

Hopkins Academy

Enrollment Checklist for New Students 2019-2020

- ___ Student Enrollment Form (2 pages, both sides) – Signed
- ___ Birth Certificate or other Proof of Age
- ___ Proof of Residency (copy of utility bill, signed lease, etc.)
- ___ Custody Agreement (*if applicable*)
- ___ Health Records (including immunizations)
- ___ Student Health Information Record (both sides)
- ___ Home Language Survey – Signed
- ___ Military Family Status Form – Signed
- ___ Official Request for Records Form – Signed (*if applicable*)
- ___ Copy of IEP and/or 504 Plan (*if applicable*)
- ___ Notice of Possible Publication of Certain Student Information
- ___ Notice of Possible Publication to Website or School-Related Websites
- ___ ESSA Every Student Succeeds Act Form (*if applicable*)
- ___ Electronic User Agreement (signed by student)
- ___ Student Handbook Sign Off sheet (available online first week of school or printed upon request)

Brian Beck
PRINCIPAL

HADLEY PUBLIC SCHOOLS
STUDENT ENROLLMENT FORM 2019-2020

DATE: ___ / ___ / ___

Grade Enrolling: _____

Hadley Elementary School
21 River Drive
Hadley, Massachusetts 01035
(413) 584-5011 | fax (413) 582-6457

Hopkins Academy
131 Russell Street
Hadley, Massachusetts 01035
(413) 584-1106 | fax (413) 582-6455

PLEASE PRINT CLEARLY. STUDENT NAME MUST BE THE SAME AS PROOF OF AGE.

STUDENT IDENTIFICATION

Student Last Name: _____

First Name: _____

Full Middle Name (req'd): _____

Student Common Name: _____

BIRTH AND ETHNIC DATA

Date of Birth: ___ / ___ / ___ **Gender:** Male Female Nonbinary

Race/Ethnicity (Check all that apply): Hispanic White Black or African American Asian

American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

City of Birth: _____

State of Birth: _____

Country of Birth: _____

IMMIGRATION AND LANGUAGE DATA

Please complete the following as required by the Massachusetts Department of Education.

Student's Country of Origin: _____

(Country from which immigrant children have emigrated.)

Immigrant Status (Check if applicable)

An indication of whether a student is eligible for the Emergency Immigrant Education Program is, the student must not have been born in any State (any of the 50 states, the Commonwealth of Puerto Rico, the District of Columbia, Guam, American Samoa, the Virgin Islands, the Northern Mariana Islands, or the territory of the Pacific Islands) and not having completed 3 full academic years of school in any state.

Migrant Status (Check if applicable)

An indication of whether an individual or a parent/guardian accompanying an individual maintains primary employment in one or more agricultural or fishing activities on a seasonal or other temporary basis and establishes a temporary residence for the purpose of employment.

Student's Primary Language: _____

(Native language is the specific language or dialect first learned by an individual or first used by the parent/guardian with a child.)

PREVIOUS SCHOOL INFO

Previous School: _____

Previous District: _____

Previous City: _____

If student's previous school was not in the US, has your child ever attended school in the US and if so, how many months total?
_____**STUDENT RESIDENCE**

Student Address: _____

City: _____

State: MA

Zip Code: _____

STUDENT MAILING ADDRESS Mailing Is Same as Residence

Student Address: _____

City: _____

State: MA

Zip Code: _____

PARENT/GUARDIAN INFORMATION*(* Indicates contact information used for school alerts and attendance notifications by email, phone and text. Please notify us if you would like to use alternate information.)*

Parent/Guardian 1: _____ Relationship: _____

Has legal custody of student Yes No

Home Phone: () _____

*Cell Phone: () _____

Work Phone: () _____

*Email: _____

P/G 1 Address: _____

City: _____ State: MA Zip Code: _____

 Mailing Is Same as Residence OR Mailing Address, City, State, Zip Code: _____

Parent/Guardian 2: _____ Relationship: _____

Has legal custody of student Yes No

Home Phone: () _____

*Cell Phone: () _____

Work Phone: () _____

*Email: _____

Information is the same as P/G 1

P/G 2 Address: _____

City: _____ State: MA Zip Code: _____

Mailing Is Same as Residence

OR Mailing Address, City, State, Zip Code: _____

EMERGENCY CONTACTS *(Other than Parent/Guardian)*

Emergency Contact 1:

