

Peru Central School District

K-12 Registration Packet

Preparing Our Students for Success

Welcome to the historic Peru Central School District. We are excited that you have chosen for your child to be educated within our halls and look forward to working with you and your family for many years to come.

To register your child, please email or bring the following documentation to your meeting with our registrar:

- ☐ 2 Proofs of Residency (please see form within packet for requirements)
- ☐ Student's Birth Certificate
- ☐ Parent/Guardian Driver's License/ID
- ☐ Completed Registration Packet
- ☐ All Legal or Custody Documents
- ☐ Current Medical Records
- ☐ Physical and Immunization



You may email the registration packet and supporting documents to Jamie Cobb/jcobb@perucsd.org. If you are unable to email the registration packet, please call for an appointment PRIOR to arriving to submit paperwork. Further directions on how to get to this office will be given at that time.

Hours: 7:00 a.m. to 1:00 p.m.

Phone: (518)643-6103

Fax: (518)643-6083

Email: registrar@perucsd.org

PERU CENTRAL SCHOOL DISTRICT REGISTRATION



Name of Student: _____ D.O.B.: _____

Primary Language: _____

Phone: _____

Has your child ever attended PERU CSD? _____

Date _____

Grade: _____

Birth Place: _____

Sex: M _____ F _____

NB _____

If so, when? _____

Entering: _____

Where is the student currently living? (Please check one.)

☐ In permanent

housing with:

_____ Mother only

_____ Both

_____ Foster Parents

_____ Other

_____ Fat
her only

☐ In a shelter

☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")

☐ In a hotel/motel

☐ In a car, park, bus, train or campsite

☐ Other temporary living situation (Please describe): _____

Parent/Guardian Information:

Salutation: __ Mr. __ Mrs. __ Ms. __ Miss

__ Natural Father/Mother __ Step Father/Mother

__ Guardian __ Foster Parent

__ Grandfather/Grandmother __ Uncle/Aunt

Full Legal Name

(First)

(Middle)

(Last)

Physical Address

Mailing Address

Salutation: __ Mr. __ Mrs. __ Ms. __ Miss

__ Natural Father/Mother

__ Step Father/Mother

__ Guardian

__ Foster Parent

__ Grandfather/Grandmother __ Uncle/Aunt

Full Legal Name

(First)

(Middle)

(Last)

Physical Address

Cell#

Work # _____ Place of Work

_____@_____ Email
Address (used for “going green” communication and
enrollment for parent portal)

**Mailing
Address**

Cell# _____
Work # _____ Place of Work _____
_____@_____

Email Address (used for “going green”
communication
and enrollment for parent portal)

Previous School Attended:

Grade: _____

Address:

Phone: _____

Names of all other children in household including preschool age children (for school census purposes). Please fill in complete full name (including middle name).

- | | | | | |
|----------------|--------------|--------------|--------------|--------------------|
| 1. Name: _____ | D.O.B: _____ | D.O.B: _____ | Grade: _____ | Grade: Male/Female |
| _____ | D.O.B: _____ | _____ | Grade: _____ | Male/Female |
| 2. Name: _____ | D.O.B: _____ | _____ | Grade: _____ | Male/Female |
| _____ | _____ | _____ | _____ | Male/Female |
| 3. Name: _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| 4. Name: _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Any **legal custodial restrictions**? No _____ Yes _____

If yes, please attach court documents.

Student Racial and Ethnic Identification as specified by the NYS Dept. of Education

1. Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or Spanish culture or origin regardless of race.

_____ Yes, Hispanic _____ No, not Hispanic

2. Select one or more races from the following five racial groups

___ AMERICAN INDIAN or ALASKA NATIVE: A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition. E.g. Cherokee, Mohawk, Inuit.

___ ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

___ NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

___ BLACK: A person having origins in any of the black racial groups of Africa.

___ WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Special Education Needs:

Is your child CURRENTLY receiving special education services? ___ No ___ Yes If Yes, circle - IEP or 504 Plan

If Yes, please place a checkmark next to each service he/she is receiving.

