

Student _____
Last First Grade



Checkout Verification Form 2019-2020

Parent /
Guardian

Printed Name Daytime Phone Number

Parent /
Guardian

Printed Name Daytime Phone Number

Parent /
Guardian

Printed Name Daytime Phone Number

Please list below the names of people other than parents who may check your child out of school.
If you do not list any names, your child will not be released from school if we can't contact the parent.

Printed Name Daytime Phone Number

Printed Name Daytime Phone Number

Printed Name Daytime Phone Number

Each child must be officially signed in and out by signing the Log at the Front Desk.

Parent/Guardian
Name Printed _____

Parent/Guardian
Signature _____ Date _____

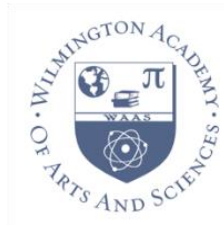
Please keep this information up-to-date by emailing the School Director or notifying the front desk.

Student

Last

First

Grade



**Consent to Release
Photo/Image
2019-2020**

Dear Parent/Guardian:

During the current school year your child's image/photograph or work may be included in a classroom or school project that could be used in one of the following ways:

- Used as a demonstration project/activity in education workshops/classes/conferences
- Used as a sample project/activity on CD's created by WAAS for use in education workshops and student classrooms
- Posted on Facebook, social media, school web page, school TV or other similar sites on the Internet
- Submitted as samples to program publishers or as contest entries to sponsors
- Appear on videos made during the instructional school day
- Videotaped to appear in a school related program to be used by a local television station or school/county project
- Used in a print publication such as a newspaper or magazine

While your child's name may accompany the photo, no last name or address will be included with your child's picture when publishing on the Internet.

There is no monetary compensation for the use of the work, but it will help our teachers, students and the school at large. Please sign the release form below and return it to the School Director. Your permission grants us approval to publicize without prior notice and remains in effect until revoked.

I/We DO give permission for student's image/photograph or work to be used as described above. We are willing to release this into the public domain and understand that no monetary compensation will be given for the use of the materials.

I/We DO NOT give permission for student's image/photograph or work to be used as described above.

Parent/Guardian
Name Printed

Parent/Guardian
Signature

Date

Student _____

Last

First

Grade



Emergency/Medical Permission Form 2019-2020

Initials	Yes	No	Does your child have any medical/health concerns of which our faculty should be made aware?
Initials	Yes	No	Does your child have any food allergies of which our faculty should be made aware of?
Initials	Yes	No	Does your child have any environment or non-food allergies of which our faculty should be made aware of?
Initials	Yes	No	Will your child be taking any medicine during the school day?*
Initials	Yes	No	Does your child require any medicine(s) be kept at school?
Initials	Yes	No	Do we need to schedule a special meeting to create an Emergency Action Plan for your child?

If yes to any question above, please comment:

*All medication must be:

- Brought to school by the parent
- Labeled with the student's name, name of the medication, dosage, mode of administration.

It is the parents' responsibility to immediately inform the School Director of any changes in your child's health.

The following over-the-counter medications will be available at school and administered by a WAAS staff member or authorized parent volunteer.

- The table below must be completed by the student's **PARENT/GUARDIAN**.
- Parent initials are required next to EACH medication regardless of YES or NO status.
- Yes = Yes, my child has permission to take this medication
- No = No, my child does not have permission to take this medication

Medication Name	YES	NO	Parent/ Guardian Initials	Dosage or Special Instructions
Acetaminophen				
Ibuprofen				
Cough Syrup				
Cough Drops				
Antihistamine Claritin				
Antihistamine Benadryl				
Triple Antibiotic Ointment				
Anti-itch Cream				
Antacid Medication				
First Aid Spray or Wash				
Other :				

I/We give permission to the faculty and staff of Wilmington Academy of Arts and Sciences to seek medical assistance from and/or take my student to a hospital or emergency medical clinic in case of an emergency.

