

FALCON SCHOOL DISTRICT 49

Documents Required for Enrollment

1. PHOTO I.D. OF PARENT/GUARDIAN:

A driver's license or any other photo I.D. is acceptable.

2. DOCUMENTATION OF CHILD'S DATE OF BIRTH:

Please bring ONE of the following:

- Birth Certificate
- Valid Passport

NOTE: Kindergarteners must be 5 years old on or before September 15th.

3. PROOF YOU LIVE AT YOUR ADDRESS:

(NOTE: Disconnect notices are not acceptable forms of proof of residency)

a) If you own your home, please bring ONE of the following:

- Warranty Deed, Deed of Trust, or Bill of Sale
- Purchase contract with possession date or closing date not more than 60 days out
- Current utility bill, phone (not cell), or water (both portions of a bill are required, property service address must match mailing address)-last or current month.

b) If you rent, please bring ONE of the following:

- Current Signed lease or rental agreement
- Current utility bill, phone (not cell) or water or cable bill-your name and address must be clearly marked (both portions of a bill are required, property/service address must match mailing address)-last or current month.

c) If you are living with another family – ALL of the following are required:

- A current notarized Affidavit of Residency (see school office for form)
- Proof of address from the owner/renter of the residence (see required documents above)
- If possible, current proof of your residence at that address. (i.e.: bank statement, insurance statement, new Colorado drivers license receipt, bills received, etc., with your name and address clearly listed)
- Additional documentation may be required upon receipt of official student records.

d) If the child you are enrolling is NOT your natural child, we will need legal guardianship documents showing you are the legal guardian. If you do not have guardianship documents, please go to this website:

<http://www.courts.state.co.us> or visit the El Paso County Judicial Building at 20 E. Vermijo, Colorado Springs, Colorado.

4. IMMUNIZATION RECORDS – required by state law

An official Immunization Record from your child's physician or clinic is required at the time of registration. If any of these shots are missing at that time, you will be required to bring updated records to the health office before the first day of school or your child will not be allowed to begin attending school until the records are received by the school.

Additional information can be found at <http://www.cdphe.state.co.us/dc/Immunization>.

If immunizations are against your religious beliefs, you must sign the religious exemption on the reverse side of the CDPHE Certificate of Immunization. If your child cannot be immunized for medical reasons, a physician must sign the medical exemption on the reverse side of the Certificate of Immunization. If you have a personal belief opposed to immunizations, you must sign the personal exemption on the reverse side of the Certificate.

5. PREVIOUS SCHOOL INFORMATION - if applicable

- Name, address, phone and fax number of previous school
- Withdrawal form from previous school
- Report card for students entering middle school/transcripts for students entering high school
- An updated copy of the IEP if a student is Special Needs

ALL INFORMATION IS TREATED AS CONFIDENTIAL

Proof of Residence Verification

The following guidelines are issued to schools regarding documentation that may be used for verification of residence:

A. **Proof of residence** is defined as documentation by the parent or legal guardian that the child resides at an address within the school's attendance boundary.

B. **Preferred documentation** that can be asked for as proof of residence is:

_____ 1. Rental/lease agreement, mortgage document or current real property assessment document in the parent/guardian's name; OR

_____ 2. Utility bill or landline telephone bill that indicated that the billing is in the parent/guardian's name and is being sent to the house; OR

_____ 3. If the parent or legal guardian cannot provide documentation of legal residence because the parent/legal guardian is living with a relative/friend, a notarized statement by the relative/friend can be accepted by the school with the following stipulations:

If you are living with another family – ALL of the following are required:

- A current notarized Affidavit of Residency (see attached)
- Proof of address from the owner/renter of the residence (see required documents above)
- If possible, current proof of your residence at that access. (i.e. bank statement, insurance statement, new Colorado Drivers license receipt, bills received, etc., with your name and address clearly listed)
- Additional documentation may be required upon receipt of official student records.

C. Depending on a school's past experiences, a school can request that one or more of the above is provided.

D. If none of the above is available, then the school may use other documentation to verify residence. A home visit can be made by school staff should there be questionable documentation.

E. Falsification on documents submitted is subject to penalty under Colorado State Law. When such a violation is found, the child will be sent back to the school where he/she should properly be attending.