- | | | | |
|--|---|---------------------------------------|---|
| <input type="checkbox"/> Speech/Language Therapy | <input type="checkbox"/> Consultant Teacher | <input type="checkbox"/> BOCES | <input type="checkbox"/> Classroom Aide |
| <input type="checkbox"/> Occupation Therapy | <input type="checkbox"/> Self-Contained Classroom | <input type="checkbox"/> 504 Plan | <input type="checkbox"/> 1:1 Aide |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Resource Room | <input type="checkbox"/> Declassified | <input type="checkbox"/> Testing Accommodations |

Other Special Education Needs: _____

Academic Intervention Services:

☐ AIS Reading ☐ AIS Math ☐ Other: _____

Emergency Contact

Names, addresses and phone numbers of people with whom you have made arrangements to take responsibility for your child in the event you cannot be reached.

1. Name: _____
Relationship to Child: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____

2. Name: _____
Relationship to Child: _____ Home
Phone: _____ Cell
Phone: _____
Work Phone: _____

3. Name: _____
Relationship to Child: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____

4. Name: _____
Relationship to Child: _____ Home
Phone: _____ Cell
Phone: _____
Work Phone: _____

Parent/Guardian Statement: I certify that the above information is true and correct. Any misinformation regarding residency may result in being billed to cover the cost of instruction and/or exclusion from attending the Peru Central School District.

Parent/Guardian Signature

Date

Peru Central School District

Peru, NY 12972



RECORD RELEASE AUTHORIZATION

Date: _____ To: _____

Phone: _____

Fax: _____

The student listed below has enrolled in the Peru District on _____.

Please record an exit date from your district that is earlier than this date so that the student is not shown as being simultaneously enrolled in both districts.

The following student has enrolled in our district:

Student: _____ D.O.B. _____ Grade: _____

Please forward the following records for the student listed above:

- ☒ Health/Immunization Records (Also, copy of last physical, if less than a year old.)
- ☒ Academic Records (Transcript/Last Report Card/Last Progress Report/Standardized Test Scores/Current Schedule)
- ☒ Grades 3-8 Science Investigations
- ☒ All Discipline Records
- ☒ Special Education Records, including psych evals., if applicable
- ☒ Birth Certificate
- ☒ Other: _____

Please send the information listed above to:

Peru Central School District
17 School Street
Peru, NY 12972

Fax to:	1(518)643-6083	K-2 Main Office
	1(518)643-6083	3-5 Main Office
	1(518)643-6084	6-8 Main Office
	1(518)643-6084	9-12 Main Office

Peru Central School District

Signature of Parent or Guardian

Date

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Peru Central School District

Peru, NY 12972



PROOF OF RESIDENCY

Peru Central School District requires that all students reside within the district boundaries for attendance. Two proofs of residency are required. Items reflecting a P.O. Box are not valid proofs of residency. All items must be dated within the last 30 days.

You must provide two forms of proof of residency from the list below:

- ☐ Lease or Mortgage Agreement
- ☐ Rental Agreements

AND

- | | |
|---|---|
| <input type="checkbox"/> Telephone Bill | <input type="checkbox"/> Credit Card Bill |
| <input type="checkbox"/> Cable Bill | <input type="checkbox"/> Pay Stub |
| <input type="checkbox"/> Utility Bill | <input type="checkbox"/> Tax Bill |
| <input type="checkbox"/> Car or Home Insurance Policy | <input type="checkbox"/> Voter Registration |
| <input type="checkbox"/> Bank Account Statement | |

I, _____ am a resident of the Peru Central School District. Please accept copies of the indicated documentation as proof of residency.

Date

The Peru Central School District educates homeless youth and children in accordance with the federal McKinney-Vento Homeless Assistance Act, which requires states and school districts to ensure that homeless children and youths have equal access to the same free, appropriate public education, including a public preschool education, as provided to other children and youths. If the student is NOT living in permanent housing, proof of residency and other documents normally needed for enrollment are not

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Required and the student is enrolled immediately. The district's Homeless Liaison will assist the student and family.

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NEW YORK STATE MIGRANT EDUCATION PROGRAM IDENTIFICATION & RECRUITMENT OFFICE PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture, **regardless of their nationality or legal status**. This program is **free of charge** to all eligible families and may include tutoring, free school lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

Please take few minutes to complete this questionnaire.

Has anyone in your family worked, or looked for work at the following occupations during the past 3 years?

