

Policy: Agreements



Developmental Research School
at the University of Florida

Student Name (Print)

Grade

APPENDIX B

PARENT/GUARDIAN AND STUDENT ACKNOWLEDGEMENT

The Code of Student Conduct has been created to help guide students to increased success in school. We recognize that students determine their own behavior, and strong parent/guardian-school communication can lead students toward making positive choices concerning how they present themselves to the school community.

Supervision is provided between 7:30am and 2:45pm on Mondays, Tuesdays, Thursdays and Fridays when school is in session. On Wednesdays, supervision is provided from 7:30am and 2:10pm. Please be reminded that Elementary students must be picked up or sent to the After-school Program fifteen (15) minutes after school is out. Supervision for Middle and High School students (who are not in a teacher-directed activity or extracurricular program) is provided one half hour before school begins and 30 minutes after final dismissal. Middle School students must be in the After-school Program or picked up by parents/guardians. **STUDENTS SHOULD NOT BE LEFT UNATTENDED ON THE SCHOOL CAMPUS. Students are not to arrive on campus before 7:30 am or remain on campus 30 minutes after the release of school unless in a teacher-directed activity or extracurricular program. Supervision is not provided before or after these times.**

Please read and discuss this document with your P.K. Yonge student. After you have read the document, please sign the acknowledgement of receipt. Failure to return this acknowledgement will not relieve a student of the responsibility to know the contents of and to act appropriately while in school and in attendance at school-related functions.

By signing below, I acknowledge that I have read, or my parents have read to me, and understand the P.K. Yonge Code of Student Conduct and other school policies in this document and on the P.K. Yonge webpage <http://pkyonge.ufl.edu/information/policies-publications/>. I agree to abide by the P.K. Yonge Code of Student Conduct and all other P.K. Yonge policies and procedures.

Student Signature _____ Date _____

By signing below, I acknowledge that I have read and understand the P.K. Yonge Code of Student Conduct and other school policies in this document and on the P.K. Yonge webpage <http://pkyonge.ufl.edu/information/policies-publications/>. I agree that I, and my child, will abide by the P.K. Yonge Code of Student Conduct and all other P.K. Yonge policies and procedures.

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____

Policy: Agreements



Developmental Research School
at the University of Florida

Student Name (Print)

Grade

APPENDIX C

ACCEPTABLE USE OF TECHNOLOGY AGREEMENT - STUDENT

I certify that I have been made aware of the policy for the Acceptable Use of Technology located at <http://pkyonge.ufl.edu/information/policies-publications/> and agree to abide by all policies and procedures pertaining to the acceptable use of technology.

1. I understand the expectations and rules for using equipment, digital devices, network resources at P.K. Yonge.
2. I understand that I am expected to take appropriate care of school equipment, digital devices, and technology resources as outlined in the Code of Student Conduct.
3. I understand that my parent/guardian will be financially responsible for damage to equipment, digital devices, and technology resources that I use at school and/or have been assigned to me.
4. I understand that I am expected to return all property of P.K. Yonge in proper working order when instructed or upon withdrawal from the school.
5. **I understand that P.K. Yonge shall not be held responsible for the loss or damage of my personal digital device (laptop, iPod, iPad, cellular phone, etc.).**
6. I understand my responsibilities and rights, behaviors that are infractions of the rules, and the possible consequences for infractions of the rules.

Student Signature

Date

ACCEPTABLE USE OF TECHNOLOGY AGREEMENT & CONSENT - PARENT

I certify that I have been made aware of the policy for the Acceptable Use of Technology located at <http://pkyonge.ufl.edu/information/policies-publications/> and agree to abide by all policies and procedures pertaining to the acceptable use of technology.

