



Norfolk Public Schools

The cornerstone of a proudly diverse community

Maury High School

322 Shirley Avenue • Norfolk, Virginia 23517

Telephone: (757) 628-3344 • Fax: (757) 628-3359

Amanda Jimenez: ajimenez@nps.k12.va.us

Enrollment Requirements for Students

All items listed below must be presented at the time of enrollment. Missing documents will delay enrollment. Please plan for your child to remain at school as attendance is required the day your child is enrolled.

- **Photo identification** of the enrolling parent or legal guardian.
- **Custody**-Custodial parent/guardian must have legal primary physical custody. The custody papers must be presented on the day of enrollment.
- **Original Birth Certificate**- Copies are not accepted.
- **School transcripts**, grades, report cards, schedules are required for proper grade and class placement.
- **Special Education** or **504 records** must be presented at enrollment.
- **Immunization Records**-must include the following:

Three (3) DPT (one after 4 th birthday)	Three (3) OPV (one after 4 th birthday)
Three (3) Hepatitis B	Two (2) NMR (one after 4 th birthday)
Two (2) Varicella	One (1) TDP
- **Proof of Residence**- Must list the enrolling parent or legal guardian's name and address of the residence. The following are acceptable proofs of residence:

A current major utility bill-power, gas, water, or sanitation bill (must be within 30 days) must show the enrolling parent or legal guardian's name.

OR

A current lease which must show the enrolling parent or legal guardian's name with address and dates of occupancy on business letterhead. If the lease does not have letter head it must be notarized. The lease cannot be expired.

*If you are residing with a friend or relative you must **both** have a signed **Notarized Letter** that states you and your child reside at the residence. The letter must state the amount of rent paid. A copy of the current major utility bill or current lease must be presented.*

Student Registration Form



Legal Name of Student _____
 Last Name First Name Middle Name Suffix

Student's Gender ☐ Male ☐ Female The student ☐ IS/ ☐ IS NOT of Hispanic/Latino origin.
Check all that apply

Date of Birth _____ / _____ / _____ American Indian / Alaskan Native
 Month Day Year

Student's Birthplace _____ Asian
 City/County State

Birth Country _____ Black / African American

Birth Verification _____ Native Hawaiian / Pacific Islander

Birth Verification # _____ White

Most Recent Educational Environment Information

Last School Attended _____ Withdrawal Date _____ / _____ / _____
 Month Day Year

Grade Level _____

School Address _____
 Street Number Street Name City State/Country

School Type (Choose one)

☐ Public (including SECEP) ☐ Private, non-religious ☐ Private, religious
☐ CHKD ☐ Charter ☐ Norfolk Detention Center
☐ Outside US (US dependent school) ☐ Outside US (not US dependent school) ☐ Home Schooled

Grade Level when last withdrawn _____ Was student retained last year? ☐ Yes ☐ No

To be completed by families in transition without permanent residence (McKinney-Vento Homeless Assistance Improvements Act)

☐ In a motel/hotel ☐ In a shelter ☐ Doubled up (economic hardship)
☐ Unaccompanied youth (abandoned or runaway) ☐ Unsheltered (cars, parks, etc.) ☐ Other

Special Needs

Does the student have a primary language other than English? ☐ Yes ☐ No (If yes, complete LEP enrollment)
 Does the student have special needs or require special considerations? ☐ Yes ☐ No
 Does the student have a current §504 Plan? ☐ Yes ☐ No Special Considerations
 Does the student have a current IEP? ☐ Yes ☐ No

Parent / Guardian Signature

(The information provided in this registration package is accurate to the best of my knowledge)

_____ Date _____ / _____ / _____

Student Registration Form



Parent Active Military: ☐ Mother ☐ Father ☐ None

Please answer if applicable:

Uniformed Services Connected Information

The 2015 Virginia General Assembly passed legislation (HB 2373 and SB 1354) that requires the Department of Education to establish a process for the identification of newly enrolled uniformed services-connected students by local school divisions. Norfolk Public Schools collects this information by requesting that you complete the information below for each parent.

