

*Welcome to Stephen Decatur High School!*

**STEPHEN DECATUR HIGH SCHOOL**

9913 Seahawk Road, Berlin MD 21811

Guidance 410-641-2207 Fax 410-641-3494

**PARENT REGISTRATION CHECKLIST FOR NEW STUDENTS**

**Students cannot be registered without the following items:**

- 1) **PROOF OF RESIDENCE** – One of the following items **MUST** be submitted:
  - **Current Utility Bill** (Gas, Electric, Cable, Water) with name, address and service location. Disconnect notices will not be accepted.
  - **Purchase Contract or Lease/Rental Agreement** (must be on letterhead of rental company) – Must be signed and dated.
  
- 2) **IMMUNIZATION RECORDS**  
**All Grades** – To comply with Maryland State Law, these immunizations are required for school attendance: **DTaP/DTP/Tdap/DT/Td (3 doses); Polio (3 doses); Measles (2 doses – 1<sup>st</sup> dose must have been given after the 1<sup>st</sup> birthday); Mumps (1 dose); Rubella (1 dose); Hepatitis B (3 doses); Varicella (chicken pox) (1 or 2 doses) – 1 dose of varicella is required for a student younger than 13 years old, 2 doses are required for a *previously unvaccinated* student 13 years or older. Medical diagnosis of varicella disease is acceptable in lieu of vaccination. Documentation must include month and year and must be signed by a physician or health care provider. In the absence of documentation, a blood test may verify immunity.**
  
- 3) **BIRTH CERTIFICATE (STATE CERTIFIED)** – All students must have a Birth Certificate on file.
  
- 4) **UNOFFICIAL TRANSCRIPTS (Previous schools will mail Official Transcripts), DISCIPLINE AND ATTENDANCE RECORDS** – must be provided
  
- 5) **WITHDRAWAL DOCUMENTS** – Students will need official withdrawal documents and transfer grades from their previous school(s) if enrolling during the school year. Failure to provide transfer grades may result in loss of credit.

Since Stephen Decatur High School is on a 4-period block schedule, those students transferring from a 7- or 8-period schedule must be enrolled prior to October 1 to receive first semester credits.

- 6) **ALL STUDENTS ENROLLING MUST BE ACCOMPANIED BY A PARENT OR LEGAL GUARDIAN** – See Below if Guardian
- LEGAL GUARDIANSHIP OR CUSTODY PAPERS** – One of the following must be submitted:
- Current Valid Court Order
  - Maryland Court Appointed Guardianship Papers
  - Documentation from Maryland court showing the pending court date for your Guardianship hearing. Final papers must be provided within a week following the hearing date.
- 7) **SPECIAL EDUCATION STUDENTS** – Please attach a current copy of IEP and current Psychological report.
- 8) **STEPHEN DECATUR HIGH SCHOOL REGISTRATION PACKET** – Please complete and sign all forms (these forms must be presented at the time of enrollment):
- Consent of Disclosure of Student Records, Pupil Data Information Sheet, Additional Services Registration Questionnaire, Home Language Survey, Computer Tech Agreement, Emergency Information/Registration Card, Health Assessment, Health History
- 9) **TRANSFERRING FROM A FOREIGN SCHOOL** – The following additional documentation is required:
- A copy of the student's transcript that has been translated into English as well as a description of the grading system, Immunization records must also be translated into English, A current tuberculosis test and a physical exam
- 10) **TRANSFERRING FROM A HOME-SCHOOL PROGRAM** – The following additional documentation is required:
- Evidence of work completed is necessary. Please contact Mrs. Eloise Henry-Gordy, Home School Coordinator at the Worcester County Board of Education Student Services Office, 410-632-5069

**Please be prepared to present these items. If the guidance office is asked to request that the information be faxed from the previous school, your registration process may be delayed.**

