



Catholic Diocese of Arlington

ACCEPTABLE USE POLICY

Computer use and Internet access is encouraged and made available to further education and research in an academic setting consistent with the mission of the Diocese of Arlington, Office of Catholic Schools. Computer and Internet access may be used only for academic purposes. Internet access is provided at times and places determined by each school under the direction and supervision of the school staff. Files stored on school computers are restricted to school-related assignments only. Telecommunication is restricted to school-related projects and must be supervised by the teacher and/or staff.

The Internet contains extensive information on a variety of subjects. There is no privacy on the Internet; therefore, personal or identifying information should not be provided concerning anyone in the school. Many laws, including those related to copyright infringement, harassment, slander and obscenity apply to Internet use.

Acceptable Use Policy- Elementary Schools, Grades K-5

1. I will not damage the computer or network in any way.
2. I will not use a computer or hand-held device to harm other people or their work.
3. I will not violate copyright laws.
4. I will not view or use other people's folders, files or work without their permission.
5. I will not view, send or display offensive messages or pictures, or harass others in any way.
6. I will not access my personal e-mail account or any free e-mail services from any school computer.
7. I will not record any personal information, such as name, address, etc., about myself for anyone else on an Internet site.
8. I will not view Internet sites that my school or teacher does not allow or thinks are inappropriate.
9. I will not represent other people's work as my own (plagiarism).
10. I will tell any adult immediately if I see materials that violate these rules.
11. I understand that all electronic files are subject to review by the administration.

I am prepared to be held accountable for my actions and for the loss of privileges if the Acceptable Use Policy is not followed.

Student's signature _____

Parent's signature _____

Students and parents will sign an acceptable use policy each year. The administration is responsible for monitoring compliance with the policy.



Catholic Diocese of Arlington

Acceptable Use Policy – Middle and Secondary Schools, Grades 6-12

The Diocese of Arlington administrators, faculty and staff have the right to restrict student computer activities at any time if, in their judgment, a student is not following the spirit of the Diocese of Arlington Acceptable Use Policy. Students at Diocesan schools are prohibited from using school computers for any of the following activities: (This list is not meant to be all-inclusive)

1. Internet access for private or commercial business.
2. Violate any local, state, federal or international laws that apply to computer or Internet use, including but not limited to copyright infringement, plagiarism, software licensing, harassment, slander and obscenity.
3. Access, produce, transmit and/or retransmit material advocating or promoting violence or hatred against individuals or groups, promoting destruction of property or containing sexually oriented material.
4. Hack, infiltrate or “sniff” school or outside computers’ accounts, or networks, or attempt to establish or establish contact into school-restricted computer nets or any other unauthorized databases. Users will not access, transmit, and/or retransmit material requiring a password or security authorization without legally possessing such password or authorization.
5. Commit or attempt to commit any willful act which disrupts the operation of any school outside computer or network. For example, users will not release viruses, worms, spam, e-mail bombs, or other files that cause a disk to fill up, a network to bog down, or a software application to crash.
6. For games, non-academic surfing and chatting, gambling, non-academic multimedia listening or viewing.
7. Send, store or intentionally receive inappropriate or frivolous e-mail. All electronic communication must be polite, respectful, and contain no obscene, vulgar, degrading or defamatory language.
8. Use or include the school’s e-mail address in non-school web pages.
9. Use encryption software from any access point within the Diocese of Arlington.
10. Bring computers from home into school. Computer/network/Internet access during school hours will be restricted to school owned equipment only.
11. Use school computers to enter chat rooms or for online messaging.
12. Downloading and/or installing software is prohibited. This includes copyrighted software, shareware and freeware.
13. Use of any school equipment to duplicate any bootleg software is strictly prohibited.
14. Modifying school computers, including additions, deletions and changes of software, settings preference, properties, or account customization is strictly prohibited.

Student Signature:

I understand any violation of the above provisions will result in the loss of my user account and may result in further disciplinary and/or legal action, including but not limited to suspension or expulsion, or referral to legal authorities. I therefore agree to maintain acceptable standards and to report any misuse of the system to the appropriate teacher or administrator.

Misuse or violation of this agreement comes in many forms, but can be viewed as any messages, information or graphics sent or received that include/suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language and/or other listings previously described in this user agreement. I agree to report any misuse of the electronic information resources to the appropriate teacher or administrator.

I have read this Acceptable Use Policy and understand that Internet sites are filtered and that Internet use on my school computer may be monitored. I hereby agree to comply with the above described conditions of acceptable use.

Student Name (please print): _____ Grade: _____

Student Signature _____ Date: _____

Parent or Guardian:

As the parent or guardian of the above named student. **I have read this Acceptable Use Policy and understand that Internet sites are filtered and that electronic information resources accounts may be monitored.** I understand my child may be disciplined for inappropriate or unacceptable use of electronic information resources. I further understand that student use of the electronic information resource system is designed for educational purposes.

I hereby give my permission.

Parent or Guardian Name (please print): _____

Signature: _____ Date: _____

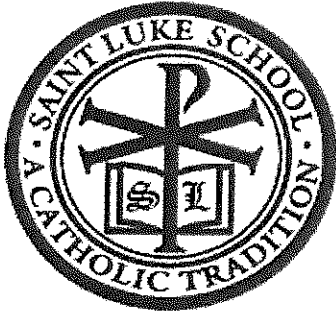
Students and parents will sign an acceptable use policy each year. The administration is responsible for monitoring compliance with the policy.

ELEMENTARY/MIDDLE SCHOOL HANDBOOK AGREEMENT FORM

PARENT/GUARDIAN

I have received a current copy of the Parent/Student Handbook. In doing so, I have explained the content of this document to my child(ren). I acknowledge and agree to the policies obtained therein, and will require my child(ren) to comply with the policies which apply to students.