AFFIDAVIT OF RESIDENCE

I, (PARENT/GUARDIAN): _____, of the minor child/children named below, attest that I and said minor child/children reside with:

(RESIDENT): _____ at

(STREET): _____

(CITY): _____, COLORADO, (ZIP CODE): _____

My previous address: (STREET): _____

(CITY/STATE): _____ (ZIP CODE): _____

I, (RESIDENT): _____, attest that the person named above and the person’s minor child/children listed below reside with me at my residence listed above.

STUDENT 1 NAME: _____

SSN: _____

DOB: _____

GRADE: _____

STUDENT 2 NAME: _____

SSN: _____

DOB: _____

GRADE: _____

We hereby attest and affirm that the information contained in this AFFIDAVIT OF RESIDENCE is accurate and true. We understand that we are required to immediately notify the office of any change to the provisions of this AFFIDAVIT OF RESIDENCE, and that failure to do so in a timely manner may result in immediate withdrawal of the child from school. **This AFFIDAVIT OF RESIDENCE is valid for the current school year only and must be renewed annually for subsequent years.**

Signature of Resident

Date

Signature of Parent/Guardian

Date

STATE OF: _____ COUNTY OF: _____

Sworn to and subscribed before me this _____ day of _____, 20_____.

NOTARY PUBLIC IN AND FOR EL PASO COUNTY, COLORADO

(SEAL)

Falcon School District 49 Student Enrollment Form

Household Information

School Year: _____

Today's Date: _____

Household Information

Household Information where student resides

Residence Address _____

City _____ State _____ Zip _____

Household Telephone Number _____ Unlisted? Yes/No

Primary Parent(s)/Guardian(s) Information

Parent/Guardian 1

Name _____ Relationship to Student _____
Last First Middle Initial

Residence Address _____ City _____ State _____ Zip Code _____

Phone: Home: _____ Work: _____ Cell: _____

Email: _____ Student Resides With: Yes/No Legal Guardian: Yes/No Step-Parent: Yes/No

Parent/Guardian 2

Name _____ Relationship to Student _____
Last First Middle Initial

Residence Address _____ City _____ State _____ Zip Code _____

Phone: Home: _____ Work: _____ Cell: _____

Email: _____ Student Resides With: Yes/No Legal Guardian: Yes/No Step-Parent: Yes/No

Parent(s)/Guardian(s) at Second Residence

Parent/Guardian 3

Name _____ Relationship to Student _____
Last First Middle Initial

Residence Address _____ City _____ State _____ Zip Code _____

Phone: Home: _____ Work: _____ Cell: _____

Email: _____ Student Resides With: Yes/No Legal Guardian: Yes/No Step-Parent: Yes/No

Parent/Guardian 4

Name _____ Relationship to Student _____
Last First Middle Initial

Residence Address _____ City _____ State _____ Zip Code _____

Phone: Home: _____ Work: _____ Cell: _____

Email: _____ Student Resides With: Yes/No Legal Guardian: Yes/No Step-Parent: Yes/No

School Age Children Residing in Primary Household

Legal Last Name	First Name	Middle Name	Gender	Birth Date	Name of School Attending	Grade

Emergency Contact Information – Please list emergency contacts other than Parent/Guardian

Contact 1:
 Last Name _____ First Name _____ Middle Name _____
 Home Phone(____) _____ Work Phone(____) _____ Cell Phone(____) _____
 Relationship _____

Contact 2:
 Last Name _____ First Name _____ Middle Name _____
 Home Phone(____) _____ Work Phone(____) _____ Cell Phone(____) _____
 Relationship _____

Contact 3:
 Last Name _____ First Name _____ Middle Name _____
 Home Phone(____) _____ Work Phone(____) _____ Cell Phone(____) _____
 Relationship _____

Childcare Provider:
 Last Name _____ First Name _____ Middle Name _____
 Home Phone(____) _____ Work Phone(____) _____ Cell Phone(____) _____
 Relationship _____

Military Information

- Are one or both parents on active or reserve duty? Yes/No
 Mother/Legal Guardian: _____ Father/Legal Guardian: _____
 Branch of Service: _____ Branch of Service: _____
 Rank: _____ Rank: _____
- Do either, or both parents work as civilian employees for the federal government on government owned property? Yes/No
 Please list place of employment:

