

New Student Registration

FOR OSWEGO DISTRICT 308

2010/2011 KINDERGARTEN STUDENTS DO NOT NEED TO SCHEDULE AN APPOINTMENT.

ALL OTHER GRADE LEVELS, PLEASE CALL 630-636-2404 TO SCHEDULE A REGISTRATION APPOINTMENT

ALL REGISTRATION APPOINTMENTS WILL BE HELD AT:

OSWEGO DISTRICT 308 CENTRAL REGISTRATION
4175 ROUTE 71
OSWEGO, IL 60543

Tips on how to make your appointment time go smoothly:

- ✓ Review the “Documentation Needed to Enroll a New Student”
- ✓ Have all Registration forms completed in advance
- ☞ **Coming to your appointment without the following forms only delays the registration process. These forms are obtained from your previous school:**
 - ISBE Form (if coming from a public Illinois school)
 - Unofficial Transcripts (grades 10 – 12; or 2nd semester 9th grade)
 - Copy of your physical: Grades 1-5 (use Kindergarten physical)
Grades 7-8 (use 6th grade physical)
Grades 10-12 (use 9th grade physical)
 - A NEW physical is required for grades K, 6, 9
 - A NEW physical is required for students coming from out of state
 - A NEW dental is required for grades K, 2, 6
 - Vision Screening is now required for all students entering an Illinois school for the first time, including Kindergarten
- ✓ Have the required documents to verify residency
- ✓ Remember to bring your students original county-issued birth certificate
- ✓ Custody Papers (if applicable)
- ✓ If you have questions before your appointment, please do not hesitate to call us!



Central Registration
4175 Route 71
Oswego, IL 60543

Phone: 630.636.2404
Fax: 630.636.3691
www.oswego308.org

Documentation Needed to Enroll a New Student

Certificate of Good Standing

____A. **ISBE 33-78*** – **Illinois State Board of Education Transfer Form** – if transferring from a public school within the state of Illinois. No school district is required to admit a new student who is transferring from another Illinois school district unless he or she can produce the standard form from the student's previous school district.

____B. If the student is transferring from an out-of-state public school, the parent or guardian must certify in writing that the student is not currently serving a suspension or expulsion imposed by the school district from which the student is transferring. No school district is required to admit an out-of-state public school student without such a certification.

PROOF OF RESIDENCY

Category A (one from this category)

- ❖ **Closing Papers** – if purchased home is less than 12 months
- ❖ **Mortgage Statement or Current Year Tax Bill**
- ❖ **Current Apartment Lease** – must be dated during the school year of registration. Lease must be signed by all parties and include landlord's name and phone number.

Category B (two from this category)

All utilities must state the service address and the mailing address for this location

- ❖ Current landline phone
- ❖ Current electric bill
- ❖ Current water bill
- ❖ Current cable TV bill
- ❖ Current gas bill

× Items **not** accepted: driver's license, checkbooks, rent receipts, insurance papers, credit card statements, cell phone bills

____ **Birth Certificate** – **County issued original** (hospital copy not accepted).
We will make a copy of your original.

____ **Medical Information*** – current copies signed by an Illinois physician.

- **Physical:** Required for all new students. If coming from out of state: you have 30 days to obtain a physical from Illinois.
- **Dental:** Required for Kindergarten, 2nd and 6th grade
- **Vision:** New requirement for all students entering an Illinois school for the first time, including Kindergarten.

____ **Unofficial Transcripts*** (students entering grades 10-12, or second semester 9th grade)

____ **Current Schedule/Withdrawal Grades***

____ **Current IEP or any other Special Education records*** (if applicable)

____ **Custody Papers** (if applicable, see reverse side)

Tuition Student Pending Residency – An Application/Approval for Tuition Student form must be filled out and signed at the District Administration Center before a student can be registered. A construction contract, purchase contract or lease, signed by both the buyer and seller with a move in date must accompany the form.