Service Branch

Active Duty U.S. Army
Active Duty U.S. Navy
Active Duty U.S. Air Force
Active Duty U.S. Marine Corps
Active Duty U.S. Coast Guard
Active Duty National Guard of the United States
Active Duty Commissioned Corps of NOAA
Active Duty Commissioned Corps of U.S. Public Health Services
Reserve U.S. Army
Reserve U.S. Navy
Reserve U.S. Air Force
Reserve U.S. Marine Corps
Reserve U.S. Coast Guard
Reserve National Guard of the United States

Mother

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Father

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Office Use Only

Enrollment School Registration Date / /
Responsible School Grade Level
(Complete only if different than enrollment school)
Serving School Homeroom
(Complete only if different than enrollment school)
Concurrent School Serving District
Entry Requirements ☐ Phys ☐ Imm ☐ BC ☐ Address Verification ☐ Met ☐ / ☐ / ☐ NOT MET ☐ / ☐ / ☐
Student ID Enrollment Code Enrollment Date / /
Out of District ☐ DSSS ☐ Spec Ed ☐ Homeless ☐ Non-NPS SECEP Student enrolled in NPS school
☐ Admin ☐ Alternative Ed ☐ School-based Program (IB, EVMS, GM, YS, ...)
Transportation ☐ Regular ☐ Public ☐ Mini-Bus ☐ Lift Bus ☐ Private Carrier ☐ None
 Bus #
AUP Status: ☐ Yes ☐ No Staff Initials

Special Education Use Only

Disability IEP Received: ☐ Yes ☐ No Spec Ed Verified ☐
Placed for Services ☐ Yes ☐ No

Office Verification (OFFICE USE ONLY)

Please assist the legal guardian with completing these forms so that the most accurate information can be captured. Make sure the person completing the forms understands the importance of checking the release box on the EMERGENCY CONTACT page. A court order or proof of custody cannot be required of a natural parent for enrollment of a student who is living with him/her. PLEASE do not send a legal guardian to the Central Administration Building (CAB) for verification of legal custody, if it can be taken care of within the school building. (Please contact the Department of Student Support Services at (757)628-3931 for immediate assistance.)

Registration Accepted By: Date: / /

Student Birth Record Data

Legal Name of Student _____
Last First Middle Suffix

Date of Birth _____ Student ID _____
Month Day Year

Certified Birth Record Presented

Birth Number _____ Date Issued _____
Month Day Year

Birthplace _____

Mother's Name _____
Last First Middle Suffix

Father's Name _____
Last First Middle Suffix

Affidavit (If Certified Birth Record Not Presented, Affidavit Required)

Date Completed _____
Month Day Year

School Official _____
Signature

Title _____

Date _____
Month Day Year

Student/Parent Address Form



Legal Name of Student _____
Last First Middle Suffix

Student ID _____

To be completed by families in transition without permanent residence (McKinney-Vento Homeless Assistance Improvements Act)

☐ In a motel/hotel ☐ In a shelter ☐ Doubled up (economic hardship)
☐ Unaccompanied youth (abandoned or runaway) ☐ Unsheltered (cars, parks, etc.) ☐ Other

Student Address

Street _____ Apt/Lot _____
City/County _____ State _____ Zip _____
Area Code _____ Home Phone _____ Area Code _____ Mobile Phone _____
Area Code _____ Work Phone _____

Parent / Guardian Signature _____ (The information provided in this registration package is accurate to the best of my knowledge)

Date _____ / _____ / _____

Natural Mother (if known)

Last First Middle Suffix

Address or Same

Street _____ Apt/Lot _____
City/County _____ State _____ Zip _____
Area Code _____ Home Phone _____ Area Code _____ Mobile Phone _____
Area Code _____ Work Phone _____ email address _____

Check all that apply

☐ Contact Allowed ☐ Educational Rights ☐ Has Custody ☐ Lives With
☐ Mailings Allowed ☐ Enrolling Parent ☐ Release To ☐ Deceased

Natural Father (if known)

Last First Middle Suffix

Address or Same

Street _____ Apt/Lot _____
City _____ State _____ Zip _____
Area Code _____ Home Phone _____ Area Code _____ Mobile Phone _____
Area Code _____ Work Phone _____ email address _____