I affirm that all information given above is true and correct. I understand and agree that if it is later determined that one or more students enrolled with the Information Form are not legal residents of School District 49; such students will be withdrawn immediately from Falcon District Schools. I further understand and agree that pursuant to School Board Policy all students new to the District shall be enrolled conditionally until records, including discipline records, from the schools previously attended by the student are received by Falcon School District. In the event such records indicate a reason to deny admission, the student’s conditional enrollment shall be revoked. Finally, I agree that if a student named above does not in fact reside at the address indicated, but is a District resident, the student will be transferred to the appropriate school.

Signature of parent/Guardian: _____ **Date:** _____

Student ID No.	
Registration Date:	Start Date:
Homeroom teacher	

Student Enrollment Information School and Student specific information (Please fill out for each student enrolling)

Student's Legal Name – from Birth Certificate or Legal Name Change Document

Last _____ First _____ Middle _____

Nickname _____ Current Grade _____ Gender: M F Date of Birth: _____

Last 4 digits of Social Security Number: 000-00- _____ Home Telephone: _____

Parent's Last Name _____ First _____ Middle Initial _____

Residence Address _____ City _____ State _____ Zip _____

Mailing Address (if different from residence address) _____

City _____ State _____ Zip _____

Ethnicity: *choose one*

- American Indian
- Asian or Pacific Islander
- Black (not Hispanic)
- Hispanic
- White (not Hispanic)

American Indian or Alaskan Native – A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.
Asian or Pacific Islander – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa.
Black (not Hispanic) – A person having origins in any of the black racial groups of Africa.
Hispanic – A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
White (not Hispanic) – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

US Public School Attendance Information

Has your child ever attended any other D49 school or a Falcon Charter School? NO YES Date: _____

Due to changes in Federal and State laws, the following information is required:

- 1) Has your child been enrolled in a Colorado school **continuously** since March 8, 2004? Yes No
- 2) Has your child ever been enrolled in any school outside the United States?
(Excluding DODDS or Puerto Rico schools) Yes No
- 3) Was your child born in the United States, Puerto Rico or at a military installation? Yes No

Emergency Information for Early Dismissal

Children will be unable to use phones due to the number of students and the availability of phones:

Please check ONE:

- ___ Ride the bus home and student will have a way to get into the house
- ___ Walk home and student will have a way to get into the house
- ___ Go to Daycare Name of Daycare Provider: _____
- ___ Parents will pick up student at school

Parent/Guardian Signature

Date

HEALTH INFORMATION

Must be updated annually

Forward this page to Health Room

'Confidential information will be shared with school staff on a need to know basis'

Student Name: _____ Grade: _____ School: _____ Room _____

Date of birth: _____ Age: _____ Teacher: _____

Does your child currently have any of the following health concerns: (please circle if applicable)?

- | | | | | | |
|---------------|---------------|-----------------|------------------|-------------|---------------------------------|
| ADD/ADHD | Bone/Joint | Emotional | Hearing Loss | Respiratory | Weight Concerns |
| Allergies | Bowel/Bladder | Eating Concerns | Heart Condition | Seizures | Health concerns at birth: _____ |
| Asthma | Diabetes | Head Injuries | Hospitalizations | Speech | _____ |
| Blood Disease | Ear Problems | Headaches | Prematurity | Stomach | _____ |

Please describe the issues: _____

List any current medical diagnoses: _____

Glasses or contacts? _____ Date and Location of last vision exam: _____

Is your child currently taking medication? Yes / No If yes, list below: _____

Medication/dose: _____ Medication/Dose: _____

Hospitalizations or surgeries? _____

Student's Physician/Address/Phone #: _____

Student's Dentist/Address/Phone #: _____

Health Insurance company: _____ CHP+: _____

Colorado has a health insurance plan for uninsured children. If your child is not covered by an insurance plan, would you like to receive information: Yes / No

Medicaid? Yes / No If yes, Medicaid Number: _____

Consent for Medicaid Billing; I give consent to and authorize Falcon School District 49 to release to Colorado Health Care Policy and Financing (HCPF) information related to Medicaid eligible services the District provides to the student identified above, as necessary, to apply for and recover partial Medicaid reimbursement. If at any time you would like to revoke this permission, please contact the school Medicaid Office.