**You can contact your previous school to obtain these documents*

CONTINUED ON NEXT PAGE

In any of the following cases, a Pre-Registration Questionnaire must be filled out prior to enrollment:

_____ If the student does not reside with the birth mother or father, an Affidavit of Residence, Custody, Control and Responsibility must be completed, signed and notarized. **Proof of custody** must accompany this.

_____ If the student plans to compete in athletics, **legal court ordered** transfer of custody must be approved prior to enrollment.

_____ Legal Custody - The parent with whom the child lives and has custody must live in our district. Documentation must be presented to support this. The residence of a person who has **legal custody** of a student is deemed to be the residence of the student.

_____ If the legal guardian does not own or lease the residence within the district (i.e.: a single parent and student is living with grandparents), a letter must be written, signed and notarized by the property owner stating who is living in the home, and the length of time they are expected to stay. **Three** forms of residency must also be presented by the owner (see Proof of Residency on previous page). An Affidavit of Residence, Custody, Control and Responsibility must also be completed, signed and notarized.

Pre-School (ages 3 and 4)

Brokaw Early Learning Center

Grades K to 5

**Boulder Hill Elementary School
Churchill Elementary School
Fox Chase Elementary School
Grande Park Elementary School
Homestead Elementary School
Hunt Club Elementary School
Lakewood Creek Elementary School
Long Beach Elementary School
Old Post Elementary School
Prairie Point Elementary School
Southbury Elementary School
The Wheatlands Elementary School
Wolf's Crossing Elementary School**

Grades 6 to 8

**Bednarcik Junior High School
Plank Junior High School
Thompson Junior High School
Traughber Junior High School**

Grades 9 to 12

**Oswego High School
Oswego East High School**

Oswego Community Unit School District 308 STUDENT ENROLLMENT FORM

PARENT E-MAIL: _____

OFFICE USE ONLY

ID # _____ SCHOOL _____
 COUNSELOR _____ GRADE _____
 ENTRY DATE _____ YOG _____

STUDENT NAME

LAST: _____
 FIRST: _____
 MIDDLE: _____
 NICKNAME: _____

STUDENT ADDRESS

STREET: _____
 APT: _____
 CITY: _____
 STATE: _____ ZIP CODE: _____

HOME PHONE: _____ LISTED UNLISTED
 BIRTHDATE: _____ GENDER: MALE FEMALE
 STUDENT RESIDES WITH: BOTH PARENTS MOTHER ONLY MOTHER/STEPFATHER LEGAL GUARDIAN
 FATHER ONLY FATHER/STPMOTHER FOSTER PARENT
 HAS STUDENT BEEN ENROLLED IN DISTRICT 308 BEFORE? YES NO
 SCHOOL LAST ATTENDED: _____ CITY/STATE: _____

BIRTH VERIFICATION

CITY OF BIRTH: _____ STATE: _____ COUNTRY: _____
 IS THIS YOUR STUDENT'S FIRST YEAR IN A UNITED STATES SCHOOL? YES NO
 IN WHAT GRADE DID YOUR CHILD FIRST ENTER SCHOOL IN THE UNITED STATES? _____
 DATE OF UNITED STATES ENROLLMENT: _____ MOTHER'S MAIDEN NAME: _____

PARENT / GUARDIAN

RELATIONSHIP TO STUDENT: _____ HOME PHONE: _____
 LAST NAME: _____ WORK PHONE: _____
 FIRST NAME: _____ CELL PHONE: _____
 (COMPLETE IF DIFFERENT FROM STUDENT) EMPLOYER: _____
 ADDRESS: _____ OCCUPATION: _____
 CITY: _____ STATE: _____ ZIP: _____

