



RESIDENTIAL STATUS
ESTADO RESIDENCIAL

School _____ **Student ID Number** (Your school can fill this in if not known) _____
escuela _____ **número de identificación del estudiante** (Su escuela puede llenar esto si no lo sabe)

Student's Full Name _____
Nombre del estudiante _____

Please check the one that applies to you the most
Por favor, marque la que se aplica a usted

- Permanent Housing (Living in a house or apartment) 200**
Vivienda permanente (vive en una casa o apartamento)
- Shelter 100**
Shelter
- Hotel/Motel 110**
Hotel/Motel
- Unsheltered 130**
Unsheltered
- Doubled-up (Living house to house with family or friends due to economic hardship, i.e. - loss of job, house, etc.) 120**
Doubled-up (viviendo casa por casa con familia o amigos debido a las dificultades económicas, ej.: pérdida de trabajo, casa, etc.)
- Doubled-up (By choice, i.e. – helping a loved one, waiting for your residence to be available, etc. Long term) 200**
Doubled-up (por elección, es decir – ayudando a un ser querido, esperando su residencia que esté disponible, etc.. A largo plazo)
- Kinship (student placed with family by court)**
Parentesco (estudiante colocado con familia por corte)
- Foster *Must show placement agreement form**
*Foster *debe mostrar formulario de acuerdo de colocación*
- Group Home (Licensed Children's Institution) *Must show placement agreement form**
*Group Home (institución de niños con licencia) *debe mostrar formulario de acuerdo de colocación*
- Decline to state at this time (Will be considered living in a house or apartment) 200**
Rechazar decir estatus de residencia en este momento (se considerarán viviendo en una casa o apartamento)

Parent/Guardian Signature _____

**STUDENTS ACCEPTABLE USE OF TECHNOLOGY AGREEMENT
AND RELEASE OF DISTRICT FROM LIABILITY**

STUDENT ACCEPTABLE USE OF TECHNOLOGY

Exhibit - BP 6163.4

The Antioch Unified School District authorizes students to use technology owned or otherwise provided by the District as necessary for instructional purposes. The use of District technology is a privilege permitted at the District's discretion and is subject to the conditions and restrictions set forth in applicable Board policies, administrative regulations, and this Acceptable Use Agreement. The District reserves the right to suspend access at any time, without notice, for any reason.

The District expects all students to use technology responsibly in order to avoid potential problems and liability. The District may place reasonable restrictions on the sites, material, and/or information that students may access through the system.

Each student who is authorized to use District technology and his/her parent/guardian shall sign this Acceptable Use Agreement as an indication that they have read and understand the agreement.

DEFINITION

District technology includes, but is not limited to, computers, the District's computer network including servers and wireless computer networking technology (wi-fi), the Internet, email, USB drives, wireless access points (routers), tablet computers, smartphones and smart devices, telephones, cellular telephones, digital photographic devices, personal digital assistants, pagers, MP3 players, wearable technology, any wireless communication device including emergency radios, and/or future technological innovations, whether accessed on or off site or through District-owned or personally owned equipment or devices.

STUDENT OBLIGATIONS AND RESPONSIBILITIES

Students are expected to use District technology safely, responsibly, and for educational purposes only. The student in whose name District technology is issued is responsible for its proper use at all times. Students shall not share their assigned online services account information, passwords, or other information used for identification and authorization purposes, and shall use the system only under the account to which they have been assigned.

Students are prohibited from using District technology for improper purposes, including, but not limited to, use of District technology to:

1. Access, post, display, or otherwise use material that is discriminatory, libelous, defamatory, obscene, sexually explicit, or disruptive
2. Bully, harass, intimidate, or threaten other students, staff, or other individuals ("cyberbullying")
3. Disclose, use, or disseminate personal identification information (such as name, address, telephone number, Social Security number, or other personal information) of another student, staff member, or other person with the intent to threaten, intimidate, harass, or ridicule that person
4. Infringe on copyright, license, trademark, patent, or other intellectual property rights

STUDENTS ACCEPTABLE USE OF TECHNOLOGY AGREEMENT AND RELEASE OF DISTRICT FROM LIABILITY

5. Intentionally disrupt or harm District technology or other District operations (such as destroying District equipment, placing a virus on District computers, adding or removing a computer program without permission from a teacher or other District personnel, changing settings on shared computers)
6. Install unauthorized software
7. "Hack" into the system to manipulate data of the District or other users
8. Engage in or promote any practice that is unethical or violates any law or Board policy, administrative regulation, or District practice

PRIVACY

Since the use of District technology is intended for educational purposes, students shall not have any expectation of privacy in any use of District technology.

The District reserves the right to monitor and record all use of District technology, including, but not limited to, access to the Internet or social media, communications sent or received from District technology, or other uses. Such monitoring/recording may occur at any time without prior notice for any legal purposes including, but not limited to, record retention and distribution and/or investigation of improper, illegal, or prohibited activity. Students should be aware that, in most instances, their use of District technology (such as web searches and emails) cannot be erased or deleted.

