

**Agueda I. Johnston Middle School
Parent Acknowledgement Form
SY2019-2020**

1. **AJMS Student/Parent Planner/Handbook Review and Acknowledgement:** The AJMS school community recognizes the importance of the Student/Parent Planner/Handbook. By informing parents and students of the Board Policies and School Rules, we encourage parental involvement in the daily educational process of their child(ren). With this understanding, I have read the AJMS Parent/Student Handbook and that my child is expected to use and keep an AJMS Student/ Parent Planner/Handbook throughout the school year when provided. _____ (parent/guardian initial)

2. **AJMS Notice of Informed Consent for Student Searches Agreement:** As a parent or guardian, I have read the policy on Student Searches and Seizures (BP407) and GDOE SOP# 1200-002) with my child and I am aware that the Guam Department of Education (GDOE) conducts Random Searches of its students each month. These searches are guided by BP407 and are governed by GDOE SOP# 1200-002 for Student Searches and Seizures. These searches are necessary in order to maintain safe and modern learning environments that are conducive to learning. Searches of lockers, cards, and book bags are part of the Random Search Policy. If there is reasonable suspicion to believe that your son/daughter is in possession of articles considered dangerous, violations of the law, or violations of the school rules and regulations, their person may be searched as well. They may be asked to empty their pockets or take off their shoes. **NO STUDENT WILL EVER BE STRIP SEARCHED** during the course of a random or reasonable suspicion search. These searches are meant to protect students from harm and maintain a safe and orderly school campus. Therefore, all students are subject to search at any time while on campus of the GDOE. As a parent or guardian, I have read and understand that Random Searches and Reasonable Suspicion Searches are part of the overall Safety Plan for the GDOE and that my child is subject to search as provided by Board Policy 407. _____ (parent/guardian initial)

3. **Education Technology Use Policy User Agreement:** I have read, understand, and will follow the Education Technology Use Policy BP379 when using computer and other electronics resources owned, leased, or operated by the GDOE. I further understand that any violation of the regulations that is illegal, prohibited, immoral and/or unethical may result in disciplinary actions taken, access privileges revoked, and/or appropriate legal action may be initiated. _____

4. **Education Technology Use Policy Parent/Guardian Agreement:** As a parent/guardian, I have read the policy on Education Technology Use BP 379 with my child. I understand that this access is designed for educational purposes. AJMS has taken reasonable steps to control access to the Internet, but cannot guarantee that all controversial issues will be inaccessible to student users. I agree that I will not hold AJMS responsible for materials acquired on the network. I hereby give permission for my child to use network resources, including in Internet that is available through GDOE. _____ (parent/guardian initial)

5. **AJMS Acceptable Use Policy for Technology Use Review and Acknowledgement:** I have fully read and understand the school Acceptable Use Policy: To use school computers and the GDOE network responsibly and ethically and only for purposes stated in the policy; to access my computer login account or computer files only; to use the Internet (browsing and e-mail) for appropriate purposes stated in this policy; to follow all copyright rules; and to follow all directives specified in the policy. I have read the Acceptable Use Policy for Technology Use with my child and understand the school policies, requirements and expectations. _____ (parent/guardian initial)

6. **Cellular Phone Usage Agreement:** As a parent/guardian, I have read the policy on Student Cellular Phone Use on Campus BP406 and GDOE SOP# 1200-003 with my child and agree to cooperate with the guidelines stated. We also understand that failure to follow the guidelines may result in disciplinary action and/or loss of cellular phone use privilege. I understand that my child is required to register his/her cellular phone at school. I understand the rules stated in the Student Cell Phone Usage Disclosure Statement and agree to follow them. _____ (parent/guardian initial)

7. () My child will be carrying a cellular phone on campus.

Cellular # _____ Cellular Phone Model _____ Serial # _____

8. () My child will NOT be carrying a cellular on campus. **If this changes, student must update information with the school.*

1. **AJMS Media/Photo Release Consent:** In order to promote student achievement and awareness in the community, your child's picture may be used on the AJMS website (www.ajjms.net) or other official publications. If at any point, I wish a particular photo to be removed, I reserve the right to notify the school in writing in order to have it removed. I also hereby assign all rights to the still shot photo(s), videotaping, and sound recording made of my child and authorize the reproduction, sale, copyright, exhibition, broadcast, and/or distribution without limitation (ex. Yearbook, Newspaper, or News) for any purpose whatsoever without compensation. _____ (parent/guardian initial)

2. **AJMS Food Waiver Review and Acknowledgement:** I authorize and give my child permission to participate in purchasing and/or consuming food items during school activities that sell/serve prepackaged food and commodities (sponsored by their team or club organizations) outside of what is being served in the Cafeteria. _____ (parent/guardian initial)

9. My child is unable to consume the following _____.

3. **GDOE Truancy Prevention Acknowledgement:** I have read the GDOE Notice to Parents and Guardians Truancy Prevention Letter with my child and understand the District's policy, requirements, and duty to send children to school. I also understand that it is my obligation to inform the school through written notes when my child is absent for less than two consecutive days and a Doctor's Certification for more than three consecutive days. _____ (parent/guardian initial)

4. **Student Participation in Surveys:** I, hereby allow for my child to participate in surveys conducted by or through the school for various programs or agencies. Information collected will be used for specific reasons as indicated by the particular survey. All information will be kept confidential and only used with the expressed purpose of the survey's intent. _____ (parent/guardian initial)

5. **Consent for Diagnostic Assessment Testing:** AJMS administers various diagnostic assessments throughout the school year to assess and measure student's academic progress in Language Arts, Reading and Mathematics. These diagnostic assessment results provide teachers with a grade-level equivalence as a baseline to assess their academic proficiency, needs, and to adapt lessons. I, hereby allow for my child to be assessed throughout the school year. _____ (parent/guardian initial)

I have read and understand the policies and rules of the AJMS Parent Acknowledgement Form. I am aware that by signing this form, I acknowledge that I have received and agree by the terms and conditions stated in the following: 1)AJMS Student-Parent Handbook, 2) Notice of Informed Consent for Student Searches, 3) Education Technology Use Policy Agreement, 4) Cellular Phone Usage Agreement, 5) Media Release Authorization, 6) Food Waiver, 7) Truancy Prevention, 8) Student Participation in Surveys, and 9) Consent for Diagnostic Assessment Testing. In addition, as laws, policies, or school needs change, portions of this handbook may be amended during the school year. *Full detail of the above policies and procedures can be viewed online.

Student Name: _____ **Grade Level:** _____ **Team:** _____

Parent Name: _____ **Contact #:** _____

Student Signature /Date

Parent/Guardian Signature /Date