RELATIONSHIP TO STUDENT: _____ HOME PHONE: _____
 LAST NAME: _____ WORK PHONE: _____
 FIRST NAME: _____ CELL PHONE: _____
 (COMPLETE IF DIFFERENT FROM STUDENT) EMPLOYER: _____
 ADDRESS: _____ OCCUPATION: _____
 CITY: _____ STATE: _____ ZIP: _____

EMERGENCY CONTACT(S) OTHER THAN PARENT / GUARDIAN

RELATIONSHIP TO STUDENT: _____ HOME WORK CELL
 NAME: _____ PHONE: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

RELATIONSHIP TO STUDENT: _____ HOME WORK CELL
 NAME: _____ PHONE: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME LANGUAGE SURVEY (PART A)

1. IS A LANGUAGE OTHER THAN ENGLISH SPOKEN IN YOUR HOME? YES NO WHAT LANGUAGE? _____
2. DOES YOUR CHILD SPEAK A LANGUAGE OTHER THAN ENGLISH? YES NO WHAT LANGUAGE? _____
- If the answer to either question is yes, the law requires the school to assess your child's English language proficiency. We ask that you complete the **Home Language Survey** (Part B) attached to this registration packet.*
3. LANGUAGE SPOKEN AT HOME THE MOST: _____

SPECIAL SERVICES RECEIVED

- IS YOUR CHILD RECEIVING SPECIAL EDUCATION SERVICES? YES NO
- DOES YOUR CHILD HAVE A CURRENT IEP? YES NO
- DOES YOUR CHILD HAVE A CURRENT 504 PLAN? YES NO

MEDICAL INFORMATION

DOCTOR/PRIMARY CARE PROVIDER: _____ PHONE: _____

PREFERRED HOSPITAL: (circle one) RUSH-COPLEY MERCY OTHER: _____

TRANSPORTATION

MY CHILD WILL BE TRANSPORTED TO AND FROM SCHOOL BY:

SCHOOL BUS DRIVEN BY PARENT/DAYCARE PROVIDER WALK

If your child is cared for by someone outside of the home before and/or after school, provide the information requested below for the childcare provider:

• **DAYCARE** BEFORE AFTER BEFORE & AFTER

LAST NAME: _____ HOME PHONE: _____

FIRST NAME: _____ CELL PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SIBLING INFORMATION

Please list below the names and ages of brothers and sisters under the age of 21 living in your home.

First Name	Last Name	Birthdate	Gender	School Attending	Relationship to the Student

THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE

SIGNATURE OF PARENT OR GUARDIAN

DATE

FALSIFYING ANY INFORMATION ON THIS FORM IS A CLASS C MISDEMEANOR AND WILL RESULT IN THE RECOVERY OF TUITION.

Parent Permission for Field Trips

Today's classrooms extend beyond the physical limits of a room or even a building. Teachers recognize the values of taking school children on field trips or excursions. Among other educational benefits, children get to see and hear things which cannot be brought into the classroom. On some field trips, children take school buses. On others, they walk or use other means of transportation.

If you sign in the space below, your child will be allowed to join in these field trips during the current school year. However, he/she will still be given information to take home before each field trip—by note, by PTA newsletter, by a school's monthly calendar, or by some other means—to let you know the place to be visited and the date of the field trip. At that time, you may refuse to give your permission for your child to go on this specific field trip. You should know that the School District is not necessarily responsible for every injury sustained by a pupil.

I have read the foregoing information and consent to my child's being taken on field trips during the school year and give my permission for my child to receive emergency medical treatment in the event I cannot be reached.

Signature of Parent/Guardian _____ Date _____

Oswego School District 308 Parent Permission Information Form
(Required Authorization for all New Students, Sixth and Ninth Grade Students)

STUDENT NAME: (PLEASE PRINT) _____ GRADE/SCHOOL: _____

WEB SITE PUBLICATION OF STUDENT PHOTOGRAPHS, WORK PRODUCTS AND NAMES

Students involved in classroom activities, school activities/events, and after-school sponsored activities may be photographed. Samples of student work may also be reproduced. These items may be published on any district sponsored Web page or school-sponsored publication provided that student photographs and work products are displayed only as described below.