Initials

I/We give WAAS staff members or parent volunteers permission to administer the above over-the-counter medications as needed. I understand and agree that WAAS staff members and parent volunteers are not responsible for any ill effects that might occur from these medications.

Initials

Parent/Guardian
Name Printed _____

Parent/Guardian
Signature _____

Date _____

Please refer to the Student & Parent Handbook for additional policy information.

Student

_____ Last

_____ First

_____ Grade



**WAAS Blanket Field Trip Permission
Form 2019-2020**

Student named above has my permission to participate in all field trips to be taken by Wilmington Academy of Arts and Sciences during the 2019-2020 school year. As parent/guardian, I agree to the following:

1. WAAS faculty and staff are authorized to obtain emergency medical treatment for this student as necessary. Please refer to student's Emergency/Medical Permission Form on file, **which I will keep up-to-date.**
2. WAAS will not be liable for injury to this student as result of the negligence, errors, and omissions of others (e.g., charter bus owners and drivers, or amusement park owners or workers), their agents, heirs, employees or assigns either through their action or inaction.
3. If student takes personal belongings on a field trip, student will be responsible for them. WAAS accepts no responsibility for personal items, such as watches, purses, money, cameras, and wallets, etc.
4. **It is my responsibility to let WAAS know in a timely manner if my child will not be attending/doesn't have permission to attend a specific field trip.**
5. This blanket form may be used for trips of a similar nature, which are repeated during the school year. Some field trips may require additional permission forms.

Persons to contact in event of an emergency:

Printed Name Daytime Phone Number

Printed Name Daytime Phone Number

Printed Name Daytime Phone Number

Parent/Guardian
Name Printed _____

Parent/Guardian
Signature _____

Date _____



School Policy Acknowledgement 2019-2020

Dear WAAS Students and Parents:

The WAAS Student-Parent Handbook has been sent to you electronically, and it is available through our website. After reading the handbook and thoroughly discussing it with your child, please initial to the left (parent) and right (student) of each document/policy to acknowledge your understanding of the expectations associated with each.

WAAS Student-Parent Handbook

I am aware that the handbook is currently located on the WAAS website, and I have both read and discussed the contents with my child.

Parent Guardian Name: _____

Parent Guardian Signature: _____ Date: _____

WAAS School Policy

Parent Initials		Student Initials
_____	Acceptable Use Policy	_____
_____	Discipline Policy	_____
_____	Dress Code Policy	_____

I acknowledge that I have read each of the abovementioned documents carefully and that I have been afforded time to understand the documents. I also acknowledge that I will face disciplinary action if I do not follow the expectations outlined in these documents.

Student Name: _____

Student Signature: _____ Date: _____

I acknowledge that I have read each of the abovementioned documents carefully, that I have been afforded time to understand the documents, and that my child will face disciplinary action if he/she does not follow the expectations outlined in these documents.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

This form is due by August 15, 2019, and it will be kept in the Director's Office

Student
Name

Last

First

Grade

**Wilmington Academy of Arts and Sciences
Device User Agreement
2019-20 School Year**



This agreement is made effective upon receipt of a school issued computer or related or similar device (“device”) between Wilmington Academy of Arts and Sciences (“WAAS” or “school”), the student receiving a device (“student”), and his/her parent or legal guardian (“parent”).

The student and parent, in consideration of being provided with a device, including power adapter, charging cable, and software for use while a student at WAAS, hereby agree as follows:

Purpose: In order to support a personalized approach to learning, WAAS is providing devices to elementary and middle school students. Like a textbook, the device is a resource to support learning. Students with devices are required to follow the policies and guidelines in this document, as well as all other school and classroom policies and procedures regarding behavior and technology use.

Contact Person: If you have questions or concerns please contact the WAAS Director or Technology Coordinator.

Receiving the Device: The student and parent must both sign and return this agreement before a device can be issued.

Participation: If the student and parent do not sign and return this form, a school device will not be issued to the student and an opt-out form must be signed. If you have questions or concerns about your student using a school device, please talk to the school about how to ensure the student can participate fully in learning. No personal devices will be allowed on school grounds or in classrooms.