Check all that apply

☐ Contact Allowed ☐ Educational Rights ☐ Has Custody ☐ Lives With
☐ Mailings Allowed ☐ Enrolling Parent ☐ Release To ☐ Deceased

Office Use

Accepted By: _____

Date: _____ / _____ / _____

Student/Guardian Address Form



Legal Name of Student

Last First Middle Suffix

Student ID

Student
Address

Street Apt//Lot

City/County State Zip

Area Code Home Phone Area Code Mobile Phone

Area Code Work Phone

Parent / Guardian Signature

(The information provided in this registration package is accurate to the best of my knowledge)

Date / /

Legal Guardian

Last First Middle Suffix

Address
or Same

Street Apt//Lot

City State Zip

Area Code Home Phone Area Code Mobile Phone

Area Code Work Phone email address

Check all that apply

☐ Contact Allowed ☐ Educational Rights ☐ Has Custody ☐ Lives With
☐ Mailings Allowed ☐ Enrolling Parent ☐ Release To

Legal Guardian

Last First Middle Suffix

Address
Or Same

Street Apt//Lot

City State Zip

Area Code Home Phone Area Code Mobile Phone

Area Code Work Phone email address

Check all that apply

☐ Contact Allowed ☐ Educational Rights ☐ Has Custody ☐ Lives With
☐ Mailings Allowed ☐ Enrolling Parent ☐ Release To

Office Use

Accepted By: Date: / /

Emergency Contact Address Form



Legal Name of Student

Last First Middle Suffix

Student ID

Emergency Contact

Last First Middle Suffix

Street Apt//Lot

City State Zip

Relationship to Student Area Code Home Phone

Area Code Mobile Phone Area Code Work Phone

☐ Check here if the student can be released to this contact. If NOT checked, this person CANNOT pick up the student.

Emergency Contact

Last First Middle Suffix

Street Apt//Lot

City State Zip

Relationship to Student Area Code Home Phone

Area Code Mobile Phone Area Code Work Phone

☐ Check here if the student can be released to this contact. If NOT checked, this person CANNOT pick up the student.

Emergency Contact

Last First Middle Suffix

Street Apt//Lot

City State Zip

Relationship to Student Area Code Home Phone

Area Code Mobile Phone Area Code Work Phone

☐ Check here if the student can be released to this contact. If NOT checked, this person CANNOT pick up the student.

Office Verification (OFFICE USE ONLY)

Please assist the legal guardian with completing these forms so that the most accurate information can be captured. Make sure the person completing the forms understands the importance of checking the release box on the EMERGENCY CONTACT page. A court order or proof of custody cannot be required of a natural parent for enrollment of a student who is living with him/her. PLEASE do not send a legal guardian to the Central Administration Building (CAB) for verification of legal custody, if it can be taken care of within the school building. (Please contact the Department of Student Support Services at (757)628-3931 for immediate assistance.)

Accepted By:

Date:

____/____/____

Maury High School
Guidance Department
322 Shirley Avenue
Norfolk, VA 23517
Phone: (757) 628-3344 Fax (757) 628-3361

Student Record Request

Date: _____

Name of Last School: _____

Address: _____

City, State & Zip Code: _____

Telephone: _____ Fax: _____

The student listed below has enrolled at Maury High School. Please provide us with the following information:

- ☐ Cumulative Scholastic records
- ☐ Standardized Test Scores
- ☐ Immunization, Health and Physical records
- ☐ Attendance
- ☐ Discipline
- ☐ Official Transcripts, grades, report cards, progress reports
- ☐ Special Education records (if applies)
 - Most recent Eligibility, Summary, Minutes
 - Evaluations, Assessments, and Triennials
 - Testing Scores/ OT, PT, AT
 - Social History, Sociocultural Assessment, Psychological, Behavioral
 - Outside testing and evaluations
 - Hearing and speech evaluations

Student Name: _____

Date of Birth: _____ Grade: _____

Parent/ Guardian Signature: _____

First Request Sent	Second Request Sent	Third Request Sent	Fourth Request Sent
Date Received	Date Received	Date Received	Date Received

Special Education Declaration



Legal Name of Student _____
Last First Middle Suffix

Date of Birth _____
Month Day Year

Enrollment Date _____ Student ID _____
Month Day Year

In order to effectively serve your child the following information is necessary:

1. My child received Special Education services: Yes No
2. My child was being serviced in a Special Education program at the time of withdrawal from previous school: Yes No
3. If the child was currently receiving services, what was his/her disability category?