The publication of student photographs and/or work products on any district sponsored Web page shall be in accordance with the following guidelines:

Photographs: All photographs shall involve students engaged in a school-related activity. No student names will accompany the photographs. Exception: names of students participating in district sponsored co-curricular and extracurricular activities may be listed with team or organization photographs.

The district reserves the right to post group photographs in which students are not clearly identifiable. Please note that students may not always be recognized by the staff member publishing photographs to the school or district Web sites. Please contact the school if you object to a photograph including your student posted to the school or district Web site and you would like it to be removed. The photograph will be removed promptly.

Work Products: Student projects published on any district Web page may be accompanied by the student's first and last name, and grade level.

Names: Names of students without photographs may be published on any district or school Web page in recognition of an accomplishment.

_____ I give permission for my child's name, photo, or work samples to be included on school and/or district Web pages.

_____ I do not want my child's name, photo, or work samples to be included on school and/or district Web pages.

Parent/Guardian Signature: _____ **Date:** _____

Photographs of students whose parents/guardians have filed a written objection on or before September 15 of each school year to the use of such photographs shall not be published by the district.

PARENT PERMISSION FOR MEDIA

Permission for close-up photographs and interviews of students less than 18 years of age can be granted to the media ONLY with parent approval. These photographs, written interview quotes and verbal interview statements will appear in information about Oswego Community School District 308, programs, and people.

I understand that the Oswego CUSD 308 shall not be liable for royalties, commissions, or payments of any nature to me or my children in connection with such filming, photographing and/or interviewing. Oswego Public Schools assumes no liability of any nature in connection with such filming and/or interviewing.

_____ I hereby give my permission to Oswego CUSD 308 to allow my child to be filmed/photographed and interviewed by the media.

_____ I do not give my permission to Oswego CUSD 308 to allow my child to be filmed/photographed and interviewed by the media.

Parent/Guardian Signature: _____ **Date:** _____

REQUEST FOR TEXTBOOK/EQUIPMENT LOAN

- I hereby request the loan of secular textbooks in accordance with Section 18-17 of the Illinois School Code.
- I hereby request the loan of secular mathematics/science equipment and 3.54 instructional materials in accordance with Section 2-3.54 of the Illinois School Code.

I understand that this request will remain valid as long as my child is enrolled in the Oswego CUSD 308, and that I may at any time withdraw this request.

Parent/Guardian Signature: _____ **Date:** _____

**OSWEGO SCHOOL DISTRICT 308
NEW STUDENT DATA COLLECTION FORM**

STUDENT NAME: _____

GRADE/SCHOOL: _____

Illinois State Board of Education
New U.S. Department of Education Race and Ethnicity Data Standards

INSTRUCTIONS: This form is to be filled out by the student's parents or guardians, and both questions must be answered. Part A asks about the student's ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

Part A. Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) **Choose only one.**

- No, not Hispanic/Latino**
- Yes, Hispanic/Latino**

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider this student's race to be.

Part B. What is the student's race? **Choose one or more.**

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- 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.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Note: Data collected on this form must be maintained by the school district for three years. However, when there is litigation, a claim, an audit, or another action involving this record, the original responses must be retained until the completion of the action.