1. I understand the expectations and rules for using equipment, digital devices, network resources at P.K. Yonge.
2. I understand that my child is expected to take appropriate care of school equipment, digital devices, and technology resources as outlined in the Code of Student Conduct.
3. I accept financial responsibility for damage to equipment, digital devices, and technology resources that my child uses at school and/or have been assigned to them.
4. I understand that my child is expected to return all property of P.K. Yonge in proper working order when instructed or upon withdrawal from the school.
5. **I understand that P.K. Yonge shall not be held responsible for the loss or damage of my child's personal digital device (laptop, iPod, iPad, cellular phone, etc.).**
6. I have reviewed with my child the responsibilities and rights, behaviors that are infractions of the rules, and the possible consequences for infractions of the rules.
7. I understand that investigation and response to prohibited uses of technology will only occur during designated school hours.

By signing below, I grant consent for my child to use P.K. Yonge equipment, digital devices, network resources and agree to the conditions stated above

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Policy: Agreements



Developmental Research School
at the University of Florida

Student Name (Print)

Grade

APPENDIX E

INTERNET APPLICATIONS CONSENT

By signing below, I/we confirm that I/we have read, understand, and agree to the following:

Under the Family Educational Rights and Privacy Act (FERPA), a student's education records are protected from disclosure to third parties. I understand that my student's work stored in Google Apps for Education and any other sites deemed academically necessary by P.K. Yonge DRS may be accessible to someone other than my student and P.K. Yonge DRS by virtue of this online environment. My signature below confirms my consent to allow my student's work product to be stored by Google, Canvas, and any other sites deemed academically necessary by P.K. Yonge DRS.

I understand that by utilizing Internet applications, including, but not limited to, Google Suite, my child's work will be collected and stored electronically. I will read the privacy policies associated with use of Google Suite (<http://www.google.com/edu/privacy.html>).

By signing below, I give permission for my child to use Internet applications, which include being assigned the P.K. Yonge DRS Google Suite, Canvas, Hapara, Studyo, Zoom, and other Internet application accounts deemed necessary for instructional purposes. I understand that my child will receive access to the Google Suite, such as Docs, Calendar, and Sites. I understand that upon entering the 9th grade, my student will also be granted a P.K. Yonge email account through the P.K. Yonge DRS Google Suite. This permission will apply to my child's assigned account while enrolled in P.K. Yonge DRS.

I understand that my student's Google Suite content is accessible to P.K. Yonge school personnel including faculty and administration. I am aware that I may access all school policies and policies pertaining to the use of Internet applications in the Chromebook Policy located at <http://pkyonge.ufl.edu/information/policies-publications/>.

Student Signature _____ Date _____

Student ID # (if known) _____

Student P.K. Yonge Google Username (if known) _____

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____

Policy: Agreements



Developmental Research School
at the University of Florida

Student Name (Print)

Grade

APPENDIX D

CHROMEBOOK POLICY AGREEMENT

Before the distribution of a Chromebook and access to Internet applications on a school-issued device can take place, the following documents must be completed and returned to the school:

- Chromebook Policy Agreement
- Internet Applications Consent
- Acceptable Use Policy and Consent Agreement

By signing below, I /we agree to the stipulations described in the Chromebook Policy located at <http://pkyonge.ufl.edu/information/policies-publications/>. This policy includes, but is not limited to:

- **responsible use and care of the device and associated equipment**
- **policies relating to damaged equipment**
- **equipment return policies**

I/We understand that the purpose of any technology equipment or resource is to support research and education and will be consistent with the educational objectives of P.K. Yonge DRS. As a user of P.K. Yonge DRS' technology equipment and resources, I acknowledge my responsibility for my actions and my conduct in using any technology resource. The use of all electronic devices and networks is a privilege, not a right. Any action by a user that is determined by a system administrator to constitute an inappropriate or unauthorized use of any system or to improperly restrict or inhibit other members from using and enjoying any system is strictly prohibited and may result in terminating the user's access privileges. I further understand that any or all of the following sanctions could be imposed if any of the policies or procedures regarding the use of P.K. Yonge DRS technology equipment or resources, including the Internet, are violated:

