



CADDO MILLS INDEPENDENT SCHOOL DISTRICT
2019-2020

ACKNOWLEDGEMENT FORM

Please ***initial beside each form below***, indicating you have read and completed each step of the registration packet.

- _____ District Attendance Policy
- _____ Plagiarism Policy
- _____ Student Registration Information
- _____ Parent Disciplinary Verification
- _____ Ethnicity Survey
- _____ Family Survey
- _____ Residency Survey
- _____ Caddo Mills District Student handbook and Student Code of Conduct
- _____ Military Tracking Information
- _____ Release of Student information to Military Consent (**Grades 7-12**)
- _____ Consent/Opt-Out Form
- _____ Parent/School Compact
- _____ Clinic Emergency Form and Health Information
- _____ Student Drug Testing Consent Form (**Grades 6-12**)
- _____ Chromebook Agreement/Signature page (**Grades 6-12**)

Student Name _____ Grade Level _____

Parent Signature _____ Date _____

CADDO MILLS INDEPENDENT SCHOOL DISTRICT

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DISTRICT ATTENDANCE POLICY

Parents must:

- Call the day the child is absent.
 - Griffis Elementary School 903-527-3525
 - Lee Elementary School 903-527-3162
 - Middle School 903-527-3161
 - High School 903-527-3164
- A written note must be turned in to the office for our files by 3:30 p.m. on the day that your child returns, stating the reason for the absence. Five consecutive days absence will require a doctor note.
- Three unexcused days or partial days (tardy or leaving early) in a four week period may result in extended day, detentions, or night school. Ten unexcused absences within a six month period may result in a truancy complaint filed in court.
- Excessive absences may require doctor's notes in order to be excused.
- Excused reasons to leave early:
 - Dr. appts. – Return with a doctor's note
 - Illness – Return with a note from the parent
 - Death in family – Return with an obituary notice or funeral program
 - Dental/Orthodontics (no more than ½ day) – Return with doctor's note

Any other absences must have pre-approval from administration.

(Print Student Name)

(Parent/Guardian Signature)

(Date)

PLAGIARISM POLICY

Definition: A person who presents another's writings as one's own.

Synonyms: Cheat, Deceive, Mislead, Betray, Lies, Falsify, Fabricate

Major TIPS to remember:

1. DO NOT turn in someone else's work as your own in association with any assignment/essay/project given by a teacher/instructor/mentor.
2. In the classroom/computer lab, always remember to CITE your sources when using someone else's creation/words/text.
3. The penalty for plagiarism is:
 - **First Offense.....3 Night Schools to ISS**
 - **Second Offense...3 days ISS**
 - **Third Offense....5 days ISS**

(Student Signature)

(Date)

(Parent/Guardian Signature)

(Date)

CADDO MILLS INDEPENDENT SCHOOL DISTRICT

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REGISTRATION FORM

GRADE FIRST NAME MIDDLE NAME LAST NAME

BIRTHDAY _____ MALE/FEMALE _____ ENROLLMENT DATE _____

PHONE NUMBER _____ STUDENT CELL PHONE NUMBER _____

STREET ADDRESS _____ CITY/ST/ZIP _____
(Where student sleeps at night)

MAILING ADDRESS _____ CITY/ST/ZIP _____
(If different from above)

PARENT /GUARDIAN INFORMATION

(1ST) FULL NAME _____ **RELATION** _____ **DOB** _____
(ENROLLING PERSON SIGNING THIS FORM)

ADDRESS _____ CITY/ST/ZIP _____

PHONE NUMBER _____ CELL PHONE _____

WORK PLACE _____ WORK PHONE _____

EMAIL ADDRESS _____

(2ND) FULL NAME _____ **RELATION** _____

ADDRESS _____ CITY/ST/ZIP _____

PHONE NUMBER _____ CELL PHONE _____

WORK PLACE _____ WORK PHONE _____

EMAIL ADDRESS _____

EMERGENCY NUMBERS (Who you want contacted if we cannot reach you)

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____

BROTHERS and SISTERS

Grade

School

Section 21.031 (g) if the Texas Education Code states:

A person who knowingly falsifies information on a form required for a student's enrollment in the District shall be liable to the District if the student is not eligible for enrollment, but is enrolled on the basis of false information. For the period, during which the ineligible student is enrolled, the person is liable for the maximum tuition fee the District may charge or the amount the District has budgeted per student as maintenance and operating expense, whichever is greater. The above information is required for a permanent school record of your child and will be used by school personnel. I certify that the information given above is correct and authorize the school to contact the person named on this form.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

CADDO MILLS INDEPENDENT SCHOOL DISTRICT

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PARENT DISCIPLINARY VERIFICATION

The aim of disciplinary measures is to bring about behavior modification. Because not all students respond equally well to various discipline measures, corporal punishment may sometimes become necessary. It shall be viewed as only one of several disciplinary alternatives and typically shall be used only after other means have been considered. Parents may decide whether or not they wish to have corporal punishment used if and when the need arises. Please check the appropriate statement below and return this parent verification to the campus principal's office. The principal's authority to maintain good order and discipline shall not be compromised. Parents who choose for their child NOT to receive corporal punishment will be expected to cooperate fully as other means of behavior modification are administered, including temporary removal from school, using home-based instruction guidelines.