Parent/Guardian Signature Date

Does your child have any significant allergies that you feel school personnel need to know about?

Yes / No If yes, list allergy and reaction:: _____

Does your child have any activity/dietary restrictions? Yes / No If yes, please list: _____

Emergency Care Permit: In case of serious illness or injury, first aid will be rendered in accordance with local school policies. If ambulance service is necessary, parents must assume financial responsibility. If I cannot be reached by telephone in the event of an emergency, please send my child to (Hospital/Address/Phone #) _____ or the nearest medical facility.

Parent/Guardian Signature Date

Form Completed by: _____ Relationship to Child: _____ Date: _____

Last School Child attended: _____

Student Name: _____

Grade: _____

CONFIDENTIAL / SPECIAL NEEDS INFORMATION

CONFIDENTIAL / SPECIAL NEEDS INFORMATION:

Previous School Attended: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Has your child ever received help through special education? Yes / No If yes, please complete the following:

Does your child have an active Special Education Individualized Plan (IEP)? Yes / No If yes, please complete the following:

What is the diagnosed disability? _____

Does your child need any accommodations for the diagnosed disability? Yes / No If yes, describe: _____

Does your child have an active 504 Plan? Yes / No

What are the accommodations? _____

Has your child been placed on an ILP (Individualized Literacy Plan)? Yes / No

Has your child participated in a program for Talented and Gifted (TAG) children at your previous school? Yes / No

Has your child participated in a Title I or Chapter I program? Yes / No

Does your child speak a language other than English? Yes / No If yes, specify the language: _____

Has your child participated in an English Language Learner (ELL) program? Yes / No

Parent/Guardian Signature

Date

HOME LANGUAGE SURVEY

Federal LAU Form

(Grades PK-12 Parent Checklist)

Student Name: _____

Parent Name: _____

Previous School: _____

Address: _____

Grade: _____

Date: _____

Phone Number: _____

Federal rules and regulations require that school districts be aware of students who speak or understand a language other than English. We sincerely appreciate your help in completing this form.

1. What language is spoken at home? _____

2. What is the student's first language? _____

3. Does the student speak and/or understand a language other than English? Yes / No

4. Has your child ever been enrolled in an ESL Program? Yes / No

(If "YES", where and when: _____)
School name dates of service number of years in program

(If "YES", did your child **EXIT** the ESL Program? Yes / No Date of Exit: _____
Month/year

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

NOTE: Federal Law also requires that:

a) If you listed any language other than English, your child WILL be tested for ESL services, unless one of the following documents can be provided:

1. proof of previous ESL testing from a former school / district
2. documentation of EXIT status from a former school / district
3. an FEP score on a valid state test

b) If testing is required and your child qualifies for ESL services, and you *do not* want your child in an ESL program, it is your right to *deny* this service.

[* ESL teacher will send an 'Acceptance / Denial Form upon qualifying for services.]

Parent/Guardian Signature: _____ Date: _____

Falcon School District 49

Authorization to Release Pupil Records and Information

Requesting School: _____

Address: _____

City: _____ State: _____ Zip: _____

I hereby authorize the release of the following information to Falcon School District 49 regarding:

Student Name: _____ Last Grade: _____

Student Date of Birth: _____

Previous School Information

Previous School: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____ Fax: _____

Counselors Name: _____

Date of withdrawal: _____

Please send the following information where applicable:

For Office Use Only

- Progress Records (grades, attendance, etc)
- Attendance Records
- Discipline Records
- Health Records (including immunization records)
- Special Education Records (including current testing material, I.E.P. reports)
- Psychological tests and reports
- Standardized testing (including CSAP scores)
- Speech/Hearing testing
- 504
- Other: _____

Signature of School Official: _____

Date: _____

*As outlined in Section 99,32 of the Buckley Amendment, written consent is not necessary for the transfer of records between schools.