Relationship: _____

Home Phone: () _____

Cell Phone: () _____

Work Phone: () _____

Comment:

Emergency Contact 2:

Relationship: _____

Home Phone: () _____

Cell Phone: () _____

Work Phone: () _____

Comment:

Emergency Contact 3:

Relationship: _____

Home Phone: () _____

Cell Phone: () _____

Work Phone: () _____

Comment:

Emergency Contact 4:

Relationship: _____

Home Phone: () _____

Cell Phone: () _____

Work Phone: () _____

Comment:

STUDENT SERVICES

Has your student been screened/evaluated for Special Education or received any testing or services?

Yes.

Please check if your child has an: IEP 504

No, student has not been screened/evaluated for Special Education or received any testing or services.

Please note here if student has siblings enrolled in Hadley Public Schools:

Sibling Name	Grade 2019-2020
1.	
2.	
3.	
4.	

Parent/Guardian Signature: _____

Date: _____

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_W
Updated - April 8, 2019 _W

HADLEY PUBLIC SCHOOLS

Proof of Age

Hadley Elementary School
21 River Drive
Hadley, Massachusetts 01035
(413) 584-5011 | fax (413) 582-6457

Hopkins Academy
131 Russell Street
Hadley, Massachusetts 01035
(413) 584-1106 | fax (413) 582-6455

PLEASE PRINT CLEARLY.

Student Name: _____
Date of Birth: ____/____/____
City of Birth: _____

Please select proof of age document presented at enrollment:

- Birth Certificate
- Religious, hospital, or physician's certificate showing date of birth
- An entry in a family bible
- An adoption record
- An affidavit from a parent;
- Previously verified school records
- Other: _____

Parent/Guardian Signature: _____

Date: _____

Staff Signature: _____
Date: ____/____/____

HADLEY PUBLIC SCHOOLS ENROLLMENT AND PROOF OF RESIDENCY

Before any student is enrolled in the Hadley Public Schools, the student's parent or legal guardian* must prove legal residence in the Town of Hadley. Families whose primary residence is outside of Hadley are not eligible to attend the Hadley Public Schools. (This policy does not apply to the School Choice program.)

Required for enrollment are:

- Documentation proving date of birth
- A physical examination by a physician performed within 12 months of the student's start date at our school, including up-to-date immunizations
- All applicants must submit at least **three proofs of residency**

The documents must be pre-printed with the name and address of the student's parent or guardian*. When registering a student for kindergarten, the Principal will confirm residency. When entering the Hadley Public Schools at any other grade level, the **three residency** documents must be presented to the building principal. These documents also will be required for any **change of address**.

All applicants must submit at least one document from <u>each</u> of the following columns:		
Column A	Column B	Column C
<ul style="list-style-type: none"> • Copy of Deed AND record of most recent mortgage payment • Copy of Lease AND record of most recent payment • Legal affidavit from landlord affirming tenancy AND record of most recent payment 	<p style="text-align: center;"><i>A utility bill or work order dated within the past 60 days, including:</i></p> <ul style="list-style-type: none"> • Gas Bill • Oil Bill • Electric Bill • HOME telephone bill (not cell phone) • Cable Bill • Water Bill 	<ul style="list-style-type: none"> Valid driver's license Current vehicle registration Valid MA photo identification card Valid passport <i>Dated within past year:</i> W-2 form Excise (vehicle) tax bill Property tax bill <i>Dated within the past 60 days.</i> Payroll stub Bank or credit card statement

**Legal guardianship (Physical Custody) requires additional documentation from a court or agency.*

This residency policy does not apply to homeless students.
Report residency fraud! You will remain anonymous - call 413-586-0822