Responsible Device Use: All users of school-issued devices must follow the expectations outlined in this agreement, the Parent-Student Handbook, and any communications from the school. When in doubt, ask a teacher or other WAAS staff member. Failure to follow these responsibilities and expectations will lead to applicable student disciplinary consequences.

WAAS provides content filtering within the WAAS network. However, WAAS does not have full control of the information on the Internet, the sites a student visits, or incoming email while off school grounds. While off school grounds, parents/guardians are solely responsible for monitoring the student's use of the device. Students may not exhibit inappropriate behaviors, or access prohibited materials with the device, at any time, at any location. Students will be subject to disciplinary and/or legal action if they use the device for

inappropriate activities as defined in this agreement and the Student & Parent Handbook, whether on or off school grounds.

Irresponsible or inappropriate device use will not be tolerated. The WAAS Director will determine an appropriate response or any disciplinary measures required in accordance with the student handbook with the addition of the possible repossession of the device and elimination of all associated privileges.

Privacy and Monitoring: Nothing done on school-issued devices is private. WAAS retains the right to monitor, collect, and/or inspect the device and any accessories at any time, for any reason, including via electronic remote access; and to alter, add, erase, or delete installed software or hardware with no notice. WAAS further retains the right to systematically and/or randomly search a device at any time.

Applications: WAAS has researched key applications that will be pre-installed on each device. Throughout the year, additional applications may be added to support learning. Purchasing and installing these applications is the responsibility of WAAS. **No one other than an authorized school official may add or delete applications from a school-issued device.** "Jail breaking" and hacking of devices is not permitted. Operating System and Application updates will be run from a central location.

Customization: Students are permitted to alter or add files to customize the assigned device to their own working styles (e.g., wallpaper, fonts, screen saver). However, WAAS reserves the rights to ensure all customizations are appropriate and may periodically conduct maintenance that may configure the device back to the original state.

Technical Support: WAAS will provide technical support and regular maintenance. Students can make an appointment to meet with the Technology Coordinator during regular school hours.

Damage, Loss or Theft: All school-issued devices are the property of WAAS. If a device is damaged, lost, or stolen during the time that it is issued to the student, whether intentionally or due to negligence or due to circumstances beyond the student's control, the student or parent must notify the school immediately and fill out an incident report. If the device is stolen during the time that it is issued to the student, the parent will also be responsible for filing a police report and submitting it to the school administration. In any case, the student and parent will be responsible for paying the full replacement cost of the device, power adapter/charger and any related software.

*Full replacement cost for devices includes the device, software licenses, and setup. Current estimated cost is between \$350-\$450.

Insurance: Parents may choose to purchase insurance for the device either through WAAS (Worth Ave Group Insurance) or another company.

To prevent the voiding of our warranties, parents may only use insurance companies with repair centers authorized by the device manufacturer: As of June 2018, Worth Ave Group (<https://www.worthavegroup.com>) uses authorized repair centers for ALL of our devices. This information is provided for convenience only. While WAAS does not endorse any particular insurance provider, each family should carefully verify the services provided by any insurance provider. If you choose to use Worth Ave Group, WAAS will handle the claims process for you. If you choose to purchase insurance through another provider,

WAAS will not be responsible for communicating with that private insurance provider. You remain solely responsible for paying costs/fines directly to WAAS.

Returning the Device: Devices must be returned in good working order without damage, ordinary wear and tear excepted, to the school by the last day of school unless otherwise communicated in writing by the Director. Each device and its accessories will be inspected upon return. The costs of any required repair or replacement, at the school's sole discretion, will be the responsibility of the student and parent/guardian. The use of devices provided by WAAS is not transferable and terminates when a student is no longer enrolled.

A student who transfers, withdraws, is expelled, or terminates enrollment at the school for any reason must return the device by the date of withdrawal/termination. A student who fails to return the device will be responsible for the full replacement cost of the device and any accessories, and may also have report cards, transcripts, or certificates of progress withheld until restitution is made.