Student Name: _____

PARENT ACKNOWLEDGEMENT OF STUDENT BEHAVIOR AND RESIDENCE

Explanatory Note: The questions asked on this form will assist us as we provide a safe environment for all students. Colorado law provides that a school district may deny admission to any student who was expelled from any school district during the prior 12 months or who, within the last twelve (12) months, engaged in behavior that was detrimental to the welfare or safety of other students or of school personnel. C.R.S 22-33-106(3)(C&F). Any person who has been denied admission may be entitled to a hearing before the Board of Education of the school district denying admission. C.R.S 22-33-105 (2)(C).

My child has not been expelled from any school district in the past 12 months. Also, my child has not engaged in behavior in another school in the past 12 months that was detrimental to the welfare or safety of other students or of school personnel. If my child did engage in such conduct, I am submitting along with this formal written explanation detailing the circumstances of the negative behavior in the previous school district in the past 12 months. (Such behavior shall not automatically bar a student from enrollment; each case shall be evaluated on its specific facts and understand that failure to disclose such information could result in my child being withdrawn from Falcon School District 49.

Initial: _____

I agree to waive all rights to the confidentiality of student records relating to my child dealing with student conduct, including school records from any other school or school district, which my child has attended in the past. I also release from liability relating to records distribution any person, school, or school district releasing to Falcon School District 49 Public Schools student records relating to my child.

Initial: _____

Additionally, by signing this form, I am verifying my residence in Falcon School District 49 or have an approved School of Choice form on file and understand that if for any reason it is found that I have falsified my address or have failed to notify the district of a crime, conviction, or expulsion. Falcon School District 49 reserves the right to withdraw my child immediately.

Name of school _____

Date of Expulsion _____

Reason _____

City _____ State _____ Zip _____

Parent / Guardian Signature

Date

****Admission in Falcon School District #49 is conditional pending arrival, review, and approval of the student cumulative record.**

Student Name: _____

STUDENT RELEASE OF INFORMATION FOR PUBLICATION

During the school year opportunities arise to provide positive information and publicity about school related programs and events to the general public. In some cases, we may receive requests from the news media or professional persons to interview, photograph, and/or film students for news publications, television or radio broadcasts, district/school websites or for educational information and training or various publications and brochures printed by Falcon School District 49.

Permission is needed for your child to be the subject of any news media publicity or for educational information. Please sign this form and return it to the school where it will be kept on file for future reference.

Students will not be identified by personal details other than first and last name. These details include email or postal address, telephone number or fax numbers.

HAS MY PERMISSION

DOES **NOT** HAVE MY PERMISSION

To be interviewed, photographed, and/or filmed for public information for use in the news media or professional education information.

School: _____

Students Name: _____

Parent/Legal Guardian

Date

Comments: _____

Falcon School District 49 Computer, Network and Internet Etiquette and Responsibilities

1. Be polite. Do not write or send abusive messages. Do not spread untruths or rumors about an individual or groups of people.
2. Use appropriate language. Messages sent using FSD-49 computers, network, and Internet resources reflect on the respective school and the district.
3. Do not disrupt use of the network by downloading large files, sending massive email messages, or annoying others on the network.
4. Keep messages brief.
5. Read e-mail messages daily. Delete e-mail files that are no longer required.

Falcon School District 49 Security

1. Information on the Internet is not quality controlled and may not be accurate. Always consider the source of any information obtained from or viewed on the Internet before using it.
2. E-mail and other communications over FSD-49 computer resources are not considered private communications. Assume that e-mail can and will be read by others. District information technology department employees in the performance of their respective duties may view and, as required, delete materials found on FSD-49 computer resources. FSD-49 reserves the right to examine and/or purge files at any time.
3. Do not give out personal information such as your address, phone number, social security number, credit card number, etc., in any e-mail message.
4. Do not arrange or have a face-to-face meeting with a person or persons you do not actually know as a result of a contact made through computer access.
5. Never allow anyone to use your username and password to access FSD-49 computers. Failure to abide by this may result in you being held accountable for the action(s) of the user(s) who gained access using your username and password credentials.

Falcon School District 49 Computer, Network and Internet Acceptable Use Agreement (AUA)

Statement of Purpose: The smooth operation of computers, networks and the Internet depends on users agreeing to and adhering to standards of proper conduct. These guidelines are necessary for the efficient, ethical, and legal utilization of all computer resources. If a Falcon School District 49 (FSD-49) user violates any guidelines, he/she will be held responsible for the violation and could face disciplinary action and/or lose access to computer, network and Internet resources.