- **Loss of access**
- **Additional disciplinary action to be determined based on existing policies**
- **Legal action when applicable**

Care for and Return of Equipment

I acknowledge by my signature that while I am a student at P.K. Yonge DRS, I am expected to take proper care of school-issued technology resources. I understand that I am expected to return all property of P.K. Yonge DRS in proper working order when instructed or upon withdrawal. This agreement includes, but is not limited to, the following: laptops, Chromebooks, iPads, eReaders, video and digital cameras, external hard drives, cables, cases, charging connectors, etc. I understand that failure to return equipment will be considered theft by the school system and may lead to criminal prosecution.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Policy: Agreements



Developmental Research School
at the University of Florida

Student Name (Print)

Grade

APPENDIX F

PHOTO/VIDEO/STUDENT WORK RELEASE

Parent/Guardian Authorization to Release Information Photos, Video, Digital Recordings, and/or Student Work

In signing this P.K. Yonge DRS Photo/Video/Student Work Release (“Release”), I give access to and permission to discuss, share, and publish certain information from my child’s educational records, specifically, photographs, video and/or digital recordings (“Photographs”) as well as student work (“Work”). I hereby consent that P.K. Yonge and the University of Florida may use the Photographs and Work for any legal purpose, including but not limited to school publications or productions, illustration, advertising, marketing, trade or promotion, social media and file sharing sites (Facebook, Twitter, Flickr, etc.), exhibitions, without any payment or compensation to me in any form and without my prior approval or viewing of any specific Photograph or Work.

I understand this Release remains in effect until I revoke this authorization in writing.

I have carefully read the forgoing Release and fully understand the meaning of this Release. I affirm that I have given this authorization voluntarily and signed this Release voluntarily.

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____

Policy: Agreements



Developmental Research School
at the University of Florida

Student Name (Print)

Grade

APPENDIX G

STUDENT HEALTH SERVICES CONSENT

CONSENT FOR SERVICES AND TREATMENT

I hereby give consent for my child to participate in the School Health Services Program and to receive emergency care and treatment at school if needed. Screening and appraisals for problems in the areas of vision, hearing, growth and development*, Scoliosis, and communicable diseases will be accomplished at various grade levels as part of the School Health Services Program. In the event of an illness or injury, the school will contact the parents/guardians and/or emergency contacts as listed for the child in Skyward. In the event of a serious illness or injury requiring immediate medical treatment, I hereby request designated school personnel to call EMS/911 for transport to the hospital designated below, and consent to have the named hospital, doctors, or emergency agencies bill me for the expense incurred. In the event of an illness or injury where immediate medical treatment is NOT indicated, but where my child is unable to remain in school, I agree to arrange for my child to be picked up from school within 30 minutes of being contacted. If I am unable to be reached, I hereby consent for the school to contact my listed emergency contacts to arrange for pick-up of my child.

MEDICATION ADMINISTRATION

All student medications must be administered by the school nurse or other authorized school personnel. I agree to complete a medication authorization form and confer with the school nurse about any prescription medications and doses that need to be administered to the student during the school day. It is the responsibility of the parent/guardians to provide all over-the-counter medication that they wish to be administered. I understand that all medication must be provided in its original unopened packaging, or in its original prescription bottle with label. It is the student's responsibility to come to the clinic for their scheduled doses. The clinic also offers the following topical agents: anti-itch cream (calamine), triple antibiotic ointments, burn relief spray, and first aid cleansers.

I hereby request and give permission to the school nurse or other authorized school personnel to administer medication(s) to my child as indicated in this document.

I am aware that I must keep my child's health information up-to-date through the School Nurse or the Skyward Family Access.

Preferred Hospital: _____ North Florida Regional _____ Shands

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____

* I prefer that my child **NOT** participate in the health screening (height, BMI calculation).