

Nineveh-Hensley-Jackson United School Corporation  
 802 S. Indian Creek Drive  
 Trafalgar, IN 46181  
 (317) 878-2100 (Phone)  
 (317) 878-5765 (FAX)

## RELEASE OF INFORMATION FORM

For the purpose of providing the most appropriate instruction and assistance in school. I do hereby give permission for a mutual exchange of psychoeducational evaluation, psychosocial evaluations, and medical evaluations concerning:

NAME OF STUDENT: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

SCHOOL WHERE ENROLLED: \_\_\_\_\_ GRADE: \_\_\_\_\_

Between the \_\_\_\_\_ and the following: \_\_\_\_\_

\_\_\_\_\_  
 (Hospital, Clinic, Physician, Institution, Association of School)

\_\_\_\_\_  
 (address of above)

Name of Contact Person: \_\_\_\_\_ Phone No: \_\_\_\_\_

\_\_\_\_\_  
 (Signature of person giving consent and relationship)

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

\_\_\_\_\_ Release all information

\_\_\_\_\_ Release the checked information

\_\_\_\_\_ 1 General identifying data (Name, Address, Birthdate, Grade Level Completed,  
 Grades, Class Standing, Attendance Record)

\_\_\_\_\_ 2 Standardized Achievement and Aptitude Test Scores

\_\_\_\_\_ 3 Personality and Interest Scores

\_\_\_\_\_ 4 Teacher Ratings

\_\_\_\_\_ 5 Record of Extra-Curricular Activities

\_\_\_\_\_ 6 Individualized Education Programs

\_\_\_\_\_ 7. Psychological Reports

\_\_\_\_\_ 8 Medical Reports



## Special Services, Johnson County and Surrounding Schools

### Release of Information Consent Form

For the purpose of providing the appropriate instruction and assistance in school, I do hereby give permission for release of the confidential information identified below concerning:

Name of Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School Where Enrolled: \_\_\_\_\_

Purpose of Disclosure: \_\_\_\_\_

Information is to be released **FROM:**

(Please ✓)

Special Services, Johnson County Schools  
500 Earlywood Drive  
Franklin, IN 46131  
(317) 736-8495

Person/Agency \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Attn: \_\_\_\_\_

Information is to be released **TO:**

(Please ✓)

Special Services, Johnson County Schools  
500 Earlywood Drive  
Franklin, IN 46131  
(317) 736-8495

Person/Agency \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Attn: \_\_\_\_\_

**Confidential information to be released:**

(Please ✓)

Psychological Testing  
Psychoeducational Testing  
Psychosocial Assessment  
Psychiatric Reports  
Educational Assessment  
Individualized Education Plan/  
Case Conference Committee  
Report

History and Physical Examination  
Medical Consultations/Records  
Education Transitional Summary  
Health Records  
Speech and Hearing Reports  
Intellectual and Academic Information  
Individual Transition Plan  
Standard Educational Records

Discharge Summary  
Discharge Instruction  
Recovery Plan  
Acknowledgement of patient  
admission and diagnosis  
Verbal exchange of information  
to review status of treatment  
and/or refer for service

Other (Please Specify:)

I understand that this consent is valid from the date signed and that it is subject to revocation at any time except to the extent that any Special Services employee has already taken action in reliance with this authorization.

Consent Valid From: \_\_\_\_\_ to \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

~OR~

Student Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

(If 18 or older)

Action Taken: \_\_\_\_\_ Date Records Were Released \_\_\_\_\_ Date Records Were Requested \_\_\_\_\_