*Thank you for taking an active role in your student's education!*

Marquita Tindley, Stephen Decatur High School Registrar

410-641-2207/fax 410-641-3494

[MMTindley@mail.worcester.k12.md.us](mailto:MMTindley@mail.worcester.k12.md.us)



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Superintendent of Schools

**H. STEPHEN PRICE**  
Chief Safety Officer

**DENISE R. SHORTS**  
Chief Academic Officer, Gr. PK-8

**VINCENT E. TOLBERT, CPA**  
Chief Financial Officer

**ANNETTE E. WALLACE, Ed.D.**  
Chief Operating & Academic Officer,  
Gr. 9-12

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**The Board of Education of Worcester County**  
6270 Worcester Highway | Newark, Maryland 21841  
Telephone: (410) 632-5000 | Fax: (410) 632-0364  
www.worcesterk12.org

## Custody Concern Letter

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

- Yes, there are custody issues and **I will provide court papers within 5 days of registering my child.** In the absence of such papers, I understand that if my child's father/mother comes to school, he/she will be allowed to visit with and/or pick up my child from school.

**\* Court papers must be signed by a judge.**

- Yes, I have a Protective Order. I will provide a copy.
- No, there are **no custody issues** and if my child's father/mother comes to school, he/she will be allowed to visit with and/or pick up my child from school.
- No, I do not have a Protective Order.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

Thomas S. Sites  
Principal

Co-Principals:  
Thomas C. Bunting  
Katherine G. Cater  
Leland D. Green  
Trevor L. Hill

# Stephen Decatur High School

9913 Seahawk Road  
Berlin, Maryland  
410-632-5270 Phone  
410-632-5279 Fax

Counselors:  
Veronica Hayes  
Marcea Redden  
Valerie Riley  
Lauren Sharkey

A Maryland Blue Ribbon School of Excellence

## ADDITIONAL ENROLLMENT INFORMATION

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

- ❖ Has this student previously attended this or another public school in Maryland? \_\_\_NO \_\_\_YES  
If YES, please indicate the name **and** address of that school and the dates of attendance.

School	Address	Dates of last attendance

- ❖ Please list any special needs this student may have that the school should be aware of (i.e. medical, special education services)

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- ❖ Please list the names of any siblings attending this or another school in Worcester County.

_____	grade _____
_____	grade _____
_____	grade _____
_____	grade _____

Printed Name of Parent/Legal Guardian Enrolling Student/Relationship to Student

Signature of Parent/Legal Guardian

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

**Worcester County Public Schools  
McKinney-Vento Act  
Student Residency Questionnaire**

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

**Please answer the questions below concerning your residency. The information you provide is confidential. The purpose of this information is to ensure the rights of your child and youth under the McKinney-Vento Law (42 US code 11431 and Title X under ESEA/NCLB).**

1. Is your address a temporary living arrangement?  Yes  No
2. Is your living arrangement due to loss of housing or economic hardship?  Yes  No

**If you answered YES to either of the above questions, please complete the remainder of this form. If you answered NO to both questions, you may stop here.**

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Where is the student currently living? (Please check one)

- In a motel/hotel
- In a shelter
- With another family in a house or apartment due to loss of housing or economic hardship
- In a car, park, campground, street, or abandoned building
- Moving from place to place
- Temporary or emergency foster care
- Other: \_\_\_\_\_

Last school student attended:

School: \_\_\_\_\_ District: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Name of Parent/Guardian(s):

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**OR**

Student (unaccompanied homeless youth):

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

If the student is **NOT** living in permanent housing, proof of residency and other documents normally needed for enrollment are not required and the student is to be enrolled immediately.

THE BOARD OF EDUCATION OF WORCESTER COUNTY  
6270 WORCESTER HIGHWAY  
NEWARK, MARYLAND 21841

**CONSENT FOR DISCLOSURE OF STUDENT EDUCATIONAL RECORDS**

Students Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Previously Enrolled In: \_\_\_\_\_ Grade: \_\_\_\_\_

School Address: \_\_\_\_\_

Parent/Legal Guardian Name(s): \_\_\_\_\_

I, the undersigned, do hereby give the above listed school or the agents thereof permission to release the educational records of the above named student.