****PLEASE MAKE A COPY OF EVERY DOCUMENT SUBMITTED****

Hadley Public Schools Student Health Information Form

Grade _____

Last Name: _____ First: _____ DOB: _____ Age: _____

Address _____ Home Phone: _____
Street Town

Parent/Guardian #1 _____ Home Phone _____ Cell _____

Place of Employment _____ Work Hours _____ Phone _____

Parent/Guardian #2 _____ Home Phone _____ Cell _____

Place of Employment _____ Work Hours _____ Phone _____

Child Resides with _____

Emergency Contact (if parent/guardian cannot be reached):

1st _____ Relationship _____ Phone _____

2nd _____ Relationship _____ Phone _____

Child's Healthcare Provider _____ Phone _____

Child's Dentist _____ Phone _____

Child's Other Health Care Providers (including mental health and other specialty providers)
 _____ Phone _____

Child's Health Insurance Provider: _____

ALLERGIES (including drug, food, environment) _____

Hadley Public Schools has standing orders for the following treatments/medications. Please indicate whether or not you give your permission for them to be administered to your child by the school nurse.

Acetaminophen	Yes / No	Ibuprofen	Yes / No
Aloe Vera	Yes / No	Moisturizing Lotion	Yes / No
Benedryl	Yes / No	Oral Anesthetic Ointment	Yes / No
Calamine Lotion	Yes / No	Petroleum Jelly	Yes / No
Cough drops	Yes / No	Saline Solution	Yes / No

I give permission for the school nurse and the above listed health care providers to communicate regarding pertinent health care information. Yes / No

I give permission to the school to treat and/or transport my child in the event of a serious illness or injury as appropriate if I am unable to be reached. Yes / No

I give permission for the school nurse to share my child's healthcare diagnosis and information relative to the prescribed treatment for his/her condition with appropriate school personnel. Yes / No

Parent Signature

Date

OVER →

CONFIDENTIAL - Only seen by School Nurse

Please fill out as accurately as possible.

Medications taken by student on a regular basis including OTC and prescription:

(Please turn in medication forms if medication to be taken at school)

Health Conditions:

(Please check all that apply for your student)

ADD/ADHD

Anxiety

Asthma

Rescue Inhaler

Other Treatments: _____

Allergies

Explain: _____

EpiPen

Autism

Bleeding Problems

Explain: _____

Cancer

Explain: _____

Concussion / Head Injury

List Dates: _____

Chronic or Recurring Condition

Explain: _____

Cystic Fibrosis

Depression

Diabetes

Type 1

Type 2

Insulin Pump

Eating Disorder

Explain: _____

Emotional Issue

Explain: _____

Gastrointestinal Issue

Celiac Disease

Irritable Bowel Syndrome

Crohn's Disease

Other: _____

Hearing Impairment

Left Ear

Right Ear

Devices: _____

Heart Condition

Explain: _____

Migraines

Mononucleosis (within past year)

Neurological Conditions:

Spina Bifida

Cerebral Palsy

Seizure Disorder

Neuromuscular Degenerative Disorder

Other: _____

Orthodontics

Explain: _____

Orthopedic Issues

Recent Fractures: _____

Recent Surgery: _____

Other: _____

Scoliosis

Skin Disorders /Conditions

Explain: _____

Surgery

Explain: _____

Vision Impairment

Glasses

Contacts

Other information:

Parent/Guardian Signature

Date

*Please place updated form in an envelope addressed to the school nurse (for confidentiality) and return to your child's teacher as soon as possible. Thank you!

HADLEY PUBLIC SCHOOLS HOME LANGUAGE SURVEY

Hadley Elementary School
21 River Drive
Hadley, Massachusetts 01035
(413) 584-5011 | fax (413) 582-6457

Hopkins Academy
131 Russell Street
Hadley, Massachusetts 01035
(413) 584-1106 | fax (413) 582-6455

PLEASE PRINT CLEARLY.

Student Name: _____ **Date of Birth:** ____/____/____

Grade: _____

In order to help your child succeed in school, we ask that you please answer the following questions for each child in your family. Your answers will help us in creating the best educational program for your child.

Language Information:

1. What language did your child first speak or understand? _____
2. What language do you use most often when speaking with your child at home?