4. Do you have a copy of the current IEP? Yes No
5. Was the child receiving accommodations through a §504 plan at the time of withdrawal from previous school? Yes No
6. If the child was not receiving services at the previous school, was he/she in the process of being screened/evaluated for services? Yes No

Additional Comments: _____

Parent Statement:

As this child's Parent/Legal Guardian, I certify that the above information is true and accurate.

Parent/Guardian Signature _____
Month Day Year

Home Language Survey



Legal Name of Student _____
Last First Middle Suffix

School _____

Grade Level _____ Student ID _____

In order to comply with both state and federal regulations, please answer the following questions:

Part A

1. What was the first language the student learned to speak? _____

2. Does the student speak a language other than English? _____
Yes No

Which language(s) _____
Home Language

3. Is there a language other than English spoken at home? _____
Yes No

Which language(s) _____
Language to Home

4. From what country is the first language derived? _____

5. Can the student read in a language other than English? _____
Yes No

6. Can the student write in a language other than English? _____
Yes No

Part B

7. In what country was the student born? _____

8. Student Status (see back for definitions. Check those applicable):
___ US Citizen ___ Immigrant ___ Refugee ___ Migrant ___ Resident Alien ___ Other

If other, please specify _____ US Entry Date ____/____/____

9. Years of school in: a. Home Country ____ b. United States ____

US School Name(s) _____

Grade(s) _____ City/State _____

10. Was the student receiving English language support services (ESL, ESOL) at a previous school? _____
Yes No

If yes, which school(s)? _____

11. Additional services received by the student ___ Gifted ___ Special Education

If the answer to questions 1-3 (Part A) is a language other than English, then the student must be screened to determine if he/she is Limited English Proficient and eligible for English as a Second Language (ESL) services.

Parent/Guardian Signature _____ Date ____/____/____

For more information, contact the Office of Foreign Language & ESL at (757) 852-4630.

Home Language Survey Definitions

Limited English Proficient:

The term “limited English proficient” when used with respect to an individual, means an individual –

- A. Who is aged 3 through 21;
- B. Who is enrolled in an elementary school or secondary school;
- C. Who was not born in the United States or whose native language is a language other than English;
 - a. Who is a Native American or Alaskan Native, or a native resident of the outlying areas and who comes from an environment where a language other than English has had a significant impact on the individual’s level of English language proficiency; or
 - b. Who is migratory, whose native language is a language other than English and who comes from an environment where a language other than English is dominant; and
- D. Whose difficulties in speaking, reading, writing, or understanding the English language may be sufficient to deny the individual -
 - a. The ability to meet the state’s proficient level of achievement on state assessments;
 - b. The ability to successfully achieve in classrooms where the language of instruction is English; or
 - c. The opportunity to participate fully in society.

Immigrant Children and Youth

Eligible “immigrant children and youth” includes those individuals who –

- A. Are aged 3 through 21;
- B. Were not born in the United States; and
- C. Have not attended one or more schools in any one or more states for more than three full academic years.

Refugee Children and Youth

The refugee student is an individual who –

- A. Is outside his/her country and is unable or unwilling to return to that country because of a well-founded fear that she/he will be persecuted because of race, religion, nationality, political opinion, or membership in a particular social group.
- B. This **does not** include persons displaced by natural disasters; or
- C. Persons who, although displaced, have not crossed an international border; or
- D. Persons commonly known as “economic migrants” whose primary reason for flight has been a desire for personal betterment rather than persecution.

Migratory Child

The term “migratory child” means a child who –

- A. Is, or whose parent or spouse is, a migratory agricultural worker, including a migratory dairy worker or a migratory fisher; and
- B. Who, in the preceding 36 months, in order to obtain, or accompany such parent or spouse, in order to obtain, temporary or seasonal employment in agriculture or fishing work; and
- C. Has moved from one school district to another.

COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM
Health Information Form/Comprehensive Physical Examination Report/Certification of Immunization

Part I – HEALTH INFORMATION FORM

State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. **The parent or guardian completes this page (Part I) of the form.** The Medical Provider completes Part II and Part III of the form. This form must be completed no longer than one year before your child's entry into school.

Name of School: _____ Current Grade: _____
 Student's Name: _____
 Student's Date of Birth: ____/____/____ Last First Middle Sex: ____ State or Country of Birth: _____ Main Language Spoken: _____
 Student's Address: _____ City: _____ State: _____ Zip: _____
 Name of Parent or Legal Guardian 1: _____ Phone: ____-____-____ Work or Cell: ____-____-____
 Name of Parent or Legal Guardian 2: _____ Phone: ____-____-____ Work or Cell: ____-____-____
 Emergency Contact: _____ Phone: ____-____-____ Work or Cell: ____-____-____

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Head injury, concussions		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart problems		
Behavioral problems			Lead poisoning		
Developmental problems			Muscle problems		
Bladder problem			Seizures		
Bleeding problem			Sickle Cell Disease (not trait)		
Bowel problem			Speech problems		
Cerebral Palsy			Spinal injury		
Cystic fibrosis			Surgery		
Dental problems			Vision problems		

Describe any other important health-related information about your child (for example; feeding tube, hospitalizations, oxygen support, hearing aid, dental appliance, etc.): _____

List all prescription, over-the-counter, and herbal medications your child takes regularly: _____

Check here if you want to discuss confidential information with the school nurse or other school authority. ☐ Yes ☐ No

Please provide the following information:

	Name	Phone	Date of Last Appointment
Pediatrician/primary care provider			
Specialist			
Dentist			
Case Worker (if applicable)			

Child's Health Insurance: ____ None ____ FAMIS Plus (Medicaid) ____ FAMIS ____ Private/Commercial/Employer sponsored

I, _____ (do ____) (do not ____) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. *This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.*

Signature of Parent or Legal Guardian: _____ Date: ____/____/____

Signature of person completing this form: _____ Date: ____/____/____

Signature of Interpreter: _____ Date: ____/____/____



Norfolk Public Schools

The cornerstone of a proudly diverse community

SCREENING RECORD 60 Day Screening

NOTIFICATION TO PARENT/ GUARDIAN

All children, within 60 administrative working days of initial enrollment in a public school, shall be screened in vision and hearing to determine if formal assessment is indicated.

All children (through grade 3) within 60 administrative working days of initial enrollment in a public school, shall be screened in the following areas to determine if a formal assessment is indicated:

Speech, language and voice

Fine and gross motor functions

STUDENT: _____ DOB _____ R/S _____

SCHOOL: _____ GRADE: _____ STUDENT #: _____

DATE ENROLLED: _____

	DATE SCREENED	NEEDS FORMAL ASSESSMENT		SIGNATURE
Vision	_____	YES	NO	_____
Hearing	_____	YES	NO	_____

Place completed form in student's cumulative folder.

Student Health Information



Legal Name of Student _____
Last First Middle Suffix

Date of Birth _____ / _____ / _____ Student ID _____
Month Day Year

At the direction of the principal, or on her own cognizance, the school's nurse will communicate with parents to obtain information in order to provide necessary school health assistance for the child while in the school situation.

Please complete Student Parent Address form, Student Guardian Address form, and Emergency Contact Address form as necessary to update current information.

1. Child's doctor/clinic? _____
Name Telephone
2. Child's dentist/clinic? _____
Name Telephone
3. Is the pupil under medication or treatment on a continuing basis? _____
Yes No
4. If question 3 is yes, please specify medicine or treatment _____

5. Please list any ALLERGIES (medicine, food, insect bites or other) that your child may have _____

6. Has your child received any immunizations in the past year? _____
Yes No
7. Did student purchase school insurance? _____
Yes No
8. If question 7 is yes, please specify which type: _____
Regular 24 Hour Athletic
9. Is the student covered under a parent or guardian health insurance plan? _____
Yes No
Company Policy Number
10. Is the student covered under a parent or guardian military benefit? _____
Yes No
Parent or Student's Military ID Number

Parent Information:

I understand that it is my responsibility to keep school authorities informed regarding who to contact in the event of my child becoming ill or injured at school. I understand that if I (parent or legal Guardian) cannot be reached in an acute emergency, my child will be taken to the emergency room of the nearest hospital.