- A. Release all records requested..... \_\_\_\_\_
- or:*
- B. Release only the following records:
- 1. Personal and Family Information..... \_\_\_\_\_
  - 2. Attendance Data..... \_\_\_\_\_
  - 3. Subject Performance..... \_\_\_\_\_
  - 4. Standardized Test Data..... \_\_\_\_\_
  - 5. **ALL HEATH RECORDS SIGNED BY A HEALTH CARE PROFESSIONAL**..... \_\_\_\_\_
  - 6. School Activity Information..... \_\_\_\_\_
  - 7. Physical, Behavioral or Psychological information.... \_\_\_\_\_
  - 8. Discipline Records..... \_\_\_\_\_
  - 9. Other, as specified..... \_\_\_\_\_
    - a. \_\_\_\_\_
    - b. \_\_\_\_\_

The records are to be sent to the following institution:

**Stephen Decatur High School  
Guidance, Marquita Tindley  
9913 Seahawk Road  
Berlin, MD 21811  
410.641.2207/Fax: 410.641.3494**

These records are to be used for the following purpose:

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I understand that I may review the records and have a copy of said records by making a written request to the responsible authority.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_

*or:*  
**School Official** \_\_\_\_\_

**Worcester County Public Schools  
Emergency Information/Registration Card**

20-21

# New Students

Today's Date: \_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING VITAL INFORMATION

STUDENT INFORMATION				
Legal Last Name		First Name		Middle Name
Social Security No.	Birthdate	Present Grade	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Home Phone

<b>ETHNIC Category</b>	<b>Are you Hispanic or Latino?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>RACE Category</b>	<b>Everyone <u>must</u> select at least one race below.</b>
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White
	<input type="checkbox"/> Black or African American

**PRIMARY HOUSEHOLD INFORMATION:** Name of person(s) the STUDENT LIVES WITH. If a student lives with legal guardian, court order of custody papers must be presented to the school.

Living with:				
<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother only	<input type="checkbox"/> Father only	<input type="checkbox"/> Self	<input type="checkbox"/> Agency
<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Mother/Stepfather	<input type="checkbox"/> Father/Stepmother	<input type="checkbox"/> Stepfather/Stepmother	<input type="checkbox"/> Other (specify)
Mother's/Guardian Last Name	First Name	Employer/Address	Business Phone #	Cell Phone #/Emergency #
Father's/Guardian Last Name	First Name	Employer/Address	Business Phone #	Cell Phone #/Emergency #
Parent/Legal Guardian Street Address			City	Zip
Mailing Address (if different from above)			City	Zip

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

What is your child's country of birth (if other than USA)? \_\_\_\_\_

What date did your child first enter the USA? \_\_\_\_\_

**Residence Verification - If your address changes, please provide new documentation.** The residence information provided on this form is true and accurate as of this date. I understand that falsification of an address or the use of any other fraudulent means to achieve an enrollment in any Worcester County Public School, will result in immediate revocation of enrollment and other appropriate action being considered.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY INFORMATION:** List two local persons (other than yourself) usually available during the school day who have agreed to care for and provide transportation for your student if he/she becomes ill or injured and you cannot be reached. We attempt to contact parents first.

Name	Relationship to student	Address	Daytime Phone #
Name	Relationship to student	Address	Daytime Phone #

Enter the name of your family physician who may be contacted by school staff members when a parent cannot be reached and medical assistance is indicated.

Family Physician	Address	Phone#

Do you have medical insurance or medical assistance?  Y  N Medical Assistance #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insurance #: \_\_\_\_\_

Please complete side 2 of the Emergency Card - over

### **Emergency First Aid Consent**

Many times a parent cannot be located immediately, and for this reason we feel that written permission should be available in school files for whatever treatment is needed for the student. If you are in agreement with this policy, please sign the form at the place indicated below.

