



# COLUMBIA UNION SCHOOL DISTRICT

## STUDENT USE OF TECHNOLOGY AGREEMENT

The Columbia Union 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.

### Definitions

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, 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. 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
5. Infringe on copyright, license, trademark, patent, or other intellectual property rights
6. 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)
7. Install unauthorized software
8. "Hack" into the system to manipulate data of the district or other users
9. 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.

### **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. Students waive any right to privacy or confidentiality to material that was accessed, created, sent or stored using Columbia Union School District technology or a District provided network account. I further understand that any violation may result in loss of user privileges, disciplinary action, and/or appropriate legal action.

User Name (Please Print): \_\_\_\_\_

User Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Parent or Legal Guardian Acknowledgment**

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 grant consent to the Columbia Union School District to access all district-owned electronic devices and the information created by those devices. 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.

Parent/Guardian's Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**COLUMBIA UNION SCHOOL DISTRICT  
STUDENT EMERGENCY CARD**

OFFICE USE ONLY: STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_  
 TEACHER: \_\_\_\_\_ HEALTH ALERTS:  YES  NO  
 BUS #: \_\_\_\_\_ CLASSROOM #: \_\_\_\_\_

**STUDENT INFORMATION**

NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ GRADE: \_\_\_\_\_  
LAST FIRST MIDDLE

GRADE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ HOME LANGUAGE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_  
STREET CITY STATE/ZIP

MAILING ADDRESS: \_\_\_\_\_  
CITY STATE/ZIP

CUSTODY/GUARDIANSHIP DOCUMENTS:  YES  NO (Copies must be on file in the school office)

MOTHER'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

LIVING WITH STUDENT:  YES  NO EMAIL ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

LIVING WITH STUDENT:  YES  NO EMAIL ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

GUARDIAN'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

LIVING WITH STUDENT:  YES  NO EMAIL ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

SIBLINGS LIVING WITH STUDENT (Include first/last names and ages):

\_\_\_\_\_

\_\_\_\_\_

EMERGENCY CONTACT (IN THE CASE OF AN EMERGENCY WHEN A PARENT/GUARDIAN CANNOT BE REACHED):

NAME	RELATIONSHIP	CONTACT NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

**MEDICAL/EMERGENCY INFORMATION:**

*In the event of an emergency requiring immediate medical attention, and a parent/guardian cannot be reached, I give consent for my child to be transported to a medical facility for emergency care and to receive medical attention from a physician or dentist.*

PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_ HOSPITAL: \_\_\_\_\_

IS STUDENT COVERED BY MEDICAL INSURANCE?  YES  NO DENTAL INSURANCE?  YES  NO

MEDICAL PLAN: \_\_\_\_\_ DENTAL PLAN: \_\_\_\_\_

SPECIAL INSTRUCTIONS/COMMENTS (Please list any special health needs, including specific allergic reactions to food, bee stings, etc., if the student has an active emergency care plan, medical 504 Plan, or Diabetic Medical Management Plan):

\_\_\_\_\_

\_\_\_\_\_

**MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN:**

SIGNATURE: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE FILL OUT COMPLETELY AND NOTIFY THE OFFICE IMMEDIATELY OF ANY CHANGES**



# Columbia Union School District

*"Home of the 49ers"*

## Custody Law Notification

**Columbia District Office**  
22540 Parrotts Ferry Road  
Columbia, CA 95310  
(209) 532-0202  
FAX (209) 533-7709

**Superintendent**

Joseph Aldridge

**Chief Business Official**

Lesa Edwards

**Administrative Assistant**

Michelle Solis

**Columbia School Office**

22540 Parrotts Ferry Road  
Columbia, CA 95310  
Phone: (209) 533-7700  
FAX: (209) 532-4998

**Principal**

Suzanne Mohr

**School Secretary**

Lori Stewart

**GOVERNING BOARD**

Faith Alarcon-Calden  
Jenny David  
Jo Rodefer  
Dr. Jeff Wittman

**Website**

www.cusd49.com

Custody disputes must be handled by the courts. By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the children **UNLESS** there is a signed court order that indicates otherwise. The school has no legal right to refuse a biological parent access to their children and /or school records.

Parents are asked to make every attempt **not** to involve the schools in custody matters. School needs to be a safe place for every child. If a parent has a signed, **CURRENT** court order limiting custody of one parent the school office **MUST HAVE A COPY** on file. If the school office does not have a copy on file, the school is required by law to release children to their parents with proper identification. In situations that become verbally or physically dangerous or disrupted the school will call the Tuolumne County Sheriff's Department and a deputy will be sent to the school to intervene.

**I have read and understand the above statement.**

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Received by: \_\_\_\_\_

Received by the school office on \_\_\_\_\_

**COLUMBIA ELEMENTARY - MEDICAL ALERT SHEET**  
**TO BE COMPLETED BY PARENT OR GUARDIAN ONLY!**  
**MUST BE SIGNED BY PARENT/GUARDIAN AT BOTTOM OF PAGE**

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

PLEASE NOTE: If your child is to receive medication during the school day, an Administration of Medication Form must be completed and kept on file in the office. Absolutely NO MEDICATION (either prescription or over-the-counter medication) will be given without the completed form (Ed Code 49423).

• Please indicate if your child has any of the following:

- |                                                                                                       |                                        |
|-------------------------------------------------------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Asthma Inhaler? <input type="checkbox"/> Y <input type="checkbox"/> N        | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> ADD/ADHD If yes, meds? <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Epilepsy      |
| <input type="checkbox"/> Diabetes                                                                     | <input type="checkbox"/> Migraines     |

• Does student have any allergic reactions (including bees)?  Y  N If yes, please describe:

\_\_\_\_\_

• Does student have a physical disability?  Y  N Describe: \_\_\_\_\_

• If student has any health-related concerns that would affect his/her school performance, please describe:

\_\_\_\_\_

• Name of student's physician. If none, state "None": \_\_\_\_\_

In the case of serious illness or accident, Columbia Elementary School has permission to take my student to the nearest hospital.  Y  N

• Name of student's dentist. If none, state "None": \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Please list the names and telephone numbers of adults other than those listed on the registration card you authorize Columbia Elementary to call and/or release your student to in the event he/she is ill, injured, or needs to be sent home. All those listed must be at least 18 years of age. Please include area codes.

Name/Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name/Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name/Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name/Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# COLUMBIA UNION SCHOOL DISTRICT

22540 PARROTS FERRY ROAD, COLUMBIA CA 95301

## STUDENT WORK/PHOTO RELEASE

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

*I hereby give the following permission for use of my student's work(s) and/or photograph(s) taken by Columbia Union School District or supplied to CUSD by me, my family or a photographic studio, for exhibition, advertising or promotion.*

- The school can use my student's work(s) and/or photograph(s) for the school newsletters, yearbook, etc., and the school's Internet web site.*
- The school can use my student's work(s) and/or photograph(s) for the school newsletters, yearbook, etc., BUT not on the school's Internet web site.*
- The school CAN NOT use my student's work(s) or photograph(s) for the school's newsletters, yearbook or the school's Internet web site.*

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_