All passwords created for or used on any District technology are the sole property of the District. The creation or use of a password by a student on District technology does not create a reasonable expectation of privacy.

PERSONALLY OWNED DEVICES

If a student uses a personally owned device to access District technology, he/she shall abide by all applicable Board policies, administrative regulations, and this Acceptable Use Agreement. Any such use of a personally owned device may subject the contents of the device and any communications sent or received on the device to disclosure pursuant to a lawful subpoena or public records request.

REPORTING

If a student becomes aware of any security problem (such as any compromise of the confidentiality of any login or account information) or misuse of District technology, he/she shall immediately report such information to the teacher or other District personnel.

CONSEQUENCES FOR VIOLATION

Violations of the law, Board policy, or this agreement may result in revocation of a student's access to District technology and/or discipline, up to and including suspension or expulsion. In addition, violations of the law, Board policy, or this agreement may be reported to law enforcement agencies as appropriate.

**STUDENTS ACCEPTABLE USE OF TECHNOLOGY AGREEMENT
AND RELEASE OF DISTRICT FROM LIABILITY**

Student Acknowledgment

I have received, read, understand, and agree to abide by this Acceptable Use Agreement and other applicable laws and District policies and regulations governing the use of District technology. I understand that there is no expectation of privacy when using District technology. I further understand that any violation may result in loss of user privileges, disciplinary action, and/or appropriate legal action.

Name: _____ Grade: _____
(Please print)

School: _____

Signature: _____ Date: _____

Parent or Legal Guardian Acknowledgment

If the student is under 18 years of age, a parent/guardian must also read and sign the agreement.

As the parent/guardian of the above-named student, I have read, understand, and agree that my child shall comply with the terms of the Acceptable Use Agreement. By signing this Agreement, I give permission for my child to use District technology and/or to access the school's computer network and the Internet. I understand that, despite the District's best efforts, it is impossible for the school to restrict access to all offensive and controversial materials. I agree to release from liability, indemnify, and hold harmless the school, District, and District personnel against all claims, damages, and costs that may result from my child's use of District technology or the failure of any technology protection measures used by the District. Further, I accept full responsibility for supervision of my child's use of his/her access account if and when such access is not in the school setting.

Name: _____ Date: _____
(Please print)

Signature: _____



Publishing Release Form and Parent Permission for Publishing Student Work

Board Policy 1113, Board Policy 6162.6

I give permission to the Antioch Unified School District to publish or release for publication (check all that apply):

- work including but not limited to drawings, materials, or writings, from my student's classroom, individual work by my son/daughter, and/or photographs of school activities that may contain my student's photograph on the school's website, which is housed on the web server designated by Antioch Unified School District;
- photographs, videos, sound recordings or other audio/visual materials for use in the production of printed or audio-visual materials;
- just this specific designated item. _____

I understand that the work will appear with a copyright notice prohibiting the copying of such work without express written permission. In the event anyone requests such permission, the request will be forwarded home. No home address or telephone number will appear with such work. I agree to hold the school, the District, and its officers, employees, or agents harmless for any unauthorized uses or copyright violations arising from the publication of my student's work and/or photograph published on the school's web site.

In addition, I release any claims against the school, the District, and its officers, employees, or agents for any damages, awards, claims, or liabilities that may arise from any unauthorized uses or copyright violations of my student's work and/or photograph.

Student Name: _____
(print)

Classroom Teacher: _____ School: _____

Home/Cell Phone Number: _____

Name of Parent or Guardian: _____
(print)

Signature of Parent or Guardian: _____ Date: _____

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RELEASE OF STUDENT INFORMATION (Optional)

If you do not wish directory information released, please sign where indicated below and return to the school office within the next 30 days. Note that this will prohibit the District from providing the student's name and other information to the news media, interested schools, parent-teacher associations, interested employers, and similar parties. A separate letter must be sent to your student's principal if you do not want information released to military recruiters.
(Annual Notification)

Do NOT release student information regarding _____
(Student's Name - Please Print)

- Check if an exception may be made to include student information and photos in the yearbook.
- Check if an exception may be made to provide student information/photos to newspapers/media for the purpose of graduation announcements, scholarships, awards, and recognitions.

Signature of Parent or Guardian: _____ Date: _____



ANTIOCH UNIFIED SCHOOL DISTRICT

INHALER/MEDICATION

Date: _____

_____ (student) has been instructed in the proper use of (inhaler/medication) _____. The child's well-being is in jeopardy unless the inhaler/medication is carried on his/her person; therefore, we request that he/she be permitted to carry the inhaler/medication. He/she understands the purpose, appropriate method, and frequency of use of this inhaler/medication.

Physician's Signature

Date

Physician's Name: _____

Address _____

Phone: (____) _____

**

I permit my child to carry the above listed inhaler/medication as ordered by his/her physician. I understand that sharing medication with other students will result in disciplinary action.

Parent/Guardian Signature

Date

**THIS FORM MUST BE COMPLETED IN ADDITION TO THE ROUTINE DISTRICT
MEDICATION AUTHORIZATION FORM**