In the event of serious injury or illness of my child while at school, and I cannot be located for verbal permission, I hereby give the school my written permission to obtain or give emergency medication and treatment.

Date: \_\_\_\_\_ Parent/Legal Guardian's Signature: \_\_\_\_\_

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### **Transportation Information** (please check)

- Transported by parent/or/walk:       To school       From school  
 Transported by school bus

Pick-up address: \_\_\_\_\_

Address delivered to after school: \_\_\_\_\_

My child will be attending the following after-school program: \_\_\_\_\_

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### **Option To Restrict Disclosure Of Student Directory Information**

The Family Educational Rights and Privacy Act (Public Law 93-380) authorizes local school systems to disclose certain information from the educational records of a student that is designated as directory information. This designation includes basic biographical information only, **NOT** student grades, test results, or any part of academic or discipline records. You have the right to restrict the school system from releasing any category of directory information about your child by indicating below. Please be aware that if you elect to restrict the release of directory information about your child, information about that child cannot be included in school publications, honor roll or other recognition lists, graduation programs, theatre programs or sports rosters or similar items.

Note: There are other provisions, in law, which allow school systems to release information about students without parental permission under limited circumstances.

- Please **ONLY** check this box if you wish to restrict the disclosure of student directory information.

Is your child a foster child?     Yes     No

Is either parent or guardian assigned to active military duty?     Yes     No

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### **For Junior and Senior High School Students Only**

Dear Juniors, Seniors and Parents/Guardians:

As part of the "No Child Left Behind Act," the branches of the military service by law may request the names, addresses and phone numbers of juniors and seniors in order to contact the students directly to provide information on programs available in the military. If you **DO NOT** wish to have your child's name included in this list, please fill out the section below and return it to your child's school.

**If you do not return this form, your child's directory information will be released to all branches of the military service.**

- I DO NOT** want the name, address and phone number of \_\_\_\_\_, released to the military services. Print name of student

\_\_\_\_\_  
Parent Signature



# PART I - HEALTH ASSESSMENT

To be completed by parent or guardian

Student's Name (Last, First, Middle)	Birthdate (Mo. Day Yr.)	Sex (M/F)	Name of School	Grade
Address (Number, Street, City, State, Zip)			Phone No.	
Parent/Guardian Names				
Where do you usually take your child for routine medical care?			Phone No.	
Name:		Address:		
When was the last time your child had a physical exam? Month		Year		
Where do you usually take your child for dental care?			Phone No.	
Name:		Address:		
<b>ASSESSMENT OF STUDENT HEALTH</b> To the best of your knowledge has your child any problem with the following? Please check				
	Yes	No	Comments	
Allergies (Food, Insects, Drugs, Latex)				
Allergies (Seasonal)				
Asthma or Breathing Problems				
Behavior or Emotional Problems				
Birth Defects				
Bleeding Problems				
Cerebral Palsy				
Dental				
Diabetes				
Ear Problems or Deafness				
Eye or Vision Problems				
Head Injury				
Heart Problems				
Hospitalization (When, Where)				
Lead Poisoning/Exposure				
Learning problems/disabilities				
Limits on Physical Activity				
Meningitis				
Prematurity				
Problem with Bladder				
Problem with Bowels				
Problem with Coughing				
Seizures				
Serious Allergic Reactions				
Sickle Cell Disease				
Speech Problems				
Surgery				
Other				
Does your child take any medication? <input type="checkbox"/> No <input type="checkbox"/> Yes Name(s) of Medications: _____				
Is your child on any special treatments? (nebulizer, epi-pen, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes Treatment _____				
Does your child require any special procedures? (catheterization, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes				
Parent/Guardian Signature _____			Date: _____	

# STUDENT HEALTH HISTORY

PLEASE ANSWER ALL QUESTIONS AND RETURN TO NURSE

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M/F Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Doctor/Healthcare Provider: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Dentist: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Previous School: \_\_\_\_\_  
County \_\_\_\_\_ State \_\_\_\_\_

## Immunizations

If new enrollee: Nurse will check for completion

All other students: Please send physician verification of immunizations since June of last year.