_____ Please do not administer corporal punishment to my child.

_____ You may administer corporal punishment.

_____ Please notify me BEFORE corporal punishment has been administered.

_____ There is NO NEED to notify me.

I understand that this parent verification will be kept on file and referred to prior to action. I have read the section on corporal punishment in the handbook and I understand that the handbook does not define all types and aspects of student behavior. It is an overview of the most asked questions about guidelines. A complete copy is available from principals or the superintendent as recorded in the Board Policy Manual, Section F. Procedures for handicapped students are available from the principal or superintendent.

(Print Student Name)

(Parent/Guardian Signature)

(Date)

CADDO MILLS INDEPENDENT SCHOOL DISTRICT

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Texas Education Agency

Texas Public School Student/Staff Ethnicity and Race Data Questionnaire

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)

- Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino**

Part 2. Race: What is the person's race? (Choose one or more)

- American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Student/Staff Name (please print)

(Parent/Guardian)/(Staff) Signature

Student/Staff Identification Number

Date

This space is reserved for Local school observer-upon completion and entering data in student software system, file this form in student's permanent folder.

Ethnicity-choose only one:

_____ Hispanic

_____ Non-Hispanic

Race-choose only one: _____ American Indian or Alaska Native

_____ Asian

_____ White

_____ Black or Africa American

_____ Native Hawaiian or Other Pacific Islander

Observer Signature: _____ Campus/Date: _____

CADDO MILLS INDEPENDENT SCHOOL DISTRICT

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FAMILY SURVEY

The Migrant Education Program is authorized by Title1, Part C of the Elementary and Secondary Education Act (ESEA). Region 10/ESC together with the school districts, provides a variety of educational services to families who work in agriculture, regardless of their nationality or legal status. This program is free of charge to all eligible families and may include tutoring, school supplies, homework tools, and clothing/school uniforms, free lunch eligibility, summer programs, parent involvement activities, emergency needs and referrals to other services, as needed. A representative from Region 10 may contact you for further information if needed.

District : _____ School: _____

Student's Name: _____ Age: _____ Grade: _____

1. In the past three years, has your family lived in another Texas city or school district, another state, and/or other country?
 YES _____ (if the answer is YES, continue with #2. NO _____ (if the answer is NO, stop here)

2. In the past three years, has anyone in your household had a job working with any of these activities, described below (not including those on your own property) on a farm, in a field, in a greenhouse, in a nursery, fishing farm, or in a meat processing plant? If not, stop here. If yes, please circle all that apply below and fill out the information requested at the bottom of this form.

				
Planting/picking fruits, vegetables, nuts, corn beans, cotton, tobacco, hay, etc.	Canning fruits and vegetables	Working on a dairy farm, cattle/horses ranch	Working in a fishery/fish farm	Working in a slaughter house or meat processing plant
				Other similar work, Please explain: _____ _____ _____
Working on a poultry farm	Working in a nursery, orchard, tree and grass farm	Taking care of animals on a farm/ranch. Building/repairing fences	Preparing the land. Hoeing cotton, peanuts, beets	

Please complete the following information: (please print) Best time to contact you: _____

Parent/Guardian Name: _____ Home address: _____

City/State/Zip _____ Telephone Number: _____

Please list all children in the household less than 22 years of age: _____

For school use ONLY: School personnel, please follow district guidelines regarding surveys. Program contacts, please fax surveys with a Yes response to **Region 10 ESC at (972) 348-1413.**

CADDO MILLS INDEPENDENT SCHOOL DISTRICT

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STUDENT RESIDENCY QUESTIONNAIRE

The information on this form is required to meet the law known as the McKinney-Vento Act 42 U.S.C.11434a(2), which is also known as Title X, Part C, of the No Child Left Behind Act. The answers you give will help the school determine the services the student may be eligible to receive.

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3) (d).

Name of Student: _____ Gender: Male Female

Birth Date: _____ / _____ / _____ Grade: _____ Social Security #: _____
Month / Day / Year (or student identification number)

Check the box that best describes with whom the student resides. (**Please note:** legal guardianship may be granted only by a court; students living on their own or with friends or relatives who do not have legal guardianship are allowed to enroll in and attend school. The school cannot require proof of guardianship for enrollment or continued attendance.)

