- No sharing or guest access is permitted.

The Chromebook screen can be damaged if subjected to heavy objects, rough treatment, some cleaning solvents, and other liquids. The screens are particularly sensitive to damage from excessive pressure, heat, and light.

- Make sure there is nothing on the keyboard before closing the lid (e.g. pens, pencils, or disks).
- Only clean the screen with a soft, dry microfiber or anti-static cloth.

Asset Tags

- All Chromebooks will be labeled with school asset tags, serial number and student name.
- Tags may not be modified or tampered with in any way.

Chromebooks left unattended

Under no circumstances should Chromebooks be left in unsupervised areas such as the school grounds, the lunchroom, vehicles, bathrooms, computer labs, library, unlocked classrooms, and hallways. Any Chromebook left in these areas is in danger of being stolen. If a Chromebook is found in an unsupervised area, it should be taken immediately to the office. Multiple offenses will result in disciplinary action. Please note: Students should place their Chromebook in their hallway locker prior to attending PE. Under no circumstances should Chromebooks be stored in gym lockers.

RETURN TO HASTINGS HIGH SCHOOL ALONG WITH INSURANCE FORM AND \$30.00 CHECK:

I have read and agree to the above Chromebook guidelines:

Student Name: (print) _____

Grade: _____

Sign/Date

Parent Name: (print) _____

Sign/Date