Last date of physical: \_\_\_\_\_ Last dental exam: \_\_\_\_\_

If entering a Maryland school for the first time a physical must be completed 9 months prior to entering the public school or 6 months after entering school-need health inventory Card # 6

Communication: Contacts/glasses \_\_\_\_\_ Hearing aid \_\_\_\_\_ Speech concern \_\_\_\_\_

Illnesses, surgery, birth defects or health concerns school nurse needs to be aware of (*medically diagnosed*):

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> ADD/ADHD          | <input type="checkbox"/> Cerebral Palsy      | <input type="checkbox"/> Lead Poisoning | <input type="checkbox"/> Seizures      |
| <input type="checkbox"/> Autism/ODD/PDD    | <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Lyme Disease   | <input type="checkbox"/> Sickle Cell   |
| <input type="checkbox"/> Asthma            | <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Meningitis     | <input type="checkbox"/> Skin Problems |
| <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Heart Problems      | <input type="checkbox"/> Mononucleosis  |  |
| <input type="checkbox"/> Bone Problems     | <input type="checkbox"/> Hypertension        | <input type="checkbox"/> Pneumonia      |  |
| <input type="checkbox"/> Bowel/Bladder     | <input type="checkbox"/> Kidney Problems     | <input type="checkbox"/> Scoliosis      |  |

Other: (please explain) \_\_\_\_\_  
\_\_\_\_\_

Allergies: (i.e. med, food, latex, insects) \_\_\_\_\_  
\_\_\_\_\_

Current medications (name, dose, time given) \_\_\_\_\_

Will student need any medication given during school hours?  YES  NO If YES see school nurse for further instructions.

Special Treatment:  nebulizer  epi-pen  catheterization  other \_\_\_\_\_

Emotional Upsets recently (move, death, separation, divorce) \_\_\_\_\_

In the event of serious injury or illness of my child while at school, and I cannot be located for verbal permission, I hereby give the school my written permission to obtain or give emergency medication and treatment.

If any information changes, please notify the school nurse as soon as possible

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# WORCESTER COUNTY PUBLIC SCHOOLS

## SchoolMessenger: CHANGE FORM

Use this form to make changes to your SchoolMessenger phone numbers. It is important that you **complete the entire form**, even if some of the previously designated numbers will remain the same.

In order for the phone number changes to be applied to each of your children who are enrolled, you must provide your child's name, school, and grade level. Copies of this form will be sent to the other schools listed below so they can make the necessary phone number changes. Please allow one to two weeks for the update to take place.

### PLEASE SUBMIT TO SCHOOL'S FRONT OFFICE

Phone numbers should include extensions, and should not be general or main business numbers.

Student's Name: \_\_\_\_\_

Student's School: \_\_\_\_\_ Student's Grade: \_\_\_\_\_

#### **Primary Contact Number** -

This number will be called for all messages. \_\_\_\_\_

#### **Secondary Contact Numbers-**

These numbers will be called for information that needs to be delivered during school hours, such as an early dismissal phone call. The system will use the Primary and Secondary Contact numbers that are listed to help ensure that the message gets delivered.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### **Text Messaging Cell Numbers**

These two cell numbers will receive text messages. If you do not want to receive text messages, make sure you complete the Opt Out process.

