

## Computer Acceptable Use Policy Grades 1-8

Grace Lutheran School is pleased to provide computing and Internet resources for students to expand their educational opportunities through world-wide access to information. This opportunity carries a responsibility for students to use the resources in an ethical and legal manner. Computer and Internet access at Grace is to support the curriculum and provide research opportunities that enhance student learning. Please read and discuss this document as a family to ensure students understand acceptable computer use within school.

While Grace uses filtering software to block inappropriate material, the ever-changing nature of the Internet makes it impossible to guarantee that undesirable content can never bypass our controls. Grace teachers work with students to help them develop the necessary skills to evaluate information sources appropriate to a student's age and developmental level and determine their academic value. Violation of school guidelines is subject to suspension of computer privileges and disciplinary procedures.

### Guidelines for Computer Use at School

- School computers are to be used for educational purposes only. Email, online chat, online games and surfing are not allowed except for educational purposes, as determined by a Grace teacher.
- Students are to practice Internet safety by not posting any identifying information.
- While using the computers, students are to use polite language and accepted "netiquette." Disrespectful, bullying, profane or sexually-explicit language is forbidden.
- Students are to respect copyright laws for all materials found online. Students may not copy, download, or upload any materials in whole or in part to which they do not own the copyright, without following accepted citation standards.
- Vandalism of hardware, software, or the digital property of others is forbidden.
- Students are to exercise reasonable care when using or transporting school equipment.
- Any problems with school computers or online activities are to be reported immediately to the supervising teacher.

The attached form gives permission for your child to use Grace School computers and Internet access as part of supervised educational activities. Please complete and sign the form, and return it to school by Wednesday, August 16, 2017.



## Computer Acceptable Use Policy

2017-2018

### Student:

I have read and understand the Grace Lutheran School Acceptable Use Policy and agree to follow its guidelines. I understand that I am responsible for following these guidelines, and that not doing so may result in disciplinary actions and loss of computer privileges.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grade

### Parent(s):

I, the parent or guardian of the above-named student, have read and understand the Grace Lutheran School Acceptable Use Policy. I understand that my child is responsible for following Grace's guidelines for computer use at school. I also understand that Internet access at school is intended for educational purposes and that the school filters its Internet to eliminate inappropriate materials. However, I recognize that it is impossible for the school to restrict access to all inappropriate materials. I will not hold Grace Lutheran Church and School responsible for materials acquired from or contact made on the Internet while using the school's network.

\_\_\_\_\_  
Print: Name(s) of Parent(s) or Guardian(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature(s) of Parent(s) or Guardian(s)

\_\_\_\_\_  
Date

Grace students are often photographed or videotaped at school events. These images may be used in various publications distributed to school families, the Grace congregation and community. Photos and video may also be used on the school's website and Facebook page.

We need your permission to use your child's photograph. Please note that children will not be identified by name in photos used on the internet.

Return the form below to your child's teacher at registration.

Questions? Contact Gwen Gotsch, 708-366-6900, ext. 122; [ggotsch@graceriverforest.org](mailto:ggotsch@graceriverforest.org)

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I give permission       I do not give permission  
for my child's photo to be used in Grace School print publications.

I give permission       I do not give permission  
for my child's photo to be used in Grace School online publications such as the school website, teacher web pages, or Facebook posts.

Student's name \_\_\_\_\_

Parent signature \_\_\_\_\_

Date \_\_\_\_\_

Student: \_\_\_\_\_

Grade: \_\_\_\_\_

Concordia University, Grace Garden and other places close to Grace School allow for learning opportunities for students outside of our building. By signing below, I authorize the above named student to participate in any school related activity within walking distance of the school building during regular school hours throughout the 2017-18 academic year. All parent contact information, emergency contact information, and health information will be available to your child's teacher at the time of the field trip.

Parent/Guardian: \_\_\_\_\_

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

Any field trip that requires transportation, time that extends beyond the regular school hours, or requires a fee to participate will include a permission form.

**EMERGENCY INFORMATION**

**2017-2018**

**GRACE LUTHERAN SCHOOL  
RIVER FOREST, ILLINOIS**

(Please Print)

Parent Name \_\_\_\_\_

Child/Children \_\_\_\_\_

If parents are divorced/separated, who is custodial parent? \_\_\_\_\_

Mother's phone numbers in order of preference \_\_\_\_\_ (Circle one)  
H, W, or C

\_\_\_\_\_ H, W, or C

\_\_\_\_\_ H, W, or C

Father's phone numbers in order of preference \_\_\_\_\_ H, W, or C

\_\_\_\_\_ H, W, or C

\_\_\_\_\_ H, W, or C

Please list two people in order of preference who may be contacted in an emergency if we cannot reach you.

Name \_\_\_\_\_ Contact information \_\_\_\_\_

Name \_\_\_\_\_ Contact information \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone number \_\_\_\_\_

Please provide a list of all persons who may pick up your child from school. Please include all relatives, friends, and babysitters to whom your child(ren) may be dismissed. Only those persons listed below will be allowed to take your child from school. Written notice must be given if you wish to have child released at any time to anyone not listed below.

1. \_\_\_\_\_ Phone # \_\_\_\_\_

2. \_\_\_\_\_ Phone # \_\_\_\_\_

3. \_\_\_\_\_ Phone# \_\_\_\_\_

4. \_\_\_\_\_ Phone# \_\_\_\_\_

5. \_\_\_\_\_ Phone# \_\_\_\_\_

If children go to a location other than home after school, please list \_\_\_\_\_

Contact name \_\_\_\_\_ Phone # \_\_\_\_\_

**If you need to update this list at any time throughout the school year, please notify the school office.**

**STUDENT MEDICAL/HEALTH INFORMATION**

Name: \_\_\_\_\_ Grade \_\_\_\_\_

<b>ALLERGIES</b>	<b>NO</b>	<b>YES</b>	<b>EXPLANATION (please be specific)</b>
<b>Food</b>			
<b>Insect sting</b>			
<b>Environmental</b>			
<b>Other</b>			

<b>Medical Conditions</b>	<b>NO</b>	<b>YES</b>	
<b>Asthma</b>			<input type="checkbox"/> Uses Inhaler <input type="checkbox"/> On daily medication
<b>Seizure Disorder</b>			On medication: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Diabetes</b>			Insulin Dependent <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Emotional Health</b>			On medication <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other</b>			

**Medication: Does your child require medication at school or at home?**     No     Yes

If yes, what medication does your child take? \_\_\_\_\_

➔ If your child requires medication during the school day (either prescription or over-the-counter) contact the school nurse for the appropriate physician authorization forms. No medication will be given at school without physician authorization.

**VISION AND/OR HEARING DEFICITS:**

Wears glasses/contacts: ➔     for board work     for reading     all the time

Wears hearing aid(s)

Grace Lutheran Church and School respects the sensitivity and legally protected confidentiality of student health information. Your signature below allows health information to be shared with faculty/staff that need to know for the health, safety, and learning needs of your child. In the event of a medical emergency, a copy of this form may also be provided to the Emergency Medical personnel caring for your child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_