Privilege: The use of computer, network, and Internet resources is a privilege not a right.

(Computer, network, and Internet shall be referred to in the future as computer access.)

1. FSD-49 students will not be granted computer access to FSD-49 owned or operated resources until the AUA has been properly completed and is on file with the school library media specialist.
2. The use of resources must be supportive of educational standards and be consistent with the missions of FSD-49.
3. All who have computer access must abide by local, state, and federal laws to include copyright laws, licensing laws, privacy laws, school board policies, and local school and district guidelines.
4. Computer access will be through FSD-49 reviewed and approved processes.
5. Computers not owned or managed by FSD-49 must be used in accordance with FSD-49 guidelines.
6. Intentional use of computer access to view or process pornographic material, inappropriate text, graphics, or files is prohibited.
7. Users must follow generally accepted etiquette for computer access to include e-mail usage. (See Etiquette and Responsibilities Guidelines.)
8. Users will be held responsible for malicious or intentional damage done to computers, network, and Internet software, data, accounts, or hardware.
9. FSD-49 accepts no liability or responsibility for costs related to long distance phone calls, commercial services accessible on the Internet, flat or metered surcharges, or any other costs that may be related to computer access.
10. FSD-49 accepts no responsibility for material which is accessible on the Internet, nor for the improper use of our network or the Internet by anyone accessing the network at a district site or remotely.
11. Attempts to gain access to restricted computers, accounts, programs, or services by guessing at user accounts and passwords or using software or hardware tools to reveal accounts and passwords will be grounds for denial of computer access.
12. Any FSD-49 user, student or employee, who becomes aware of a computer access security violation, is obligated to report it to their respective teacher, supervisor or FSD-49 staff member. This includes computer access by an unauthorized user, sharing of passwords, software flaws, etc.

Falcon School District 49 Computer, Network and Internet Acceptable Use Agreement (AUA)

School computers and the Internet are to be used for school-related purposes only.

This agreement must be signed and on file.

Safety Guidelines

1. I will not give out my name, password, address or any other personal information to someone I don't know on the Internet.
2. I will not use the computer to hurt or harass others.
3. I will report anyone who tries to use the computer to hurt or harass me.
4. I will not look for, read, view, or copy inappropriate pictures or information.
5. I will not talk to strangers in on-line conversations.

Monitored Use

1. I understand that the computers belong to the district and that using them is a privilege, not a right.
2. I understand that other people may look at the information on my computer, including sites I may visit on the Internet and files I download from the Internet, and I consent to them looking at such information.
3. I will not copy information or pictures without including the author's name.
4. I understand that some things I read on the Internet may not be true.
5. I will not try to block or get around the filters on the computers.
6. I will not read, copy, or damage the work of other students.
7. I will follow the School District 49 Computer, Network and Internet Acceptable Use Agreement.
8. I might not be allowed to use the school's computers if I break these rules.

I have read or have had read to me, understand, and agree to the above statements.

Student Signature

Date

Parent / Guardian Signature

Date

Parents/Guardians should review this agreement with their students. Please contact the building principal with any additional questions, Consult the student handbook for a full copy of the District 49 Computer, Network and Internet Acceptable Use Agreement.

****Sign & Return this page**

Falcon Schools Parent Agreement

Electronic Web Access Agreement for Viewing Student Information Via Falcon Schools Infinite Campus Parent/Student Portal

I am requesting to review my child(ren's) student information on the Falcon Schools Internet web site. I have read the Falcon Schools User Expectations and Computer Requirements for the Infinite Campus Parent/Student Portal and agree to abide by and support the expectations. I understand, for the interest of security, the District reserves the right to change user passwords or deny access at any time. By signing this agreement I, as parent/guardian, release and and the Falcon Schools from any and all liability for damages arising out of the unauthorized access to my parent/guardian account.

I agree that I will not share my password or allow anyone other than myself to use the account.

I agree to protect any information printed or transferred to my computer, or destroy the documentation generated from this site.

I understand that three unsuccessful logins will disable my account. If my account becomes locked I will contact my child's school and request the account to be unlocked. I will provide the "Personal Login ID" I was instructed to use at the time the account was created and answer any questions to verify my identity. At the sole discretion of the school and the District, the account may be unlocked, but I understand that it may take up to 3 – 5 school days to have my account unlocked.