\_\_\_\_\_

\_\_\_\_\_

#### **List your students who attend other Worcester County Public Schools**

Name of Sibling: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Sibling: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Sibling: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Sibling: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Worcester County Public Schools**  
**Responsible Use Policy Consent Form**  
**(Secondary/Adult)**

**I will use the Internet responsibly. I will not give personal information over the Internet.**

- I will not share personal information about myself or other people on the internet.
  - I may share information with education institutions for educational or career development purposes, or with specific building administrative approval.
  - I will not meet with someone I have met online. I will promptly disclose to a teacher or other school employee any message I receive that is inappropriate or makes me feel uncomfortable.
- 

**I will not use the WCPS device to copy others' work.**

- I will not take the ideas or writings of others and present them as my own.
  - When utilizing copyrighted material, I will seek the author's permission. Permission may be specified in the document, on the system, or be obtained directly from the author.
  - I will cite the internet sources used for research.
- 

**I will take care of all equipment.**

- I am responsible for my individual accounts and take all reasonable precautions to prevent others from being able to use them. Under no conditions will I provide my password to another person.
  - I will not attempt to gain unauthorized access to any portion of the Worcester County Public Schools electronic network. This includes attempting to log in through another person's account or access another person's folders, work, or files.
  - I will not make deliberate attempts to disrupt the electronic system or destroy data by spreading computer viruses or by any other means.
  - I will not attempt to access Web sites blocked by district policy, including the use of proxy services, software, or Web sites.
  - I will not use remote access technology, monitor network utilization or other user's activities.
  - I will not disassemble my school assigned device.
- 

**I will use the WCPS device for class work and school-related work only.**

- I will not engage in personal attacks, including prejudicial or discriminatory attacks or harass another person. If I am told to stop sending messages, I must stop.
  - I will not knowingly, recklessly post false or defamatory information about a person or organization, or use speech that is inappropriate in an educational setting or violates district rules.
  - I will not abuse network resources such as sending chain letters or "spamming" or by displaying, accessing or sending offensive messages or pictures.
  - I will not use the Worcester County Public Schools electronic network for commercial purposes. I will not offer, provide, or purchase products or services through this network.
  - I will not use the Worcester County Public Schools electronic network for political lobbying. I may use the system to communicate with elected representatives to express my opinions on political issues.
  - I will not attempt to access non-instructional district systems, such as student information systems, business systems, or post information that, if acted upon, could cause damage or disruption of service.
  - I will not use any wireless network (including third party internet service providers) with equipment brought from home. Example: The use of a home computer on the network or accessing the Internet from any device not owned by the district.
  - I will not use district equipment, network, or credentials to threaten other students, employees, or cause a disruption to the educational program.
  - I will not use the district equipment, network, or credentials to send or post electronic messages that are abusive, obscene, sexually oriented, threatening, harassing, damaging to another's reputation, or illegal.
  - Files stored on the network are treated in the same manner as other school storage areas, such as lockers. Routine maintenance and monitoring of the Worcester County Public Schools electronic network may lead to discovery that a student has violated this policy or the law. Students should not expect that files stored on district servers are private.
-

**Worcester County Public Schools  
Responsible Use Policy Consent Form  
(Secondary/Adult)**

**Violations of this Responsible Use Policy**

Violations of this policy may result in loss of access as well as other disciplinary or legal action. Disciplinary actions may include but not be limited to:

- Use of district network only under direct supervision
- Suspension of network privileges
- Revocation of network privileges
- Suspension of WCPS electronic device privileges
- Suspension from school
- Expulsion from school and/or
- Legal action and prosecution by the authorities
- Responsibility for the full replacement cost of any damaged WCPS electronic device

The school administrators shall determine the particular consequences for violations of this policy. The superintendent or designee and the board shall determine when school expulsion and/or legal action or actions by the authorities are the appropriate course of action.

**Student Section**

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

I have read the Worcester County Public Schools Student Responsible Use Policy Rules and Procedures document. I agree to follow the rules contained in this policy. I understand that if I violate the rules, my access can be terminated and I may face other disciplinary measures.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Section**

I have read the Worcester County Public Schools Rules and Procedures for the responsible use of technology.