I also realize during my child's enrollment at the school I will be informed from time to time, formally or informally, of various changes in school and/or Diocesan policies. I understand the school and/or Diocese reserves the right to change policies at any time with or without advance notice. I further understand it is required for me to sign this form in order to continue my child's enrollment at the school.



(Parent's Signature)

(Printed Name)

(Date)

FOR MIDDLE SCHOOL STUDENTS ONLY

I have read the Parent/Student Handbook and agree to observe all school regulations.

(Student's Signature)

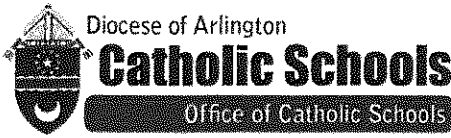
(Second Student's Signature)

(Printed Name)

(Printed Name)

(Date)

(Date)



Permission for Emergency Care

Appendix F-1

To be completed and signed annually by a parent/guardian

Legal Name: Last _____ First _____ Middle _____

Nickname _____ Sex Male Female Date of Birth (mm/dd/yyyy) ___/___/___

Home Address _____
(Street) (City) (State) (Zip)

Home Phone ____-____-____ Email for official school communication _____

Name(s) of any sibling(s) at school _____ Grade(s) _____

Student lives with (*applicable custody paperwork must be attached*): _____

Mother/Female Guardian

Father/Male Guardian

Full Name _____

Maiden Name _____

Home Address _____

Home City/State/Zip _____

Home Phone _____

Home Email _____

Cell Phone _____

Work Phone _____

Work Email _____

Work Address _____

Occupation _____

Employer _____

Marital Status (Circle) Married Separated Divorced*
 Widowed Single Remarried

Married Separated Divorced*
 Widowed Single Remarried

**Appropriate custody paperwork MUST be attached.*

**Appropriate custody paperwork MUST be attached.*

Persons NOT authorized to pick up the student from school:

Name _____ Relationship _____

Emergency Contacts: In the event a parent/guardian cannot be reached, you must give the name, address and phone number of two persons who could collect the student from school in a timely manner.

1) _____
(Name) (Address, City, State, Zip) (Phone) (Relationship)

2) _____
(Name) (Address, City, State, Zip) (Phone) (Relationship)

Student's Doctor _____	Phone# _____
Outstanding Medical History _____ <small>(e.g. diabetes, heart disease, contact lenses, hearing aid, etc.)</small>	
Allergies _____	Action to Take _____
Student's Medications _____	Date of Last Tetanus Shot _____
Insurance Company _____	Policy # _____

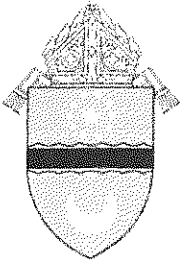
- I agree to notify the school within 24 hours if my child or any member of their immediate household has developed a communicable disease. I agree to notify the school immediately if the disease is life threatening. I agree to pick up my sick or injured child in a timely manner when contacted. If I cannot be reached, the above emergency contacts can be called to pick up my child. Additionally, if I cannot be contacted in an emergency, the school has my permission to take my child to the emergency room of the nearest hospital and I hereby authorize its medical staff to provide treatment, when a physician deems necessary for the well-being of my child.

- I certify that the information provided in this document is true and accurate to the best of my knowledge.

 Printed Name of Parent/Guardian

 Signature of Parent/Guardian

___/___/___
 Date



Diocese of Arlington
The Chancery

SUITE 914
200 NORTH GLEBE ROAD
ARLINGTON, VIRGINIA 22203

TEL: (703) 841-3847 FAX: (703) 524-5028

Office of Child Protection & Safety

**PHOTO, PRESS, AUDIO, AND ELECTRONIC MEDIA RELEASE
FOR MINORS**

Student's Name: _____

Image and Audio: I authorize the **Catholic Diocese of Arlington**, its parishes, its schools and/or the **Arlington Catholic Herald** to use and publish my child's photograph, video and/or audio recording for educational, news stories, illustration and/or marketing purposes.

Signature of parent of guardian: _____

Date: _____

Identity: I authorize the **Catholic Diocese of Arlington**, its parishes, its schools and/or the **Arlington Catholic Herald** to use my child's name identifying them in photographs, videos and/or audio recordings for educational, news stories, illustration and/or marketing purposes.

Signature of parent of guardian: _____

Date: _____

**DIVISION OF LICENSING PROGRAMS
DEPARTMENT OF SOCIAL SERVICES
CHILD REGISTRATION FORM (Model)**

Child	Nickname	Date of Birth	Sex
Address			Home Phone
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/Program			Grade

PARENT(S)/GUARDIAN(S)

Father	Place Employed	Business Phone
Home Address		Home Phone
Mother	Place Employed	Business Phone
Home Address		Home Phone
Person(s) or Agency Having Legal Custody of Child		
Home Address		Home Phone
Business Address		Business Phone

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency		
Child's Physician		Phone
Two People To Contact if Parent(s) Cannot Be Reached	Address	Phone
1.	1.	1.
2.	2.	2.
Person(s) Authorized To Pick Up Child		
Person(s) <u>NOT</u> Authorized To Pick Up Child*		

- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
- NOTE: Section 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

AGREEMENTS

1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **
3. The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

SIGNATURES

Parent(s) or Guardian(s)

Date

Administrator of Center

Date

Date Child Entered Care: _____ Date Left Care: _____

** If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.

OFFICE USE ONLY IDENTITY VERIFICATION

If proof of identity is required and a copy is not kept, please fill out the following.

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof		Date Documentation Viewed	Person Viewing Documentation

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided):

Date

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U. S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia *and* the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Section 63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.