I have checked that the computer I will be using to access the Internet site for viewing student information meets or exceeds the minimum requirements as identified on Falcon Schools Web site.

Student's names:

Last name	First name	School	Grade

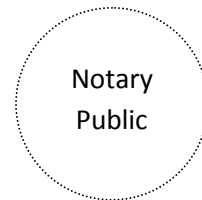
Parent/Guardian Signature

Date

Please Print Parent/Guardian Name

The school principal or staff designee must witness the parent signing this form. The parent must provide a photo ID prior to signing. If the parent cannot visit the school, a notary public must witness the parent signing the form and use his/her public seal with a current date.

School Witness or Notary Public Official Witnessing Parent/Guardian Signature



Date

Date Commission Expires

****Sign & Return this page**

Falcon Schools Infinite Campus Parent/Guardian and Student Portal

Section I: User Expectations

The Internet and secure web access have altered the ways that confidential information may be accessed, communicated, and transferred by members of society. Those changes are influencing instruction and student learning. The School Board supports access by students, parents/guardians, teachers, and administrators to informational resources that will improve participation in a child's education and improve communication between students, parents/guardians and the student's teachers.

The Falcon Schools manages student information electronically and will make the student education records available for viewing only to authorized parents/guardians and students with a secure connection over the Internet. All parents/guardians and students will comply with the Internet use regulations and all technology regulations/procedures, as well as all other District policies that may apply.

Electronic Access to Student Information Regulation

Falcon Schools uses a secure Internet site to enable electronic access to student information; enhancing communication between our parents/guardians, students, teachers, principals, and administrators.

A) Rights and Responsibilities

This access is a free service offered to all current and active parents/guardians and students of Falcon Schools. Access to student information from the Internet is a privilege, not a right. Only after a family has enrolled their child(ren) in Falcon Schools will a parent/guardian be authorized to activate a web account. Once a student withdraws or graduates from Falcon Schools their access will be inactivated. Parents/guardians, students, and staff must understand and practice proper and ethical use.

B) Information Accuracy Responsibilities

Information accuracy is the joint responsibility between schools, parents/guardians, and students. Each school will make every attempt to ensure information is accurate and complete. If a parent/guardian or student discovers any inaccurate information, parent/guardian will notify their school immediately and provide proof of the inaccurate information.

C) Information Accessible

Falcon Schools reserves the right to add, modify or delete functions viewed via the Internet site at any time without notice, including, but not limited to, the functions listed below.

- 1) Attendance
- 2) Class Schedule
- 3) Report Cards
- 4) Transcripts
- 5) Student Demographics
- 6) Course Requests
- 7) Emergency Information
- 8) Immunizations
- 9) Assessment data and work in process

Parents/Guardians from the Charter School or Alternative program may request a secure account.

D) Electronic Web Access Agreement

Each parent/guardian must complete and sign an Electronic Web Access Agreement for Viewing Student Information Form. After verification of information on the form, the school will follow the process outlined in this regulation to establish an account.

If a parent/guardian is unable to visit the school, they may download the Electronic Web Access Agreement for Viewing Student Information at a website to be determined or by contacting their schools attendance secretary . The parent/guardian must have the form certified by a notary public and mail the completed and signed form with the notary public seal and current date to their child's school.

The school will keep the completed and signed form in the cumulative record folder of each student.

E) Use of the System

Parents/guardians and students are required to adhere to the following guidelines:

- 1) Parents/guardians and students will act in a responsible, ethical and legal manner.
- 2) Parents/guardians and students will not attempt to harm or destroy the school or the district's data or networks.
- 3) Parents/guardians and students will not attempt to access Information or any account assigned to another user.
- 4) Parents/guardians and students will not use this Internet site for any illegal activity, including violation of Federal and State Data Privacy laws. Anyone found to be in violation of these laws would be subject to Civil and/or Criminal prosecution.
- 5) Parents/guardians and students who identify a security problem within the Portal must notify their school immediately, without demonstrating the problem to anyone else.
- 6) Parents/guardians and students will not share their password with anyone, including their own child(ren).
- 7) Parents/guardians and students will not set their computer to automatically login to the Internet site.
- 8) Parents/guardians and students identified as a security risk will be denied access to the site.