3. What language does your child use most often when speaking with you at home?

4. What language does your child use most often when speaking with family members?

5. What language does your child use most often when speaking with friends?

6. What language(s) does your child read? _____
7. What language(s) does your child write? _____
8. At what age did your child begin attending school? _____
9. Has your child attended school every year since that age? Yes No
If NO, please explain: _____
10. Would you prefer oral and written communications in English or in your home language? Please specify language: _____

Parent/Guardian Signature: _____

Date: _____

(Reverse side to be completed by Hadley ELL Staff)

To be completed by ELL Program Staff before placement:

Date: _____ School Enrollment: _____	Student's First Name: _____ Student's Family Name: _____	Age: _____ Birth Date: _____ Grade: _____
Relationship of person completing survey: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other (<i>Please specify</i>) : _____		Number of Years Student in USA: _____
Recommendation: <input type="checkbox"/> No ELL Services <input type="checkbox"/> Proficiency Testing/Records Review Signature of ELL Staff: _____ Date: ___/___/___		

- C: Principal
 ELL Services Coordinator/ Director of Student Services
 Guidance Counselor
 English Proficiency Test Administrator

HADLEY PUBLIC SCHOOLS
OFFICIAL REQUEST FOR RECORDS

Hadley Elementary School
21 River Drive
Hadley, Massachusetts 01035
(413) 584-5011 fax (413) 582-6457

Hopkins Academy
131 Russell Street
Hadley, Massachusetts 01035
(413) 584-1106 fax (413) 582-6455

Hadley Public Schools requests the following school records for:

NAME OF STUDENT

DATE

PREVIOUS SCHOOL ATTENDED

STREET ADDRESS

CITY

STATE

ZIP

The above student is enrolling in the Hadley Public Schools District. Please send his/her complete records including the following information when applicable, to the appropriate Administrative Assistant of the above mentioned school.

- ◆ All transcript Information
- ◆ SAT and other College Board Scores
- ◆ Class Rank
- ◆ Grade Point Average
- ◆ Extracurricular Activities
- ◆ Attendance Record
- ◆ Teacher and Counselor Evaluations and Recommendations
- ◆ Current Health Records and up to date Immunizations
- ◆ Discipline Records
- ◆ MCAS or other standardized test scores
- ◆ Special Education Records
- ◆ Copy of 504
- ◆ DEPARTMENT OF EDUCATION DATA BASE ELEMENTS (State of MA only)

SIGNATURE OF PARENT/GUARDIAN

DATE

Updated 5/15/14

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OFFICIAL REQUEST FOR RECORDS.doc_W

HOPKINS ACADEMY
131 RUSSELL STREET
HADLEY, MA 01035
PHONE: 413-584-1106 FAX: 413-582-6455

**NOTICE OF POSSIBLE PUBLICATION OF CERTAIN STUDENT
INFORMATION DURING THE SCHOOL YEAR**

Dear Parent/Guardian:

Under Department of Education regulations 603 CMR 23.07 (4) (a), the school may release for publication certain information from officially recognized school activities or functions concerning your child from time to time without first obtaining your consent, unless you indicate now that we should not do so. The information which may be released for publication includes a student's name, class, participation in officially recognized activities and sports, degrees, honors and awards, post high school plans, photographs, videotaping and news films. Telephone numbers and addresses will **not** be released.

Please return this form to the main office by **September 11, 2019 ONLY** if you do **NOT** want your student's information published.

1. _____ I do NOT wish this information concerning my student to be released for publication without my consent while attending Hopkins Academy for the 2018-19 school year.

Check all that apply:

- | | |
|--|----------------------------------|
| _____ Student's name | _____ Class (year of graduation) |
| _____ Degrees | _____ Honors and awards |
| _____ Post high school plans | _____ Photographs, videotaping |
| _____ News films | |
| _____ Participation in officially recognized activities and sports | |

2. _____ I do NOT wish for my child's picture and name to be published in the yearbook.