Parent/Guardian Signature _____
Month Day Year



Norfolk Public Schools

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Dear Parent/Guardian:

Please read, complete and return the following information regarding the health and safety of your child.

Please clarify the allergy status of your child at MAURY HIGH SCHOOL.

Your child's name: _____ Room #: _____

Your child's primary physician: _____

Your child's primary dentist: _____

☐ My child **does not** or **has not ever had** any allergies or intolerances.

☐ My child **has outgrown or no longer exhibits** symptoms of an allergy or intolerance.
• Outgrown Allergy: _____

☐ My child **has a non-life-threatening** allergy or intolerance.
Current non-life-threatening allergy or intolerance(s): _____

Allergy symptoms: _____

Actions to be taken when an allergic reaction is noted: (Read the reverse side of this form.) _____

☐ **My child has a life-threatening allergy.** Read the reverse side of this form for information regarding the completion of a Life-Threatening Allergy Management Plan (LAMP).
Current life-threatening allergy or intolerance(s): _____

Parent's signature

Parent's printed name

Phone #: _____

Date: _____

If you have any questions, please feel free to call me at any time at (757) 628-3344.

Sincerely,

Kim Elfors, RN
School Nurse

PHOTO RELEASE FORM

Norfolk Public Schools (NPS) welcomes community engagement in the educational process. To that end, the school division frequently shares information about our educational programs with parents, staff, and the community. This information is provided in many ways, including, but not limited to NPS websites, video productions, and publications. We love including photographs and videos of our talented students engaging in great teaching and learning experiences, provided parental consent is granted. **Please complete this form and return it to your child's school as soon as possible.**

We are the parents and/or guardians of _____, a minor and a student of Norfolk Public Schools (NPS). We recognize that as part of the educational process, officials of NPS may at times wish to interview, photograph and/or videotape a student, or authorize an external third party entity to do so, using a student's likeness in various media for the purposes of exhibiting NPS' educational programs.

We therefore, by our signatures below, grant permission to officials of NPS to interview, photograph, audio record, videotape or otherwise record our student, or authorize an approved external entity to do so, and subsequently use our student's name, picture or likeness in any form, in any media and for any non-commercial purposes. We agree that such purposes include, but are not limited to the inclusion of our student's name and image in NPS publications, promotional materials, advertisements, programs, presentations, and internet or intranet sites. We hereby waive on our own behalf and on behalf of our student any and all claims, suits, causes, actions or causes of action, whether under common law, constitutional or statutory provision, that might accrue to any one of us against NPS, its officers, employees, agents or volunteers in connection with the actions and usage detailed above.

Note: It is our desire to adhere to the wishes of all parents and guardians. Should you prefer not to allow your student's likeness to be used for any reason, **DO NOT** return this form. Please ensure that you advise your child of your wishes and encourage them to remind teachers and staff that they shouldn't be included when photos, videos or other recordings are occurring.

Name of Student: _____

Parent/Guardian: _____

Date: _____

School: _____



Expulsion Affirmation Registration Form



Virginia law requires that, prior to admission to any public school of the Commonwealth, a school board shall require the parent, guardian, or other person having control or charge of a child of school age to provide, upon registration, a sworn statement or affirmation indicating whether the student has been expelled from school attendance at a private school or in a public school division of the Commonwealth or in another state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person. Any person making a materially false statement or affirmation shall be guilty upon conviction of a Class I misdemeanor. The registration documents shall be maintained as a part of the student's scholastic record.

Code of Virginia 22.1-3.2

Please complete and sign the applicable Statement Below:

I, (complete parent/guardian name) _____,

affirm that (complete student name) _____

has not been expelled from school attendance at a private school or public school in Virginia or another state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person.

Name of School _____

Signature of School Official _____

Signature of parent, guardian,
Person having control or charge
of child, or student, age 18 or older _____

Date _____ / _____ / _____

I, (complete parent/guardian name) _____,

affirm that (complete student name) _____

has been expelled from school attendance at a private school or public school in Virginia or another state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person.