I hereby release the district, its personnel, and any institutions with which it is affiliated, from all claims and damages of any nature arising from my child's use of, or inability to use, the electronic network. This includes, but is not limited to claims that may arise from the unauthorized use of the network components.

I give permission for my child to access all components of the Worcester County Public Schools' electronic network, which includes Internet access, computer services, videoconferencing, computer equipment and related equipment for educational purposes.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Worcester County Public Schools  
6270 Worcester Highway  
Newark, Maryland 21841  
410-632-5000

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

School: \_\_\_\_\_ Date Received: \_\_\_\_\_

### *Student Device Sign-Off*

Serial #	County Sticker #	Description	Quantity
		iPad	1
N/A	N/A	iPad Charger	1
N/A	N/A	iPad Case	1
N/A		iPad Pencil	1

**Terms of Use** (Please read each statement carefully and initial on the line. A copy of this document and more information is included in your Student/Parent Handbook)

- \_\_\_\_\_ I have read and signed the WCPS "Responsible Use Policy."
- \_\_\_\_\_ I agree to use this device in ways that are appropriate, educational, and meet moral and ethical standards.
- \_\_\_\_\_ I will take good care of my WCPS device, I will know where it is at all times and will take responsibility for all damage or loss of the device caused by neglect, misuse, or abuse.
- \_\_\_\_\_ I will protect my device by keeping it in the protective case when I am not using it and will keep food and beverages away from it.
- \_\_\_\_\_ I will adhere to WCPS's policy for acceptable and responsible use of social media.
- \_\_\_\_\_ I understand that WCPS may inspect the device at any time, if necessary.
- \_\_\_\_\_ I understand and agree that the device and accessories documented above must be returned at the end of each school year and a device will be returned to me at the beginning of each school year.
- \_\_\_\_\_ I understand that I must return the device immediately upon transferring or withdrawing from school.

*I will not attempt to bypass security settings, disassemble the device or loan it to ANY other individual without the expressed consent of the school principal.*

#### Acceptance of Device and Accessories

This is to certify that I have received the above materials into my care, and I agree to the terms of use listed above.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

*All signatures must be present before receiving device.*



**Administration**

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Superintendent of Schools

**C. DWAYNE ABT, Ed.D.**  
Chief Safety & Human Relations  
Officer

**DENISE R. SHORTS**  
Chief Academic Officer, Gr. PK-8

**VINCENT E. TOLBERT, CPA**  
Chief Financial Officer

**ANNETTE E. WALLACE, Ed.D.**  
Chief Operating & Academic Officer,  
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**The Board of Education of Worcester County**  
6270 Worcester Highway | Newark, Maryland 21841  
Telephone: (410) 632-5000 | Fax: (410) 632-0364  
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Dear Parents/Guardians:

Worcester County Public Schools is facing the monumental task of providing distance learning opportunities to all students due to COVID-19. To support these efforts, we are using videoconferencing in our classrooms.

Online videoconferences are intended for instructional purposes only. The use of videoconferencing can help connect teachers to their students while learning from home, and many teachers have begun using this resource to meet with classes, small groups, and individual students. We are using three video conferencing platforms: Microsoft Teams, Schoology Conferences, and Zoom for Education. These sessions may be recorded, and all recordings will be housed in our secure learning management system, Schoology, or in WCPS Microsoft Office programs. They will not be public but will be available to students in the class who may not have been able to attend the session, or for review by the students who did attend.

Below is a parental consent form to request permission for your child to participate in videoconferencing for the purpose of continuing their educational pursuits during distance learning.