- ☐ Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)
- ☐ Work related to logging, harvesting, or initial processing of trees.
- ☐ Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)



If you answer YES, please provide your contact information below:

Parent/Guardian Name: _____

Home address: _____

Telephone number: (____)-____-____ Best time to be reached: _____ AM/PM

Previous Address: _____

Student name: _____ Age _____ Grade _____

Student name: _____ Age _____ Grade _____

**To submit this referral please fax to 607-436-3606, or by mail to NYS Migrant Education Program-
Identification and Recruitment Office: 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020.**



This page may be submitted with the registration packet.

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Media Release Opt-Out Form

Child's Name:

Grade:

Parent's/Guardian Name:

Parent's/Guardian Signature:

- ☐ I do **NOT** give permission for my child to participate in any field trips.
- ☐ I do **NOT** give permission for my child to be photographed or videotaped. It is understood that your child will not appear in photographs or videotapes for presentations, news articles, Peru District publications or the Peru School yearbook.
- ☐ Section 9528 of the No Child Left Behind Act of 2001 allows for school districts to provide names, addresses, and telephone numbers to Military recruiters. For students in grades 11 and 12 only. I do **NOT** consent to allow my child's name to be released.

The media release opt-out form only needs to be returned to school if you do NOT give permission for your child to participate in any field trips or if you do not give your child permission to be photographed or videotaped at school or school events.

Interscholastic Sports

Students in **grades 7-12** are eligible to try out for interscholastic sports. All prospective athletes must have a physical within a year.

Is your child interested in a sport(s)? Yes _____ No _____ If yes, which sport(s):

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TRANSPORTATION DEPARTMENT: Busing Information

The Peru Central School District provides transportation for all students living within the boundaries of the district. Parents are able to decline district transportation. At any time during the school year, parents may contact the Transportation Supervisor to request transportation services and this service will be set up within five school days from notification.

Student Name(s): _____ Grade: _____
_____ Grade: _____
_____ Grade: _____
_____ Grade: _____

☐ I am opting out of district transportation services for my children.

☐ My child(ren) will use District Transportation Services.

Home

Alternate Address:

☐ Check box if home address/phone is the same as registration. If not, complete the below. Address:

Home Phone: _____

Contact Name: _____

Home Phone: _____

Cell Phone: _____

Complete the below chart to designate your child's pickup and drop-off location for each day of the week (Home or Alternate – Alternate typically being daycare).

	AM	PM
<i>Example</i>	<i>Home</i>	<i>Alternate</i>
Monday		
Tuesday		

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Wednesday		
Thursday		
Friday		

Signature of Parent or Guardian

Date

Peru Central School District



TRANSPORTATION DEPARTMENT: Parent Visibility Form

Dear Parent/Guardian of a Peru Elementary student(s);

As per the code of conduct book it is the responsibility of each and every parents/guardian, or designee, to be in attendance at the drop off bus stop location of all K-6 students of the Peru Central School District as referenced by Transportation Law 30:57.

A Parent or guardian must be visible at the drop-off point. If no one is visible at the drop-off point, the Bus Driver will not be allowed to drop students off. The student will be transported back to the campus and transferred to the appropriate School Administrator. The Parent/guardian will then have the responsibility to transport the student home after signing the student off campus from the administrator.

A Parent/Guardian may request in writing an exemption to this requirement. The written request must be made for each individual student. The request will be reviewed by the appropriate School Administrator and filed in the office. A copy of the signed request will be forwarded to the Transportation Department. The school district requires annual updates to this exemption; arrangements from previous school years will not be honored without re-authorization.

If you would like to be exempt from this requirement, fill out the form below and turn it into your child's school office. Please remember that we must have a separate form for each student.

I, _____ give my child _____
(Print Parent/Guardian Name) (Print Child's Name)

in _____, who rides bus _____ to _____
(Grade Level) (Number) (Address)

permission to get off the school bus without my being visible to the bus driver. I understand that it is my responsibility to make sure that either I or another responsible person is always home.

Signature of Parent or Guardian

Date

Signature of School Administrator

Date

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HOME LANGUAGE QUESTIONNAIRE

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. Please complete the Language Background below as required by the New York State Education Department. Your assistance in answering these questions is greatly appreciated.