Cc: Student File

STUDENT DEMOGRAPHIC INFORMATION				OFFICE USE ONLY	
Name of Person completing form: _____ Today's Date: _____					
STUDENT'S FULL LEGAL NAME (as it appears on birth certificate or other legal name change document)					
Last Name: _____		First Name: _____		Middle Name: _____ Suffix: _____ <small>e.g.: Jr., II, III, etc.</small>	
Gender: M or IF	Birth Date: _____ / _____ / _____ <small>Month Day Year</small>	Social Security #: _____		Nickname: _____	
STUDENT'S PRIMARY HOUSEHOLD INFORMATION					
Physical Address: _____				IN ( ) -	
<small>Number Street Apt/Lot City</small>		<small>State Zip Code</small>		<small>Home Phone</small>	
Mailing Address: _____				IN ( ) - <i>(Home Phone is required - can be cell phone)</i>	
<small>(if different) Number Street Apt/Lot City</small>		<small>State Zip Code</small>			
#1 PARENT/LEGAL GUARDIAN IN HOUSEHOLD			#2 PARENT/LEGAL GUARDIAN IN HOUSEHOLD (if applicable) OR SPOUSE of #1 living in Student's Household (if applicable)		
Emergency Contact #1			Emergency Contact #2 if Legal Guardian or #3 if Stepparent		
Legal Last Name			Legal Last Name		
Legal First Name			Legal First Name		
Legal Middle Name			Legal Middle Name		
Suffix e.g.: Jr., II, III, etc.			Suffix e.g.: Jr., II, III, etc.		
Gender	M or F		Gender	M or F	
Birth Date (mm/dd/yyyy)	_____ / _____ / _____		Birth Date (mm/dd/yyyy)	_____ / _____ / _____	
Social Security #			Social Security #		
Nickname			Nickname		
Relationship to Student <i>Mother, Father, Grandparent, Foster, etc</i>			Relationship to Student <i>Mother, Father, Grandparent, Foster, Stepmother, Stepfather, etc</i>		
Cell Phone #	( ) -	Private	Cell Phone	( ) -	Private
Other Cell or Other	( ) - Ext. _____	Private	Other Cell or Other	( ) - Ext. _____	Private
Email	Private		Email	Private	
Work Phone	( ) - Ext. _____	Private	Work Phone	( ) - Ext. _____	Private
Pager	( ) - Code _____	Private	Pager	( ) - Code _____	Private
OTHER ADULT HOUSEHOLD MEMBER (if applicable)			OTHER ADULT HOUSEHOLD MEMBER (if applicable)		
If an Emergency Contact (circle one) 5 or 6 or 7 or 8			If an Emergency Contact (circle one) 5 or 6 or 7 or 8		
Legal Last Name			Legal Last Name		
Legal First Name			Legal First Name		
Legal Middle Name			Legal Middle Name		
Suffix e.g.: Jr., II, III, etc.			Suffix e.g.: Jr., II, III, etc.		
Gender	M or F		Gender	M or F	
Relationship to Student <i>Sibling, Grandparent, Mother/Father's Friend, etc.</i>			Relationship to Student <i>Sibling, Grandparent, Mother/Father's Friend, etc.</i>		
If an Emergency Contact include phone info			If an Emergency Contact include phone info		
Cell Phone #	( ) -	Private	Cell Phone	( ) -	Private
Other Cell or Other	( ) - Ext. _____	Private	Other Cell or Other	( ) - Ext. _____	Private
Work Phone	( ) - Ext. _____	Private	Work Phone	( ) - Ext. _____	Private