Name of School _____

Signature of School Official _____

Signature of parent, guardian,
Person having control or charge
of child, or student, age 18 or older _____

Date _____ / _____ / _____

Student ID _____

Internet Acceptable Use Procedure-AUP



Norfolk Public Schools (NPS) provides a full range of computer information systems, including internet resources, for students and staff. NPS strongly believes in the educational value of such computer information systems and recognizes their potential in support of our curriculum and student learning goals.

The Norfolk Public Schools Board adopts this Acceptable Use Policy, which outlines uses, ethics, and protocol for the School Board's computer network.

School Board employees and students shall not use the division's computer equipment and communications services for sending, receiving, viewing, downloading, uploading inappropriate and/or illegal material via the internet and World Wide Web.

- A. The Superintendent or his/her designee shall select and operate technology that protects against, filters or blocks access through school division computers to visual depictions that are –
 - a. Child pornography, as set out in Virginia Code § 18.2-374.1:1 or as defined in 18 U.S.C. § 2256;
 - b. Obscenity, as defined in Virginia Code § 18.2-372 or 18 U.S.C. § 1460;
 - c. Material the Norfolk Public Schools deems to be harmful to juveniles, as defined in Virginia Code § 18.2-390, material that is harmful to minors, as defined in 47 U.S.C. § 254(h)(7)(G), and material that is otherwise inappropriate for minors;
- B. The technology protection measure shall be utilized and enforced during any use of the division's computers by users.
- C. The school administration shall monitor online activities of users.
- D. The Superintendent or his/her designee shall select and operate technology and take administrative measures to protect the safety and security of users when using electronic mail, chat rooms, and other forms of direct electronic communications.
- E. Users shall not obtain unauthorized access including "hacking" and other unlawful activities, while online.
- F. The School Board, its employees, agents and students shall not disclose, use, or disseminate personal identification information regarding users.
- G. The Superintendent or his/her designee shall ensure that Norfolk Public Schools include a component on internet safety for students that is integrated in the division's instructional program. The program includes appropriate use of social networking websites and cyberbullying awareness and response. (See Social Media Policy, GAZA)

NPS allows users access to electronic information systems while safeguarding them from potential hazard by filtering objectionable sites. Students and staff are allowed access to internet resources with the understanding that some material may be inaccurate or objectionable. The use of inappropriate resources is not permitted. NPS does not endorse and is not responsible for content associated with links outside of the NPS network. Individuals using NPS electronic information systems are subject to monitoring by district personnel.

All use of the division's computer system must be (1) in support of education and/or research or (2) for legitimate school business. This resource, as with any other public resource, demands that those entrusted with the privilege of its use be accountable. Along with rights comes responsibilities, all users of electronic information systems are responsible for obeying rules and policies at all times. Users are held personally accountable for any and all activities logged to their computer identification "userid" and password. Any off campus activities that cause risk of disruption on campus are subject to school disciplinary action. NPS reserves the right to block downloading from specific file extensions and/or specific sites. NPS provides equitable access and encourages the use of electronic information systems, whenever and wherever possible and appropriate, to support the educational program.

- All users are responsible for ensuring that any disclosures of information complies with applicable state and federal statutes and regulations, including but not limited to the Family Education Rights and Privacy Act (FERPA).
- All users authorized to access privileged information must understand and accept all responsibilities of working with confidential data. Responsibilities of protecting the privacy and confidentiality of the data include:
 - Properly storing and securing sensitive data on NPS approved secure mediums
 - Not misrepresenting or falsely manipulating/altering data
 - Not divulging any information to any person or organization without proper authorization.
- No identifiable photographs of students, faculty, or administration taken with NPS technology will be allowed to be published on the internet or used in print without appropriate written consent. Photographs are the property of Norfolk Public Schools and will be used for instructional purposes only. Any photographs taken of students without parental permission will be strictly prohibited.

The failure of any student or staff member to follow the terms of this policy may result in the loss of Norfolk Public Schools' computer network privileges, disciplinary action and/or appropriate legal action.

Adopted July 1, 2015 Legal Reference: Code of Virginia § 22.1-70.s. Acceptable Internet use policies for public and private schools.