Signature of Parent/Guardian: _____

Date: _____

Signature of School Official: _____

Date: _____

Annual Health History

Year 20__ - 20__

Oswego CUSD # 308

Student's			Birth		Parent Name	
Name Last First Middle			Date Month Day Year		Parent Phone #	
Grade		Sex M <input type="checkbox"/> F <input type="checkbox"/>		Physician		Phone
School			Comments		Comments	
Allergies? Specify. Allergies to Medication/ Environmental / Food / Stinging Insects (circle)		Yes <input type="checkbox"/> No <input type="checkbox"/>	Indicate severity & treatment:		Loss of Function of one of paired organs? Eye / Ear / Kidney / Testicle (circle)	
Diagnosis of Asthma? Wakes during night coughing?		<input type="checkbox"/> <input type="checkbox"/>	Indicate severity:		Hospitalizations? When? What for?	
Birth Defect?		<input type="checkbox"/> <input type="checkbox"/>	Type:		Serious injury/illness? When? What?	
Blood Disorders? Hemophilia, Sickle Cell, Other? Explain		<input type="checkbox"/> <input type="checkbox"/>			Surgery? (List all) When? What for?	
Diabetes? Type I or Type II (circle)		<input type="checkbox"/> <input type="checkbox"/>			Diagnosis of migraine headaches? Explain treatment used.	
Head Injury/Concussion When?		<input type="checkbox"/> <input type="checkbox"/>			Mental Health Concerns? Depression, Bipolar Disorder, other? Explain.	
Diagnosis of seizure disorder? Type? How long do they last? Please describe.		<input type="checkbox"/> <input type="checkbox"/>			Shunt? Right or Left (circle) What type?	
Heart Problem / Current heart murmur? (circle)		<input type="checkbox"/> <input type="checkbox"/>			Dental: Braces / Bridge / Plate (circle)	
High Blood Pressure?		<input type="checkbox"/> <input type="checkbox"/>			Pre K - K only Developmental Delay?	
Dizziness or chest pain with exercise?		<input type="checkbox"/> <input type="checkbox"/>			Is your child potty trained (daytime)?	
Bone/Joint Problems/Scoliosis?		<input type="checkbox"/> <input type="checkbox"/>			If NO, are you interested in assistance with toilet training during the school day?	
Ear/Hearing Problem/Frequent Ear Infections? Explain.		<input type="checkbox"/> <input type="checkbox"/>			Additional Comments?	
Medically-related dietary restrictions? Explain.		<input type="checkbox"/> <input type="checkbox"/>			Medications (List all prescribed or taken on a regular basis.)	
Eye/Vision Problems? Glasses/Contacts? (circle)		<input type="checkbox"/> <input type="checkbox"/>	Last eye exam?			
This information is shared with 911 providers in case of an emergency.			Parent/Guardian		Date	
			Signature			

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event reasonable attempts to contact me at the locations listed below are unsuccessful, I, as parent or legal guardian of **(name of student)** _____, so hereby authorize: (1) the treatment by a licensed medical physician of my child/ward in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, and (2) the transfer of my child/ward to any hospital reasonably accessible.

This release form is completed and signed with the purpose of authorizing medical treatment under emergency circumstances in my absence. *(please print)*

Guardian name:	Relation to student:
Address:	City:
Home phone:	Business phone:
Cell phone:	Other phone:

This information is shared with 911 providers in case of emergency.

Parent/Guardian Signature

Date

AUTHORIZATION TO RELEASE HEALTH RECORDS

I hereby authorize my child's health care provider and previous school to release my child's most recent physical, immunization, and other pertinent health information to Oswego CUSD 308 for completion of student health records. This authorization is valid while the student is enrolled in Oswego CUSD 308.

Parent/Guardian Signature

Date

PESTICIDE NOTIFICATION REQUEST

The Oswego School District #308 practices Integrated Pest Management, a program that combines preventive techniques, non-chemical pest control methods, and the appropriate use of pesticides with a preference for products that are the least harmful to human health and the environment. The term "pesticide" includes insecticides, herbicides, rodenticides, and fungicides.

This school district is establishing a registry of people who wish to be notified prior to pesticide applications. To be included in this registry, please sign below.

If you have any questions or comments, please contact the, Director of Buildings and Grounds at 630-636-3171.

I would like to be notified two days before the use of pesticides at the school. I understand that if there is an immediate threat to health or property that requires treatment before notification can be sent out, I will receive notification as soon as possible.