Approved 03/14/2012



OTHER HOUSEHOLD MEMBER (if applicable)		OTHER HOUSEHOLD MEMBER (if applicable)	
Legal Last Name		Legal Last Name	
Legal First Name		Legal First Name	
Legal Middle Name		Legal Middle Name	
Suffix e.g.: Jr., II, III, etc.		Suffix e.g.: Jr., II, III, etc.	
Gender	M or F	Gender	M or F
Birth Date (if child)	____/____/____	Birth Date (if child)	____/____/____
Relationship to Student <i>Sibling, Grandparent, Mother/Father's Friend, etc</i>		Relationship to Student <i>Sibling, Grandparent, Mother/Father's Friend, etc</i>	
OTHER HOUSEHOLD MEMBER (if applicable)		OTHER HOUSEHOLD MEMBER (if applicable)	
Legal Last Name		Legal Last Name	
Legal First Name		Legal First Name	
Legal Middle Name		Legal Middle Name	
Suffix e.g.: Jr., II, III, etc.		Suffix e.g.: Jr., II, III, etc.	
Gender	M or F	Gender	M or F
Birth Date (if child)	____/____/____	Birth Date (if child)	____/____/____
Relationship to Student <i>Sibling, Grandparent, Mother/Father's Friend, etc</i>		Relationship to Student <i>Sibling, Grandparent, Mother/Father's Friend, etc</i>	
OTHER HOUSEHOLD MEMBER (if applicable)		OTHER HOUSEHOLD MEMBER (if applicable)	
Legal Last Name		Legal Last Name	
Legal First Name		Legal First Name	
Legal Middle Name		Legal Middle Name	
Suffix e.g.: Jr., II, III, etc.		Suffix e.g.: Jr., II, III, etc.	
Gender	M or F	Gender	M or F
Birth Date (if child)	____/____/____	Birth Date (if child)	____/____/____
Relationship to Student <i>Sibling, Grandparent, Mother/Father's Friend, etc</i>		Relationship to Student <i>Sibling, Grandparent, Mother/Father's Friend, etc</i>	
OTHER HOUSEHOLD MEMBER (if applicable)		OTHER HOUSEHOLD MEMBER (if applicable)	
Legal Last Name		Legal Last Name	
Legal First Name		Legal First Name	
Legal Middle Name		Legal Middle Name	
Suffix e.g.: Jr., II, III, etc.		Suffix e.g.: Jr., II, III, etc.	
Gender	M or F	Gender	M or F
Birth Date (if child)	____/____/____	Birth Date (if child)	____/____/____
Relationship to Student <i>Sibling, Grandparent, Mother/Father's Friend, etc</i>		Relationship to Student <i>Sibling, Grandparent, Mother/Father's Friend, etc</i>	
OTHER HOUSEHOLD MEMBER (if applicable)		OTHER HOUSEHOLD MEMBER (if applicable)	
Legal Last Name		Legal Last Name	
Legal First Name		Legal First Name	
Legal Middle Name		Legal Middle Name	
Suffix e.g.: Jr., II, III, etc.		Suffix e.g.: Jr., II, III, etc.	
Gender	M or F	Gender	M or F
Birth Date (if child)	____/____/____	Birth Date (if child)	____/____/____
Relationship to Student <i>Sibling, Grandparent, Mother/Father's Friend, etc</i>		Relationship to Student <i>Sibling, Grandparent, Mother/Father's Friend, etc</i>	
OTHER HOUSEHOLD MEMBER (if applicable)		OTHER HOUSEHOLD MEMBER (if applicable)	
Legal Last Name		Legal Last Name	
Legal First Name		Legal First Name	
Legal Middle Name		Legal Middle Name	
Suffix e.g.: Jr., II, III, etc.		Suffix e.g.: Jr., II, III, etc.	
Gender	M or F	Gender	M or F
Birth Date (if child)	____/____/____	Birth Date (if child)	____/____/____
Relationship to Student <i>Sibling, Grandparent, Mother/Father's Friend, etc</i>		Relationship to Student <i>Sibling, Grandparent, Mother/Father's Friend, etc</i>	

**STUDENT RECORDS AND ADDITIONAL STUDENT INFORMATION**

Previous School		Address	
City, State	Zip Code	(    )	Telephone
Has the student ever attended NHJ Schools?    Yes    No		If yes, school and year(s)	
Is the student currently under suspension or expulsion?		Yes	No
Did the student withdraw from previous school due to possible expulsion?		Yes	No
Does the student have any special learning needs?		Yes	No
Does the student have an IEP? (Individual Education Plan)		Yes	No
Has the student ever been enrolled in a special needs program?		Yes	No
*****			
<b><u>FOR HIGH SCHOOL STUDENTS ONLY:</u></b>			
ISTEP+/ECA for Graduation:			
Has student successfully completed the ISTEP+ GQE/ECA test for Language Arts?		Yes	No
Has student successfully completed the ISTEP+ GQE/ECA test for Math?		Yes	No
Is Athletic Transfer Required?		Yes	No
If yes, what sport(s)? _____			
Is student emancipated?		Yes	No



# NINEVEH-HENSLEY-JACKSON UNITED SCHOOL CORPORATION

*Indian Creek Schools*

Student's Legal Name (*please print*)

Grade

Name of Parent/Guardian completing this form (*please print*)

Date

## Ethnicity and Race:

*(Note: Both Part 1 and Part 2 of the question must be answered.)*

**Part 1:** Is this individual Hispanic/Latino? (*Choose only one*)

**Ethnicity**

☐ No, not Hispanic/Latino

☐ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

**Part 2:** What is the individual's race? (*Choose one or more*)

**Race**

☐ American Indian or Alaska Native: A person having origins in any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition.