Use of the electronic information systems provided by Norfolk Public Schools constitutes agreement to the standards and policies set forth by this document. All users are required to read this policy and sign the agreement statement prior to use. This AUP is in compliance with state and national telecommunications rules and regulations.

Employee Copy

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Internet Acceptable Use Procedure-AUP



Acceptable Use Procedure for Electronic Information Systems

Parent/Guardian (for all students under 18)

I have read the Norfolk Public Schools Acceptable Use Procedure. I understand that access will be used for approved educational purposes. I also recognize that Norfolk Public Schools will make every reasonable attempt to ensure my child will not gain access to controversial or inappropriate materials.

I give permission for my child to access electronic information systems for the duration of my child's enrollment in NPS. I understand that I can deny permission for my child to use electronic information systems by submitting a letter of justification to my child's principal. I certify that the information contained on this form is correct.

Parent/Guardian Name
(Please Print)

Last

First

Middle

Suffix

Signature

Date

____/____/____
Month Day Year

Student/Staff

I have read the Norfolk Public Schools Acceptable Use Procedure. I understand that access will be used for approved educational purposes. I understand and will obey the Norfolk Public Schools Acceptable Use Procedure. I agree to comply with good conduct policies as set forth in this document. Any violation of this policy will result in the suspension of access privileges and may also be grounds for further disciplinary/legal action.

Are you employed by NPS?

Yes

No

Student/Staff Name
(Please Print)

Last

First

Middle

Suffix

Signature

Job Title
(Staff Only)

(Please specify, i.e. Biology Teacher, 1st Grade Teacher, etc.)

Department/School

Date

____/____/____
Month Day Year

For Office Use Only (for new or changed employee information)

The employee has read and signed the NPS procedure (AUP) governing the security of NPS electronic systems and data. Please indicate the following information systems to which the employee needs access.

____ New Account

Faculty/Staff new to the school/department and needs access to the network. Please check all that apply:

____ Network ____ Email ____ Synergy

*Requests for Munis and Ultimate Data System accounts use separate permissions forms

Internet Acceptable Use Procedure-AUP



Approval Authority

This form must be completed and signed by the Principal, Central Administration Director or Department Head (includes Norfolk Police Department & Juvenile Court Department Heads).

Administrator Name
(Please Print)

Last

First

Middle

Suffix

Administrator Title

Authorizing Signature



Maury High School

Karen Berg, Principal



Dear Parent/Guardian,

Our school has partnered with Student Conductor in the implementation of a tardy processing system. Here are the things that you need to know.

- There are two tardy check-in kiosk stations located in the school. When tardy, the student will use the nearest check-in kiosk station to get them into class efficiently.
- Every time a student is tardy (to class or to school), an email and/or text message is sent to a parent/guardian notifying them providing you have supplied your email address or phone information. Any discipline assigned will also be notified to the parent/guardian.
- If a discipline is being assigned for the student being tardy then the student must serve the discipline by the appointed time. **Failure to do so may result in an escalation of discipline.** This system allows your principals, coaches, sponsors, counselors, and parents to easily track what disciplines have been served thereby increasing accountability.
- The process is simple when a student is tardy.
 - Scan or type the Student ID into the nearest Check-In Tardy Station (we suggest students put their student number into their cell phone).
 - The student takes the tardy receipt and reads the discipline that has been assigned for being tardy.
 - The student reports to class and shows the tardy receipt to your teacher as your pass to class.
 - Then serve the assigned discipline.
- Keep in mind that all tardy stations are monitored and further discipline will occur with the improper use of a check-in tardy station.

Consequences of tardiness can be avoided by students showing up on time for class/school.

Maury High School

Tardy System Notification Sign-up

Student Name _____

Parent Name _____

Email address _____ Cell Phone (____) _____

Service Provider:	AT & T Wireless	Boost Mobile	Southern Linc	Qwest
	C Spire Wireless	Cricket	Sprint	Verizon Wireless
	Digicel	MetroPCS	Straight Talk	Simple Mobile
	Nextel	Nextel (Sprint)	T-Mobile	Virgin Mobile
	Ntelos	Northwest Cell	TracFone	US Cellar
	Walmart Family Mobile			