Student Name: _____ Date of Birth: _____ Gender: _____

Parent/Guardian: _____ Relation to Child: _____

Language Background

1. What language(s) is(are) spoken in the student's home or residence? ☐ English ☐ Other _____
specify

2. What was the first language your child learned? ☐ English ☐ Other _____
specify

3. What is the Home Language of each parent/
Mother ☐ Father _____ ☐ _____

_____ guardian? Please specify for each.
☐ _____
Guardian(s) _____

4. What language(s) does your child understand? ☐ English ☐ Other _____
specify

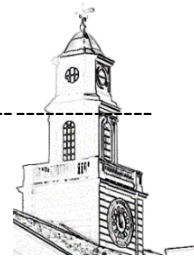
5. What language(s) does your child speak? ☐ English ☐ Other _____
specify
☐ Does not speak

6. What language(s) does your child read? ☐ English ☐ Other _____
specify
☐ Does not read

7. What language(s) does your child write? ☐ English ☐ Other _____
specify
☐ Does not write

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Official Office Use Only



Oral Interview Necessary: ☐ No ☐ Yes

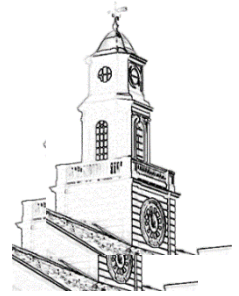
Assigned to: _____

Date: _____

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17 School Street



SCHOOL NURSING SERVICES: Grade PreK-12 Health History

Student Name: _____ Grade: _____ D.O.B: _____

Pediatrician: _____

Please complete all information that pertains to your child (be specific with dates, type of injury, etc.)

Any serious injury or illnesses (such as chicken pox, measles, whooping cough, etc): _____

Serious head injury/accidents: _____

Loss of consciousness: _____

Musculoskeletal/Orthopedic problems: _____

Joint pain/swelling: _____ Fractures/breaks: _____

Scoliosis: _____ Asthma: _____

Heart disease: _____ Heart murmur: _____

Rapid heart rate/Palpitations: _____

Meds/Inhalers: _____

Diabetes: _____ Insulin Pump: _____

Meds for Diabetes: _____

Spleen or Liver conditions: _____

Kidney disease/infections: _____

Hernia: _____

Undescended or one testicle: _____

Restrictions for above: _____

ADHD/ADD: _____ Tourette's: _____

Behavior/attention span issues: _____

Epilepsy/seizures: _____

Describe seizures: _____

Date of last seizure: _____

Hearing loss/ear infections: _____

Glasses, contacts, eye problems: _____

Family History: Does your child have any relative who's been diagnosed with a heart condition, such as a murmur, developed hypertrophic cardiomyopathy, Marfan Syndrome, Brugada Syndrome, right ventricular cardiomyopathy, long QT or short QT syndrome, or catecholaminergic polymorphic ventricular tachycardia? Yes _____ No _____

Please provide details. _____

ALLERGIES: describe reaction to any of the following

Food:

Medications:

Hay fever/environmental:

Bee Stings:

Recommended treatment for the above allergic reaction:

MEDICATIONS (list the name, dosage, and times of any medications your child is currently taking:)

1)

2)

3)

4)

Date of last physical exam:

Name of Health Care Provider:

Date of last physical exam:

Name of Dentist:

Is your child having any dental problems:

Yes_ No _ If yes, what is the problem?

Has child seen an eye doctor? Yes _____ No _____

Name of eye doctor:

Is there any other health information that we should be aware of?

Last school your child attended: _____

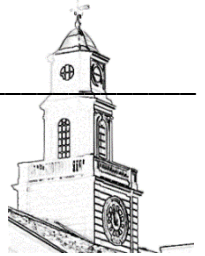
Hospitalizations (list date & reason): _____

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Would you like a conference with the school nurse? Yes ___ No ___ if yes, regarding _____
17 School Street