STUDENT NAME (PLEASE PRINT)

GRADE

PARENT/GUARDIAN SIGNATURE

DATE

3/2019 GOLD

HADLEY PUBLIC SCHOOLS

Hadley Elementary School
21 River Drive
Hadley, Massachusetts 01035
(413) 584-5011 | fax (413) 582-6457

Hopkins Academy
131 Russell Street
Hadley, Massachusetts 01035
(413) 584-1106 | fax (413) 582-6455

NOTICE OF POSSIBLE PUBLICATION TO SCHOOL WEBSITE OR SCHOOL-RELATED ONLINE SITES

Dear Parent/Guardian:

In the beginning of the year packets, parents/guardians can choose not to have their student's name, picture or information released to the press or our "Do Not Publish" list. Under Department of Education regulations 603 CMR 23.07 (4) (a), the school may release certain information for publication from officially recognized school activities or functions concerning your student from time to time without first obtaining your consent, unless you indicate now that we should not do so. In particular, we are interested in obtaining your consent specifically related to use of your child's picture on our school district's website and other school-related online sites, such as teacher blogs and classroom websites.

Please return this form to the main office by **September 11, 2019 ONLY if you DO NOT want your student's picture/video and schoolwork published on our school district's website and other school-related online sites, such as teacher blogs and classroom websites.**

If we do not receive this form by the date mentioned above, we will assume it is ok to publish your student's picture/video and schoolwork.

_____ I DO NOT wish for my student's picture and name to be published on the school district's website and other school-related online sites, such as teacher blogs and classroom websites.

_____ I DO NOT wish for my student's schoolwork to be published on the school district's website and other school-related online sites, such as teacher blogs and classroom websites.

STUDENT NAME (PLEASE PRINT)

GRADE

PARENT/GUARDIAN SIGNATURE

DATE

Updated 3/20/2017

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(Blue)

HOPKINS ACADEMY

131 RUSSELL STREET

HADLEY, MA 01035

PHONE: 413-584-1106 FAX: 413-582-6455

EVERY STUDENT SUCCEEDS ACT

Dear Parents and students:

On December 10, 2015, President Obama signed into law the **Every Student Succeeds Act (ESSA)**. This act grants Armed Forces recruiters access to students and student recruiting information. Hopkins Academy is required to provide a copy of our high school student directory to the Armed Forces in conjunction with the Every Student Succeeds Act. Hopkins Academy shall provide military recruiters the same access to secondary school students as is provided generally to post secondary educational institutions or to prospective employers of those students.

A secondary school student, who has reached 18 years of age or the parent of the student may request that the student's name, address, and telephone listing **not** be released without prior written parental consent or consent of student who is 18 years old. You can request that the school **not** make your child's information available by simply filling out the form below and returning it to the main office no later than **September 11, 2019**. If you have any questions, please call the main office.

PLEASE RETURN THIS DOCUMENT TO MAIN OFFICE AS SOON AS POSSIBLE

September 2019

I do not give permission for Hopkins Academy to release the name of my student,

_____, his/her address or telephone listing to any armed Forces recruiters, as granted in the Every Student Succeeds Act. I understand that if this form is not on file in the main office that when requested, my student's name will be given to all Armed Forces recruiters.

STUDENT SIGNATURE

GRADE

PARENT SIGNATURE

3/2019 GREEN

USER AGREEMENT FOR PARTICIPATION
IN AN ELECTRONIC COMMUNICATIONS SYSTEM
Students and Parents

PLEASE READ CAREFULLY BEFORE SIGNING

I, _____, I have read the District's Acceptable Use Policy and Administrative Procedures and agree to abide by their provisions.

I realize that the use of the Internet is a privilege, not a right. I understand that violation of the terms of this agreement may lead to penalties, including loss of access privilege, disciplinary action, and/or legal action.

I agree not to participate in the transfer of illegal materials through Hadley Educational Network or any other Internet Service provider. I understand the transfer of such material may result in legal action against me. If I am given an account on the system, I agree not to allow other individuals to use or access my account, and I agree not to give anyone my password or telephone access number.

I release the Hadley School Department, and its officials and employees, from any liability or damages that may result from my use of Hadley Educational Network or any other Internet service provider. I accept full responsibility and liability for my wilful and deliberate actions in using the system.