☐ Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ Black or African American: A person having origins in any of the black racial groups of Africa.

☐ Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

The federal government has developed these new categories in order to provide a more accurate picture of the nation's ethnic and racial diversity. This will enable individuals to be identified in ethnic and racial classifications and in more than one racial category. In the past, forms allowed individuals to be identified in only one racial category.

The new ethnicity and race categories data will be used in the same manner as such information is currently used. For example, the federal government uses race and ethnic data in reporting and analyzing test results, such as ISTEP+ and the End of Course Assessments. These new categories will replace all existing categories for use in state and federal data collections.

Information regarding the collection of race and ethnic data is available on the U.S. Department of Education website: <http://www.ed.gov/policy/rschstat/guid/raceethnicity/index.html>.





# NINEVEH-HENSLEY-JACKSON UNITED SCHOOL CORPORATION

*Indian Creek Schools*

Indiana Department of Education  
Office of English Language Learning and Migrant Education  
[www.doe.state.in.us/englishlanguagelearning](http://www.doe.state.in.us/englishlanguagelearning)

## HOME LANGUAGE SURVEY

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

To be completed by parents upon student enrollment to determine student's status as language minority.

1. What is the native language of the student?

\_\_\_\_\_

2. What is the predominant language of the student?

\_\_\_\_\_

3. What language is most often spoken by the student at home?

\_\_\_\_\_

The purpose of this form is to identify students in need of English language development services. Based on the results of this survey, students will be tested for their level of English proficiency and provided services as needed. If a language other than English is indicated for any of the questions, the student is considered to be a language minority student. Once this determination has been made, the following must occur:

- English proficiency assessment, upon enrollment and annually thereafter, to assess level (1-5) of English proficiency and measure growth annually.

*IDOE NOTE: Efforts should be made to translate this form into the predominant language of the parent.*



**Indian Creek Schools  
Student Health Record**

Student Name _____	Date of Birth _____	Grade _____
Parent/Guardian _____	Student <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>To my knowledge, my child does <u>not</u> have a health problem</b> <input type="checkbox"/>		
<b>Allergies (physician note required)</b> <input type="checkbox"/> Medication _____  <input type="checkbox"/> Food – list _____	<input type="checkbox"/> Bee Stings – describe reaction _____  <input type="checkbox"/> Other Allergy _____	
What medication, if any, is needed at school to treat the above allergy?		
Has your child ever had a severe “anaphylactic” reaction requiring emergency care?		
Past Health Problem/Illness - _____		
Current Health Problem/Illness – _____		
<b>Daily Medication</b> (at home and/or at school:)		
<b>NOTE: TAKE MEDICATIONS TO THE OFFICE OR CLINIC TO INSURE STUDENT SAFETY.</b> Medications taken at school (prescription or over-the-counter) <b><u>must have a signed medication permit on file with the school.</u></b> A doctor's note must be on file for a student to carry medication with them.		
Physician's Name _____	Phone Number _____	
<b>My child has had chickenpox disease – yes - no – circle one. Date of chickenpox disease</b> _____.		
<b>Medical care needed at school</b> ( <i>describe in detail</i> )		
<b>Special Attention</b> <i>Health concerns such as <b>diabetes, seizures, asthma</b> and/or <b>severe allergic reactions</b> will need additional health care plans. Please contact your school nurse as soon as possible to complete this information.</i>		
<b>Specific Concerns (describe)</b>		
Hearing _____	Vision _____	
Speech _____	Movement _____	

To ensure the care of my child, I read and agree that pertinent health information may be provided to appropriate school staff. I agree that the school nurse may consult with my child’s family physician about the above medical condition (s). I agree to alert the school nurse of any change in medications and/or health status of my child. I will furnish the school with a current telephone number and address in case of an emergency.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# NINEVEH-HENSLEY-JACKSON UNITED SCHOOL CORPORATION

## *Indian Creek Schools*

I give Indian Creek Schools/Nineveh-Hensley-Jackson School Corporation permission to release the following information concerning my child to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP):

NAME, IMMUNIZATION DATA, DATE OF BIRTH, AND SCHOOL WHERE CHILD IS ENROLLED

I understand that the information in the registry may be used to verify that my child has received proper immunizations and to inform me or my child of my child's immunization status or that an immunization is due according to recommended immunization schedules.