Parent/Guardian Signature

Date

PLEASE COMPLETE BOTH SIDES

ACCEPTABLE USE OF NETWORK AND TECHNOLOGY RESOURCE PROCEDURES

1. ACCEPTABLE USE

The use of on-line network computer services must at all time be in support of education and research consistent with the educational objectives of Oswego Community Unit School District 308. All users of computer network services and computers (the "Computer Network System") at the District must comply with all rules regulations, guidelines, terms and conditions adopted both by the Administration and by classroom teachers and school staff members.

The Children's Internet Protection Act (CIPA) is a federal law enacted by Congress in December 2000 to address concerns about access to offensive content over the Internet on school and library computers. CIPA imposes certain types of requirements on any school or library that receives funding support for Internet access or internal connections from the "E-rate" program – a program that makes certain technology more affordable for eligible schools and libraries. In early 2001, the Federal Communications Commission (FCC) issued rules implementing CIPA.

What CIPA Requires

Schools and libraries subject to CIPA may not receive the discounts offered by the E-Rate program unless they certify that they have an Internet safety policy and technology protection measures in place. An Internet safety policy must include technology protection measures to block or filter Internet access to pictures that: (a) are obscene, (b) are child pornography, or (c) are harmful to minors, for computers that are accessed by minors.

Schools subject to CIPA are required to adopt and enforce a policy to monitor online activities of minors; and

Schools and libraries subject to CIPA are required to adopt and implement a policy addressing: (a) access by minors to inappropriate matter on the Internet; (b) the safety and security of minors when using electronic mail, chat rooms, and other forms of direct electronic communications; (c) unauthorized access, including so-called "hacking," and other unlawful activities by minors online; (d) unauthorized disclosure, use, and dissemination of personal information regarding minors; and (e) restricting minors' access to materials harmful to them.

2. PRIVILEGES

The Computer Network system is provided as a privilege by the District and may be revoked at any time. Inappropriate use may result in discipline, including in the loss of computer use privileges. The Administration, faculty and staff may request that computer privileges be denied, revoked, or suspended for users of the Computer Network System at any time.

3. PROHIBITED USE

Unethical and unacceptable behavior as defined below is prohibited and shall result in disciplinary action, which may include all discipline available under the Oswego Student Behavior Code and suspension or denial of Computer Network System privileges. Unethical and unacceptable use of the Computer Network System shall include, but not be limited to:

- Use of the Computer Network System to access, retrieve or view obscene or indecent materials. Indecent materials are those materials, which in context, depict or describe in terms patently offensive, as measured by contemporary community standards, sexual activities or organs. Obscene materials are those materials which, taken as a whole, appeal to the prurient interest in sex, which portray sexual conduct in a patently offensive way in which, taken as a whole, do not have any serious literary, artistic, political or scientific value.
- Use of the Computer Network System to access, retrieve or view or disseminate any material in violation of any U.S. or state regulation or school policy. This includes, but is not limited, improper use of copyrighted material, improper use of passwords or access codes, disclosing any user's full name, home address, or phone number or that of another student or teacher.
- Use of the Computer Network System to transfer files of any software to or from the school computer.
- Use of the Computer Network System for profit commercial activities, including advertising or sales.
- Use of the Computer Network System in a manner that is directed toward or intended to harass, threaten, intimidate, or demean an individual or group of individuals because of gender, color, race, religion, handicap, national-origin or sexual orientation.
- Use of the Computer Network System to substantially threaten or actually disrupt the educational process or interfere with the rights of others at anytime, either during school days or after school hours.
- Use of the Computer Network System to gain unauthorized access to the files of others or vandalize the data or files of another user.
- Use of the Computer Network System to gain unauthorized access to resources or entities.
- Use of the Computer Network System to improperly forge or alter electronic mail messages or to use an account owned by another user.
- Use of the Computer Network system to invade the privacy of any individual.
- Use of the Computer Network System to download, copy, print or otherwise store or possess any data which might be considered in violation of these rules.