Signature of Parent or Guardian

Date



NEW YORK STATE IMMUNIZATION REQUIREMENT FOR SCHOOL ENTRANCE Pre-K – 12

Diphtheria Toxoid Containing Vaccine (DTP, DTaP).....	4 doses Pre-K 4-5 doses K-5 3 doses 6-12
Tetanus, Diphtheria, acellular Pertussis (Tdap)	1 dose for students grades 6-12
Polio (eIPV, OPV, IPV).....	3 doses for Pre-K 3-4 doses for grades K-11 1 dose for 12
Measles, Mumps, Rubella (MMR).....	1 dose Pre-K 2 doses K-12
Hepatitis B.....	3 doses Pre-K thru 12 (or 2 doses of adult hepatitis B vaccine for children 11-15 years of age)
Varicella.....	1 dose Pre-K and 2 doses for K-11 1 dose for 12
Meningitis.....	1 dose Grade 7 and 12 (However, grade 12 students are required to have 2 doses if the first was given before age 16; and if the first is given after age 16, only 1 dose is required)
Haemophilus Influenza type B (HIB).....	1-4 doses for Pre-K Only
Pneumococcal Conjugate Vaccine (PCV).....	1-4 doses for Pre-K Only

I understand that if my child transfers from a school district within New York State, **that I have two weeks from the date of admission or, 30 days if transferred from outside of New York State**, to produce an official record of my child's immunizations or in lieu of this the following:

- . New York State licensed physician's certificate stating that the listed Immunizations are detrimental to the child's health. This MUST specify which vaccine is detrimental and the length of time for the exemption.

****PLEASE NOTE THAT ALL MEDICAL EXEMPTIONS MUST BE RENEWED YEARLY. PLEASE PROVIDE YOUR CHILD'S NURSE WITH THE RENEWAL CERTIFICATE AT THE BEGINNING OF EACH SCHOOL YEAR.**

This is to acknowledge that I have been informed of the immunization requirements for admission to schools in New York State as required by the N.Y.S. Public Law, Section 2164.

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I further understand that, under the law, if the school DOES NOT receive the evidence of immunization within the specified period, my child WILL BE EXCLUDED from school until such time as the evidence is received.
17 School Street



Date

Signature of Parent/Guardian

PERU CENTRAL SCHOOL DISTRICT HEALTH SERVICES

Notification to Parents Regarding the Required Health Examination and Request for Dental Certificate

According to State Education Law Article 19, section 903, each new pupil entering a public school shall furnish proof of a physical examination done within the last 12 months. If a health certificate is not presented **at the time of registration**, a written notice will be sent in follow up. Then, if the physical is not furnished **within 30 days**, the school MD, PA or NP will conduct a school exam.

*****PLEASE NOTE THAT PHYSICAL EXAMS FROM OUT OF NEW YORK STATE AND OUT OF COUNTRY ARE NO LONGER ACCEPTABLE.**

Students in grades **Pre-K or K, 1,3,5,7,9,11** are required by law to have physicals and are requested to provide a Dental Certificate. A health appraisal or physical should include height, weight, and blood pressure. Vision and hearing screening results should be included if available. A physical is acceptable 12 months prior to the beginning of the school year in which the exam is required.

All children in a **special program** are required to have a physical every three years in order to modify their educational needs.

Any student interested in obtaining a **working card**, ages 11-18, must have a valid physical on file. Appropriate paperwork including social security card, birth certificate and completed application are required.

Finally, children who participate in **interscholastic sports, grades 7 – 12**, must have a valid physical. The physical will be valid for a period of 12 months through the last day of the month in which the physical was done.

**** State Education law expands health screenings to include the Dental Health of students in New York State. (A dental examination is optional.) According to this law, we are requesting a dental certificate as well as a physical examination. A copy of a dental certificate form can be found at www.perucsd.org.**

If you have any questions, please contact your child's school nurse.

I prefer to have _____ examined by:
_____ School Physical _____ Private Physician

Date: _____

Peru Central School District

Signature of Parent or Guardian

17 School Street

PLEASE RETURN THIS FORM TO YOUR CHILD'S SCHOOL NURSE



SCHOOL NURSING SERVICES

To: Parents/Guardians of Peru Central School District Students

From: District Nurses

Re: Administration of Medication

In accordance with the New York State Law, the following guidelines are to be followed by school personnel in connection with the administration of medication to school students. We must meet the following requirements:

1. The school nurse must have on file, a written request from the parent as well as a request from the physician for school personnel to administer the medication.
2. The physician's written request should state the name of the child, medication to be used, the purpose of the medications, time and amount to be given as well as the physician's signature.
3. The medication must be delivered to school by a responsible person.
4. The medication must be brought to school in the original prescription bottle labeled with the child's name, name of medication, dosage and times to be given.
5. Parents should notify the school immediately if there is a change in the physician's instructions.