Signature of Student _____ Date _____

The following section needs to be signed if the applicant is under eighteen (18) years of age.

I, _____, the parent/guardian of the above-named student, have also read the District's Acceptable Use Policy and Administrative Procedures. In consideration for the privilege of using the District's system/ network, and in consideration for having access to the public networks, I hereby release the District, its operators, and institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use, the system/ network, including, without limitation, the type of damage identified in the District's policy and administrative procedures

Signature of Parent/Guardian _____ Date _____

Adopted By The
Hadley School Committee: September 22, 2014

Acceptable Use Policy - Technology

Purpose

The Hadley Public Schools shall provide access for employees and students to the system/network, including access to external networks. Educational purposes shall be defined as classroom activities, career and professional development, and high quality self-discovery activities of an educational nature, and to assist in preparing students for success in life and work by providing access to a wide range of information and the ability to communicate with others. The system/network will be used to increase communication (staff, parent, and student), enhance productivity, and assist staff in upgrading existing skills and acquiring new skills through a broader exchange of information. The system/network will also be utilized to provide information to the community, including parents, governmental agencies, and businesses.

Availability

The superintendent or designee shall implement, monitor, and evaluate the District's system/network for instructional and administrative purposes. Access to the system/network, including external networks, shall be made available to employees and students for instructional and administrative purposes and in accordance with administrative regulations and procedures. Access to the system/network is a privilege, not a right. All users shall be required to acknowledge receipt and understanding of all administrative regulations and procedures governing use of the system and shall agree in writing to comply with such regulations and procedures. Non-compliance with applicable regulations and procedures may result in suspension or termination of user privileges and other disciplinary actions consistent with the policies of the Hadley Public Schools. Violations of law may result in criminal prosecution as well as disciplinary action by the Hadley Public Schools.

Acceptable Use

The superintendent or designee shall develop and implement administrative regulations, procedures, and user agreements, consistent with the purposes and mission of the Hadley Public Schools as well as with law and policy governing copyright.

Monitored Use

Electronic mail transmissions and other use of electronic resources by students and employees shall not be considered confidential and may be monitored at any time by designated staff to ensure appropriate use for instructional and administrative purposes.

Student Internet activities may be monitored by the school district to audit student use to identify those users accessing inappropriate sites that have visual depictions that include but are not limited to obscenity, child pornography or are harmful to minors. The school district will use technology protection measures to help protect students from inappropriate access. Inappropriate access will be reported to the superintendent or designee.

Liability

The Hadley Public Schools shall not be liable for users' inappropriate use of electronic resources or violations of copyright restrictions, users' mistakes or negligence, or costs incurred by users. The Hadley Public Schools shall not be responsible for ensuring the accuracy or usability of any information found on external networks.

Adopted By The
Hadley School Committee: September 22, 2014

**Acceptable Use Policy – Technology Rules and
Administrative Procedures for Students and Employees**

1. Commercial use of the system/network is prohibited.
2. The District will provide training to users in the proper use of the system/network.
3. The District will provide each user with copies of the Acceptable Use Policy, as well as the Rules and Administrative Procedures.
4. Copyrighted software or data shall not be placed on the District system/network without permission from the holder of the copyright and the system administrator.
5. Access will be granted to employees with a signed access agreement and permission of their supervisor.
6. Access will be granted to students with a signed access agreement and permission of the building administrator or designee(s).
7. Initial passwords provided by the network administrator should be set to expire on login.
8. Passwords are confidential. All passwords shall be protected by the user and not shared or displayed.
9. Students completing required coursework will have first priority for after hours use of equipment.
10. Principals or their designee will be responsible for disseminating and enforcing policies and procedures in the building(s) under their control.
11. Principals or their designee will ensure that all users complete and sign an agreement to abide by policies and procedures regarding use of the system/network. All such agreements are to be maintained at the building level.
12. Principals or their designee will ensure that training is provided to users on appropriate use of electronic resources.
13. Principals or their designee shall be authorized to monitor or examine all system activities, including electronic mail transmissions, as deemed appropriate to ensure proper use of electronic resources.
14. Principals or their designee shall be responsible for establishing appropriate retention and backup schedules.
15. Principals or their designee shall be responsible for establishing resource usage limitations, if needed.
16. Individual users shall, at all times, be responsible for the proper use of accounts issued in their name.
17. The system/network may not be used for illegal purposes, in support of illegal activities, or for any activity prohibited by District policy.
18. System users shall not use or access another user's account, or attempt to access another user's account information.