I understand that my child's information may be available to the immunization data registry of another state, a healthcare provider or a provider's designee, a local health department, an elementary or secondary school, a child care center, the office of Medicaid policy and planning, a contractor of the office of Medicaid policy and planning, a licensed child placing agency, and a college or university. I also understand that other entities may be added to this list through amendment to I.C. 16-38-5-3.

I hereby consent to the release of such information.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

( ) \_\_\_\_\_

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Child's Full Legal Name

\_\_\_\_\_  
Grade Level

2019-2020

DENIAL OF PERMISSION TO RELEASE STUDENT  
DIRECTORY INFORMATION TO RECRUITING REPRESENTATIVES OF THE  
MILITARY SERVICES AND MILITARY ACADEMIES

Dear Parent and Student:

Student directory information, as defined below, must be released to any recruiting representative of any military service or academy who requests it unless the parent or student provides a written request stating no student directory information is to be given to a military recruiting representative.

Student Directory Information is define as follows:

1. Name of student
2. Address
3. Telephone number(s), if listed or published

\_\_\_\_ The release of Student Directory Information to all military recruiting representatives is denied.

This form must be completed and returned to the school principal before the end of the student's sophomore year.

_____ Name of Student	_____ School	_____ Grade
_____ Parent's Signature	_____ Date	
_____ Student's Signature	_____ Date	



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Student Name

Date

Grad Yr

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**NETWORK AND INTERNET****STUDENT ACCEPTABLE USE POLICY AND PARENT PERMISSION FORM****PARENTS AND STUDENTS: PLEASE READ THE FOLLOWING CAREFULLY.**

Students should sign at the bottom of the form to acknowledge understanding of Acceptable Use Policies at Indian Creek Schools. Parents should sign at the bottom to approve use of the INTERNET and acknowledge understanding of the policies.

Welcome to the Indian Creek Information Network (NETWORK). The technology and information system at Indian Creek Schools are provided as a privilege to all members of our educational community for the purpose of enhancing learning, improving communication and increasing productivity. The NETWORK provides access to local educational software, access to research information, access to productivity software, access to local library catalogs, access to the INTERNET, and access to the electronic storage to save the information you create. All access to the INTERNET is supervised by Indian Creek teachers and staff and protected by filters to ensure safe use of these outside resources. Parents must approve INTERNET use for their children. The use of this NETWORK is important to your success as a student. However, remember that it is a privilege. Your continued use of this NETWORK is dependent on following the guidelines below:

**MISSION**

The use of the district computer network (NETWORK) and district provided internet access (INTERNET) by students, staff, and community of the Nineveh-Hensley-Jackson United School Corporation is to promote educational excellence by facilitating resource sharing, access to information, and communication.

**ACCEPTABLE USE**

The purpose of the INTERNET use by Nineveh-Hensley-Jackson United School Corporation (NHJ) students, staff, and community is to assist in the exchange of information for the purposes of education and research. The INTERNET must be used in a positive manner to benefit children, family, education, business, and the community. NHJ does not accept responsibility for a user's participation in activities involving money. Acceptable use of the INTERNET includes:

- Connecting into other organization's networks or computing resources must comply with the rules appropriate for that network or the host network.
- Transmitting of any material in violation of federal or state regulations is prohibited. This includes, but is not limited to the plagiarizing of materials, infringement upon copyrighted material, threatening or obscene material, or material protected by trade secrets.
- Using INTERNET resources to access, upload, download, or distribute pornographic, obscene, or sexually explicit material is strictly prohibited.
- Using the INTERNET requires supervision by NHJ professional staff.
- NHJ does not accept responsibility for a user's participation in activities involving money.

**PRIVILEGES**

The use of the INTERNET is a privilege, not a right, and inappropriate use can result in a cancellation of those privileges. Individuals using INTERNET accounts must abide by the rules and regulations stated in this policy in order to receive the privilege of accessing the network.

The system administrators:

- Will deem what is appropriate use and their decision is final.
- Will require a student and parent signed Acceptable Use Policy (AUP) agreement form.
- May close an account at any time as required.
- May deny, revoke, or suspend a student's account.