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

- I give permission for my child to be recorded during videoconferencing.
- I would prefer my child not be seen or heard during videoconferencing

Parent/Guardian Name (please print): \_\_\_\_\_

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

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

## Worcester County Public Schools HOME LANGUAGE SURVEY

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  M  F  
 Parent/Guardian Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

**In accordance with federal and state requirements, the Home Language Survey will be administered to all students and used only for determining whether a student needs English language support services and will not be used for immigration matters or reported to immigration authorities.**

**If a language other than English is indicated on two or more of the three questions below, the student will be assessed for English language support services. Additional criteria for testing may be considered.**

1. What language(s) did the student first learn to speak? \_\_\_\_\_
2. What language does the student use most often to communicate? \_\_\_\_\_
3. What language(s) are spoken in your home? \_\_\_\_\_

**If a language other than English was indicated on two or more of the questions above, please complete the following four questions.**

4. In what country was your child born? \_\_\_\_\_
5. Has your child attended any school in the US?  Yes  No  
 If yes, name of school: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_
6. Is your child able to read and write in their home language?  Yes  No
7. Please describe the language understood by your child, (Check only one)
  - Understands only the home language and no English.
  - Understands the home language and English equally.
  - Understands only English.

**If a language other than English is indicated on two or more of the first three (1-3) questions, please forward one copy to the ESOL/instructor in your building and one copy to Angela R. Paris at the Central Office.**

<b>OFFICE USE ONLY</b>			
Date Received	Date Assessed	Qualifies for ESOL Services <input type="checkbox"/> Yes <input type="checkbox"/> No	ESOL Instructor



**PUPIL DATA INFORMATION SHEET**

**PLEASE CHECK:**

New to Stephen Decatur \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_  
Re-entry to Stephen Decatur \_\_\_\_\_ Ethnicity: Hispanic \_\_\_\_\_ or Latino \_\_\_\_\_  
If re-entry, Dates of attendance \_\_\_\_\_ Race: 1) American Indian/Alaskan Native \_\_\_\_\_  
2) Asian \_\_\_\_\_  
3) Black/African American \_\_\_\_\_  
4) Native Hawaiian/Pacific Islander \_\_\_\_\_  
5) White \_\_\_\_\_

Student: \_\_\_\_\_  
Legal: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street Number and Name \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Number and Name \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Residence at Birth \_\_\_\_\_  
US Citizen: \_\_\_\_ Yes \_\_\_\_ No Country at Birth (if other than US) \_\_\_\_\_  
SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_ Are you currently expelled or on suspension from a previous school: \_\_\_\_\_  
Name and Address of Last School Attended: \_\_\_\_\_

Male Head of Household \_\_\_\_\_ Relationship \_\_\_\_\_

Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Female Head of Household \_\_\_\_\_ Relationship \_\_\_\_\_

Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Male Parent (if different from Head of Household) \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

Female Parent (if different from Head of Household) \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

The information provided on this form is true and accurate. I understand that falsification of any information or the use of any other fraudulent means to achieve an enrollment in a Worcester County Public School will result in immediate revocation of enrollment.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

ADDITIONAL SERVICES

copy to:  File  
 Special Ed  
 Nurse

STEPHEN DECATUR HIGH SCHOOL  
Registration Questionnaire

Student Name \_\_\_\_\_

DOB \_\_\_\_\_

Grade \_\_\_\_\_

Name and Address of Last School Attended \_\_\_\_\_  
\_\_\_\_\_

Has he/she ever received any of the following Special Education Services?

	<u>Yes</u>	<u>No</u>
a. Speech Therapy	___	___
b. Physical Therapy	___	___
c. Resource Room	___	___
d. Learning Disability Class	___	___
e. Counseling/Mental Health Services	___	___

If yes to any of the above, when were services received? \_\_\_\_\_

Who diagnosed the disability? \_\_\_\_\_  
(E.g. school psychologist, medical doctor, and special ed teacher)

Who should be contacted to learn more about your son/daughter and his/her disability?  
\_\_\_\_\_

Have you provided us with a copy of your child's IEP/504 plan? \_\_\_\_\_

Does your child have any medical issues? If yes, please explain \_\_\_\_\_  
\_\_\_\_\_