19. System users should purge electronic information according to District retention guidelines.
20. System users may redistribute copyrighted material only with the written permission of the copyright holder or designee. Such permission must be specified in the document or in accordance with applicable copyright laws, District policy, and administrative procedures.
21. System administrators may upload/download public domain programs to the system/network. System administrators are responsible for determining if a program is in the public domain.
22. Any malicious attempt to harm or destroy equipment, materials, data, or programs is prohibited.
23. Deliberate attempts to degrade or disrupt system performance may be viewed as violations of District policy and/or as criminal activity under applicable state and federal laws. This includes, but is not limited to, the uploading or creation of computer viruses.
24. Physical or electronic vandalism will result in the cancellation of system privileges and will require restitution for costs associated with hardware, software, and system restoration, including labor.
25. Forgery or attempted forgery is prohibited.
26. Attempts to read, delete, copy, or modify the electronic mail of other users or to interfere with the ability of other users to send/receive electronic mail is prohibited.
27. Use appropriate language; swearing, vulgarity, ethnic or racial slurs, and other inflammatory language is prohibited.
28. Pretending to be someone else when using the system/network is prohibited.
29. Transmitting or viewing obscene material is prohibited.
30. Revealing another's personal information (addresses, phone numbers, etc.) is prohibited.
31. The District will cooperate fully with local, state, or federal officials in any investigation concerning or relating to misuse of the District's system/network.
32. The system/network may be unavailable at any time for maintenance or repair. Reasonable effort will be made to provide notice for unscheduled work. Twenty-four hour notice will be made for scheduled work.
33. The District will not reveal student, staff, or faculty names or images without written permission. A user who violates District or policy or administrative procedures will be subject to suspension or termination of system/network privileges and will be subject to appropriate disciplinary action and/or prosecution.

Adopted By The
Hadley School Committee: September 22, 2014

HOPKINS ACADEMY

131 RUSSELL STREET

HADLEY, MA 01035

PHONE: 413-584-1106 FAX: 413-582-6455

HANDBOOK SIGN-OFF SHEET

Dear Parent/Guardian:

Hopkins Academy is an excellent school with strong students, a dedicated faculty and staff, and active and supportive families. The Student Handbook has been evaluated and refined, with feedback from students, parents and the Hopkins Academy Faculty. The Handbook provides information on a wide variety of student opportunities, supports, and resources for students and families to make the most of their educational experience at Hopkins Academy. In addition, the Handbook is a tool that we use to help students develop the qualities of character that will help bring success to the future lives of all graduates of Hopkins Academy. Please read our Statement of Purpose in the front of the Handbook.

In order to sign that families have received and reviewed the Hopkins Academy student Handbook, families must access the document. The 2019-20 Hopkins Academy Student Handbook will be made available the first week of school on the Hopkins Academy website at hadleypublicschools.org. If you are unable to access an electronic copy, or would like a hard copy of the handbook, hardcopies will be made available at the main office of Hopkins Academy upon request.

A school must be a place where students feel safe and supported, and where parents, faculty, and staff work together to promote academic, physical, social, and emotional growth in students. With this goal in mind, we present our Handbook, with the sincere hope that you read it, discuss its contents, and use it as a guide. If you have any questions, please feel free to contact the school. Together we will strive to make the 2016-17 school year a happy and successful experience for each student.

Please complete and return this form to the homeroom teacher by **September 11, 2019.**

Sincerely,

Brian Beck
Principal

I have read the Hopkins Academy Handbook and understand all material and rules set forth therein.

STUDENT NAME (PRINT)

GRADE

DATE

STUDENT SIGNATURE

PARENT/GUARDIAN SIGNATURE

DATE