**ETIQUETTE**

All communications and information accessible via the NETWORK should be assumed to be private property (which includes but is not limited to copyrighted material.) Users accessing the NETWORK are expected to abide by the generally accepted rules of network etiquette but are not limited to the following:

- Be polite.
- Use appropriate language.
- Illegal activities are strictly forbidden.
- Do not reveal your personal information such as address, phone numbers, credit card numbers, etc.

*Approved 6/2012*

- Do not reveal the personal addresses or phone numbers of students, friends, colleagues, etc.
- Do not assume that e-mail is private. System operators have access to all e-mail files.
- Limit the storage of e-mail by routinely deleting previously read messages, Sent Items, and Trash.
- Do not use the network in such a way that you would disrupt the use of the network by other users.
- Be courteous to other users wanting to use the INTERNET.
- Do not tie up the INTERNET for non-academic activities when academic users are in need of the computer resources.

### **SERVICE**

NHJ makes no warranties of any kind, whether expressed or implied, for the service it is providing. We will not be responsible for any damages the user suffers, including loss of data resulting from delays, non-deliveries, mis-deliveries, or service interruptions caused by its own negligence or user errors or omissions. Use of any information obtained is at your own risk. NHJ specifically denies any responsibility for the accuracy or quality of information obtained through its services.

### **SECURITY**

Security on any computer system is a high priority, especially when the system involves many users. If you feel you can identify a security problem:

- Notify the system administrator or the school technology coordinator.
- Do not demonstrate the problem to other users.
- Do not use another individual's materials, information, or files without permission from that individual.
- Do not attempt to log on to the system as a system administrator or user privileges will be revoked.
- Being identified as a security risk may eliminate your access.

### **CONTROVERSIAL MATERIAL**

Users may encounter controversial material and which may be considered offensive or inappropriate to some users, parents, teachers, or administrators. On a global network it is impossible to control effectively the content of data. NHJ shall not be held responsible for the content of any material found on the INTERNET. It is the user's responsibility not to initiate access to inappropriate material. NHJ abides by federal law by making a best-case attempt to filter student access to Adult/Pornographic material, and monitoring student usage. INTERNET usage is monitored and reports are made available upon request to School Administrators.

### **VANDALISM AND HARASSMENT**

Vandalism or Harassment will result in appropriate discipline as determined by the School Administrator. Vandalism is defined as any malicious attempt to harm or destroy data of another user or another system or network. This includes, but is not limited to, the uploading or creation of computer viruses. Harassment is defined as the persistent annoyance of another user or the interference of another user's work. Harassment includes, but is not limited to the sending of unwanted emails, social media postings, etc.

### **REVISION OF POLICY**

The above-mentioned policies are subject to revision as determined by the NHJ Director of Technology, the Superintendent, and the School Board. NHJ's INTERNET-related policies and procedures are available for review by all parents/guardians, school employees, and other community members at the office of the superintendent or the office of each building principal.

Failure to follow any of the above guidelines may result in any of the following consequences depending on the severity of the violation:

- A warning followed by clarification of the appropriate use guidelines.
- Loss of all access privileges to the NETWORK for not less than a week and not more than the student's career at Indian Creek.
- Notification of administrators and parents by phone or personal conference to jointly determine consequences.
- Referral to proper authorities for disciplinary and/or legal action.

**I have read and agree to the Acceptable Use Policies for use of the NETWORK.**

**I give my child permission to use the NETWORK.**

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Student Signature

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Parent Signature

*Approved 6/2012*

**Parent/Guardian****Access to Infinite Campus Parent Portal**

The Parent Portal allows parents and guardians the opportunity to access student grades, homework status, attendance, book rental, and lunch accounts. The portal also gives you the ability to pay book rental and add money to lunch accounts. Parents may have individual or joint access. When your account has been set up, your Login & Password will be emailed back to you as confirmation. The subject line will read "Portal Account Access."

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

Login: \_\_\_\_\_ Password: \_\_\_\_\_

*Passwords must be at least 8 characters long and include at least 1 upper case letter, 1 lower case letter, and 1 number.*

Names of children: \_\_\_\_\_

\_\_\_\_\_