Thank you for your cooperation in the matter.

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USE OF DISTRICT INSTRUCTIONAL TECHNOLOGY: Acceptable Use Policy for District Access to Electronic Information, Services, and Networks

Technology is Integral to a Modern Society

The Board of Education is committed to maximizing the intentional integration of instructional technology to enrich and extend learning opportunities for students and staff members. The Board considers student access to end-user devices, learning applications, educational software, and the worldwide web to be a fundamental educational and research tool.

To that end, the District is committed to building and maintaining a robust computer infrastructure capable of supporting the application of 21st Century modern learning tools and practices. The use of computer-related technology in classrooms across the District is strongly encouraged to advance and promote both learning and teaching.

Online navigation, research skills, and interconnectivity are fundamental to the preparation of global citizens and knowledge based participants of an interconnected world economy. Access to the Internet enables students to explore myriad libraries, electronic databases, and other important resources. Instruction to identify useful information and evaluate the value of that material to make connections, build understanding, produce and share knowledge is essential. Educational technology stands to empower learners in the acquisition of information. It also possesses synthesis tools to promote understanding and the production of knowledge. Finally, technology represents a powerful differentiation vehicle to personalize and extend the learning experience.

Beyond the construction of knowledge, the District recognizes that students and staff members alike benefit from the free-flowing exchange of ideas facilitated by modern communication technologies. The source of useful ideas and meaningful exchange need not be constrained by geography. Technological tools can greatly support and accelerate communication between students with other people from around the world.

A robust District network architecture provides the backbone that supports multiple uses of modern technology by students and staff members. First, the District network supports internal and external communication, including telecommunication, email, and print messaging. Second, it provides connectivity to the Internet for research, enhances the evaluation of information and formulation of understanding, and provides authentic means to share knowledge. Third, a functional network promotes continuous professional learning and collaboration. Fourth, it supports reliable operations, including the effective management of student information, routing of buses, and appropriate employee compensation.

User Rights Balanced by Responsibility

Peru Central School District

The Board of Education is committed to developing and supporting responsible cyber-citizenry of students and staff members by providing access to District infrastructure. A central premise of a democratic society is that

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individual freedoms are balanced with an interest in the collective welfare of others, which comprises both physical safety and emotional security. To this end, it is important that the District describes the acceptable and unacceptable uses of District technology. Clear behavioral expectations for the use of District technology are hereby described in this policy.

All students, staff members, and guest users of the District's network must understand that access to District infrastructure, end-user devices, and applications comprise a privilege, not a right, and that their use requires personal responsibility. The District reserves the right to control access to the Internet for all users of its devices, network, and systems architecture. More specifically, the District may either allow or prohibit certain uses of its devices and applications. Further, the District may limit the types of online activity, including access to specific Internet websites.

In making decisions regarding student access to the Internet, the District considers its educational mission, goals, and objectives. Students utilizing District access to the Internet must agree to the terms and conditions of this acceptable use policy or AUP. They must agree to be supervised by District staff members. The students will be held responsible for using technology in a manner similar to how they are expected to behave and/or communicate in a classroom or other area of the school, as described in the District Code of Conduct.

The District expects that faculty will purposefully integrate uses of the Internet throughout the curriculum and will provide guidance and instruction to students in its acceptable use and maximal benefit. While students will be able to move beyond resources previewed and identified by their teachers, it is expected that they will be provided with specific class lists or project guidelines of resources particularly suited to stated learning objectives.

Inappropriate Uses of Technology

The following actions violate this Acceptable Use Policy:

1. to access any individual's digital materials, information, or files without permission;
2. to access, upload, download, or distribute pornographic, obscene, or sexually explicit material whether the material is in audio, graphic, or text format;
3. to harass anyone in any way using the school district's electronic computer systems, networks, or communications systems;
4. to perform commercial activities;
5. to vandalize, damage, or disable the property of another individual or organization
6. to violate any local, state, or federal statute;
7. to violate copyright or otherwise use the intellectual property of another individual or organization without permission;
8. to install or operate computer or network equipment on Peru Central School property not previously approved by the systems administrator;
9. to interfere with the functioning of the network or computer functions to include, but not limited to:
 - a. breaking computer security;
 - b. causing broadcasting of e-mail or packets to cause denial of service conditions;
 - c. computer hacking, attacks on computer resources that result in loss of function or access;
 - d. destruction of others' files;
 - e. distribution of viruses or tools that others might use to cause disruptions;
 - f. running of processes on computers to bog them down;
10. to use any device or process to circumvent security, conduct hacking or cracking operations, or conduct sniffing of network resources;

11. to vandalize, disable, or degrade computer and/or network related equipment;
12. to waste consumable resources;
13. to commit any other action that interferes with the instructional or learning process.