F) Security Features

- 1) Access is made available with a secure Internet site.

Note: Account holders are responsible for not sharing their passwords and to properly protect or destroy any printed/electronic documentation generated from this site.

- 2) Three unsuccessful login attempts will disable the user's account. Until the school has verified the assigned user to the locked account, the account will remain locked. In order to use the account again the user will need to contact their child's school.
- 3) The users will be automatically logged off if they leave their web browser open and inactive for a period of time.
- 4) The student's account will be inactivated when the student withdraws or graduates from Falcon Schools.
- 5) The Parent/guardian account will be inactivated when all their child(ren) have either withdrawn or graduated from Falcon Schools, or a court action denies the parent/guardian access to the student's information.

Section II: System Requirements and Support:

A) System Requirements

- 1) The most current system requirements will be posted to and the Falcon Schools Infinite Campus Web site:
<https://campus.d49.org/campus/portal/falcon.jsp>

C) Limitation of School District Liability

Falcon Schools will use reasonable measures to protect student Information from unauthorized viewing. The District will not be responsible for financial obligations arising through unauthorized use of the District's system or Internet. The District does not promise any particular level or method of access to

the Internet site for viewing student Information. The District will not be responsible for actions taken by the parent/guardian or student that would cause compromise of their student Information. The District reserves the right to limit or terminate the Internet site for viewing student Information without notice. All parents/guardians and students of the District network by requesting an Internet site for viewing student Information account consent to electronic monitoring and understand that this is a private network used as an educational tool by Falcon School employees and students. Account activity is electronically recorded.

Section III: Parent Portal Access and use:

A) Initial Account Request and Setup

- 1) For Parents/Guardians new to the District:
 - i) When parent/guardians are enrolling their child(ren), the parent/guardians can complete the Electronic Web Access Agreement for Viewing Student Information.
 - ii) The parent/guardians only need to complete one Electronic Web Access Agreement form for all children in their household.
 - iii) For security reasons, all parent/guardians must sign the form in the presence of a school principal or designated staff.
 - iv) School will verify parent/guardians identification with official government identification.
 - v) If the parent/guardian cannot visit the school, a notary public must witness the parent/guardian signing the form and use their public seal with a current date.
 - vi) After the student is enrolled into the student information system, the parent/guardians requesting the account will be e-mailed or mailed an activation key and "Person login ID".
 - (1) The activation key is used by the parent/guardians to create their secure account.
 - (2) The "Person Login ID" is used by the schools to verify a person requesting an account unlock.
 - vii) The school will keep the completed and signed form in the cumulative record folder of each student.
- 2) For Parents/Guardians who do not currently have an Internet access account but have a child already enrolled
 - i) Each parent/guardian only needs to complete one Electronic Web Access Agreement form for all children in their household.
 - ii) For security reasons, each parent must sign the form in front of the school principal or designated staff.
 - iii) School will verify parent identification with official government identification.
 - iv) The parent requesting the account will be given an activation key and "Person Login ID".
 - (1) The activation key is used by the parent to create their secure account.
 - (2) The "Person Login ID" is used by the schools to verify a person requesting an account unlock.
 - v) The school will file the completed and signed form in the student's cumulative record folder.
- 3) For Schools:
 - i) The activation key will not be given to a parent/guardian or student without first verifying the identity of the requestor.
 - ii) The Electronic Web Access Agreement form signed by a parent will be maintained in the student's cumulative record folder.

B) Account Unlock Procedures

- 1) Parents/Guardians or Students may request unlocking their account either by person or email.
 - a. Via Email –
 - i. The requestor will be asked to verify the Person ID given to the person at the time the account was setup by the school administration. The questions will be limited to information in the student management system that only the requestor would know.
 - b. In Person – The Parent/guardian or student will make the request to the secretary at the school.
 - c. For Schools - Once the school has confirmed the Parent/Guardian identification, they will request an account reset via an email to the Dept of Technology. The Technology staff will reply to the school's request by providing a new password. The School would notify the user of the new password.

Note: Depending on the volume of requests and District/School workload, this process could take 3 - 5 full school days, or longer during peak times.