4. DISCLAIMER

Oswego Community Unit School District 308 makes no warranties of any kind whether expressed or implied, for the Computer Network System which it is providing to students of the District. The District will not be responsible for any damages suffered including the loss of data resulting from delays, non-deliveries, mis-deliveries, or service interruptions. Use of any information obtained via the Computer Network system is at the user's own risk. The District denies any responsibility for the accuracy or quality of information obtained through the Computer Network system.

5. SECURITY

Security in any Computer network System is a high priority and must be a priority for all users. If a student is aware of any security risk or abuse of the Computer Network System, the student must notify a teacher or other staff member immediately. Students are prohibited from sharing their log-in ID or password with any other individual. Any attempt to log-in as another individual onto the Computer Network system will result in immediate cancellation of system privileges.

6. VANDALISM

Any vandalism or attempted vandalism (physical or electronic) to District computers, the District network files or others or to the Computer Network System in any way is prohibited, and will result in immediate cancellation of Computer Network system privileges, disciplinary action and potential legal action. Vandalism includes, but is not limited to, the downloading, uploading, or creation of computer viruses, worms or other malicious files as well as physical damage to equipment.

7. SANCTIONS

If a student engages in any of the prohibited acts listed above, the student shall be disciplined in accordance with the Oswego Community Unit School District 308 Student Behavior Code and may be subject to any of the following disciplinary actions:

- a. Suspension of Internet access;
- b. Revocation of Internet network access;
- c. Suspension of network privileges;
- d. Revocation of network privileges;
- e. Suspension of computer access;
- f. Revocation of computer access;
- g. School suspension;
- h. School expulsion; and
- i. Referral to legal authorities for prosecution.

Acceptable Use of Network and Technology Resource Procedures

STUDENT NAME: _____

GRADE: _____

The District believes that the benefits to educators and students from access to the Internet, in the form of information resources and opportunities for collaboration, far exceed any disadvantages of access. While the Oswego Community Unit District's intent is to make Internet access available to further its education goals and objectives, account holders will have the ability to access other materials as well. Other sites accessible via the Internet may contain material that is illegal, defamatory, obscene, indecent, inaccurate or potentially offensive to some people. I/We have been advised that the District does not have control of the information on the Internet. The District does employ technical methods to regulate students' Internet access in accordance with the Children's Internet Protection Act, however those methods do not guarantee a student's compliance with the District's Acceptable Use Guidelines. Our Internet safety policy includes technology protection measures to block or filter Internet access to sites that: (a) are obscene, (b) are pornographic or (c) are harmful to minors. The District is also required to adopt and enforce a policy to monitor online activities of minors. I/We understand that student access to the Oswego Community Unit District Network System exists to support the District's educational responsibilities and mission. The specific conditions and services that are offered will change from time to time. In addition, the Oswego Community Unit District makes no warranties with respect to the Oswego Community Unit District Network System, and it specifically assumes no responsibilities for:

- A. The content of any advice or information received by a student from an Internet or other on-line source, or any costs or charges incurred as a result of accessing or accepting such advice or information;
- B. Any costs, liability or damages caused by the way the student chooses to use his/her District Computer Network access;
- C. Any consequences of service interruptions or changes, even if these disruptions arise from circumstances under the control of the District;
- D. The privacy of electronic mail; or
- E. Any retrieval of or access to illegal, obscene, indecent material or copyrighted information.

I/We have seen and read the Acceptable Use of Network and Technology Resource Procedures

My child:

may may not use the Oswego Community Unit District computer network

may may not have access to the Internet to support educational activities

Parent/Guardian name: _____ Date: _____

Please print name: _____

The district reserves the right to deny a student permission to use the computer network if this form is not properly signed and returned.

Revised 1/8/10