Protective Cases: The device is issued with a thin polymer case which protects the surface from scratches, although it is not extremely durable. Therefore, it is recommended that parents purchase a protective case for the device. The school issued device **MUST** remain in a protective case at all times. If at any time, a device is found without a protective case, a case similar to that originally issued will be provided by the front desk, the cost of which will be the responsibility of the student and parent/guardian.

Power Adapter/Charger: In the event that a device needs to be charged during the school day, the device must be brought to the front desk to be charged in a designated charging station. Students are not allowed to charge their device in a classroom, hallway, lunchroom or anywhere other than a designated charging station. Students are not permitted to access the charging station. Devices will be charged by a staff member and returned by a staff member.

STUDENT PLEDGE

1. I will take good care of my school-issued device by storing it in a safe place.
2. I will protect my device and keep it in a protective case at all times.
3. I will avoid use in situations that are conducive to loss or damage.
4. I will not expose my device to extreme temperatures or elements including water.
5. I will never loan my school-issued device to other individuals.
6. I will keep **food and beverages** away from my device since they may cause damage to the device.
7. I will not disassemble, jail break, or hack into any part of my or any school-issued device or attempt any repairs.
8. I will use my school-issued device in ways that are appropriate and meet the school's expectations—whether on or off school grounds. If I use my device in a way that is inappropriate, I understand the school may discipline me.
9. I will not use my WAAS technology or device to cheat on assignments.
10. I will follow copyright laws.
11. I will not place any **permanent** decorations on the school-issued device. I will not deface the serial number sticker on any school-issued device.
12. I understand that my school-issued device is subject to inspection at any time without notice and remains the property of WAAS. Nothing I do with the device is private, and nothing I have on the device is private.
13. I will not share my password(s) with anyone other than a teacher or adult from my school or my parent/guardian.
14. I use this device at my own risk.
15. I understand that if I damage or lose my device, or if it is stolen, my parent/guardian or I will be responsible for the full replacement of the device, accessories and associated setup costs.

I agree to all of the rules and expectations set forth in this Device User Agreement and the WAAS Student and Parent Handbook.

Student Name
Printed _____ Grade _____

Student Signature _____ Date _____

PARENT/GUARDIAN PERMISSION AND RELEASE

By signing below, you indicate that you have read and understand the guidelines in this document and accept the issuance of a device to your student.

1. I understand that my student and I are responsible for damage, loss, or theft of the device while in his/her care and agree to the costs outlined in this document.
2. I understand and agree that, while my student is off school grounds, I am solely responsible for monitoring his/her use of the device and the content that he/she accesses.
3. I understand that students will be subject to disciplinary action if they use the device for inappropriate or prohibited activities, whether on or off school grounds.
4. I understand that the device is to be kept in a protective case at all times.

I agree to all the rules and expectations set forth in this Device User Agreement.

Parent Name Printed _____

Parent Signature _____

Date _____

This entire signed agreement will be kept in the Director's office. Keep a copy for your files.

Student _____
Last Name First Name Grade



Volunteer Information Form

(one sheet per family)

2019 – 2020

Parent/Guardian Printed Name

Best Phone Number

Email Address

I am interested in:

- Classroom Volunteer
- Front Desk Volunteer
- Field Trip Coordinator
- School Committee (e.g. strategic planning, building and grounds, etc.)
- Other:

Student Pledge of Commitment

I pledge to myself, my classmates, the faculty and to my parents that I shall demonstrate daily the following characteristics and behaviors:

- Come prepared for class, manage my time wisely and follow directions the first time they are given.
- Be resourceful in finding my own answers and solutions.
- Form, present and defend my own opinions.
- Read both for information and for pleasure.
- Avoid plagiarism.
- Share opinions peacefully.
- Function both as a leader or follower dependent on the situation.
- Accept the challenges of working as a team member realizing the benefits of the uniqueness of others.
- Have pride in my school and keep it neat and clean.
- Appreciate and take advantage of the high academic standards of WAAS.

Student _____
Last First Grade

Student Signature _____

Date _____