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Protection of User Data

Staff members are required to attain pre-approval from their building or program administrator, who in turn will check with the NERIC Instructional Technology (IT) specialist, before directing or knowingly allowing any student to use any cloud-based educational software or application. This is especially important because of increased concern about identity theft, unwarranted invasion of privacy, and the necessity to protect personally identifiable information as required. The NERIC IT specialist will determine if a formal contract is required or if the terms of service are sufficient to address privacy and security requirements. The NERIC IT specialist will confirm with the Superintendent that all requirements have been satisfied and inform the building or program administrator.

Data Storage Expectations

Further, users of District devices or infrastructure should not expect that files stored on school-based computers will remain private. Electronic messages and files stored on school-based computers may be treated like school lockers. Administrators and faculty may review files and messages to maintain system integrity and ensure that users are acting responsibly.

Procurement of Technology Resources for Learning

The Superintendent, working in conjunction with the designated purchasing agent for the District, NERIC IT management team, and the Director of Curriculum, Assessment and Professional Development will be responsible for the purchase and distribution of computer software and hardware throughout the District.

Long-Term Planning

The District's Tech Vision Committee, a shared-decision making team, will provide input to prepare a comprehensive multiyear technology plan for approval from the Board of Education. The plan will be revised as necessary to reflect statutory changes, evolving technological tools, and/or alterations in District needs.

Consequences for Violations of Use

All users of the District's network, devices, and/or applications shall comply with this policy and regulation. Failure to comply may result in disciplinary action as well as suspension and/or revocation of computer access privileges.

Any violation of District AUP, its rules, or related regulation may result in loss of District-provided access to the network, devices, and/or applications. This include computers and access to the Internet. Additional disciplinary action may be determined by the Superintendent in keeping with existing procedures and practices regarding inappropriate language or behavior via technology. When and where applicable, law enforcement agencies may also be involved.

The Peru Central School District makes no warranties of any kind, neither expressed nor implied, for the Internet access it is providing. The District will not be responsible for any damages users suffer, including--but not limited to--loss of data resulting from delays nor interruptions in service. The District will not be responsible for the accuracy, nature or quality of information on District storage media, nor for the accuracy, nature, or quality of information gathered through District provided Internet access. The District will not be responsible for personal property used to access District computers or networks or for District-provided Internet access. The

District will not be responsible for unauthorized financial obligations resulting from District-provided access to the Internet.

Parents of students in the Peru Central School District shall be provided with the following information:

The Peru Central School District provides access to the Internet. The Internet is an electronic highway connecting hundreds of thousands of computers and millions of individual users all over the world. This computer technology will help propel our schools through the information age by providing students and staff members with access to and use of resources from distant computers, communicate and collaborate with other individuals and groups around the world, and significantly expand their available information base.

The Internet is a tool, integral to lifelong learning in the 21st Century.

The District will be educating all students regarding appropriate online behavior including interacting with other individuals over digital formats, and regarding cyberbullying awareness and response. The District is committed to developing responsible cyber-citizenship among its students.

Families should be aware that some material accessible via the Internet may contain items that are illegal, defamatory, inaccurate, or potentially offensive to some people. In addition, it is possible to purchase certain goods and services via the Internet which could result in unwanted financial obligations for which a student's parent or guardian would be liable.

While the District's intent is to make Internet access available to further educational goals and objectives, students may find ways to access other materials as well. Even though the District has instituted technological methods and systems to regulate students' Internet access, those methods cannot guarantee compliance with the District's acceptable use policy or AUP. The District believes however that the benefits to student access to the Internet exceed its disadvantages.

Ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children must follow when using media and information sources. Toward that end, the Peru Central School District makes the District's complete Acceptable Use Policy and procedures available upon request for review by all parents, guardians, and other members of the community.

K-12 Registration Packet