- Parent(s)
- Legal Guardians(s)
- Caregiver(s) who are not legal guardian(s) (Examples: friends, relatives, parents of friends, etc.)
- Other

Name of person with whom student resides: _____

Address: _____

City: ZIP: _____

Home Phone #: _____ Cell Phone #: _____ Other Emergency #: _____

Length of Time at Present Address: _____

Length of Time at Previous Address: _____

Name of the school where student is enrolled or in which student is attempting to enroll: _____

Last District Attended: Last School Attended: _____

Please check only one box that best describes where the student is presently living:

- In my own home or apartment, in Section 8 housing, or in military housing with parent(s), legal guardian(s), or caregiver(s) (if you checked this box, check one or both of the boxes below, if applicable:) **(CODE=N)**
- My home has no electricity **(CODE=U)**
- My home has no running water **(CODE=U)**
- In the home of a friend or relative because I lost my housing (examples: fire, flood, lost job, divorce, domestic violence, kicked out by parents, parent in military and was deployed, parent(s) in jail, etc.) **(CODE=D)**
- In a shelter because I do not have permanent housing (examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing) **(CODE=S)**
- In transitional housing (housing that is available for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, or another organization) **(CODE=S)**

- In a hotel or motel (examples: because of economic hardship, eviction, cannot get deposits for permanent home, flood, fire, hurricane, etc.) (CODE=HM)
- In a tent, car, van, abandoned building, on the streets, at a campground, in the park, or other unsheltered location(CODE=U)
- None of the above describe my present living situation

Briefly describe your situation: _____

Factors contributing to the student's current living situation (check all that apply):

- Natural disaster
- Tornado, storm, flood, etc.
- Hurricane, name: _____
- Fire: prairie, forest, grass, lightning strike, etc.
- Family issues such as divorce, domestic violence, kicked out by parents, student left due to family conflict, etc.
- Home issues such as lack of electricity, water, heat, adequate home repair due to lack of funds, overcrowding, mold, etc.
- Military: Parent/guardian deployed, injured or killed in action
- Incarceration of parent/guardian
- Incapacitation of parent or guardian due to health, mental health, drugs/alcohol, or other factors
- Home fire not due to natural causes (i.e., faulty equipment/appliances/wiring, furnace, stove, fireplace, etc.)
- Economic hardship:
 - Loss of job resulting in inability to pay rent or mortgage
 - Income from part-time or low paying job does not cover cost of housing in the area
 - Loss of mortgage, including loss of mortgage of landlord if student/student's family is renting
 - Eviction record and/or inability to produce deposits for rent or utilities
 - High medical bills that leave little or no money for housing
 - Lack of affordable housing in the area
 - Minor student unable to afford housing on my own
- None of the above describe the main reasons for my present living situation **Briefly explain the contributing factors:**

Please provide the following information for school-age siblings (brothers and/or sisters) of the student:

Name	Grade Level	School	District

Signature of Parent/Legal Guardian/Caregiver/Unaccompanied Student

Date

For School Use Only

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

 McKinney-Vento Liaison Signature

 Date

**CADDO MILLS INDEPENDENT SCHOOL DISTRICT
2019-2020**

CMISD STUDENT HANDBOOK & CMISD STUDENT CODE OF CONDUCT

THE *CMISD HANDBOOK* (INCLUDING MEDICATION POLICY) AND THE *CMISD STUDENT CODE OF CONDUCT* ARE AVAILABLE ONLINE ON THE CADDO MILLS ISD WEBPAGE (www.caddomillsisd.org), UNDER THE PARENT RESOURCES >HANDBOOKS TAB.

____ **YES, I HAVE READ THE CADDO MILLS ISD DISTRICT HANDBOOK.**

____ **I AM REQUESTING A COPY OF THE CADDO MILLS ISD DISTRICT HANDBOOK.**



STUDENT PRINTED NAME

PARENT/GUARDIAN PRINTED NAME

_____/_____
STUDENT SIGNATURE

DATE

_____/_____
PARENT/GUARDIAN SIGNATURE

DATE

CADDO MILLS INDEPENDENT SCHOOL DISTRICT

2019-2020

MILITARY TRACKING

Dear Parent or Guardian,

For the 2019-2020 school year, TEA (Texas Education Agency) and PEIMS (Public Education Information Management System) has added tracking information for students connected with military guardians. We need your help to accurately report student information to the TEA.

Please check the following qualifications for PEIMS reporting:

- Student is a dependent of a member of the US Military on active duty.
- Student is a dependent of a member of the Texas National Guard.
- Student is a dependent of a member of a reserve force in the US Military.

_____/_____
(Person's Name) (Relationship to Student)

- None of the above applies to this student.

_____/_____
(Parent/Guardian Signature) (Date)

PARENT'S RESPONSE REGARDING RELEASE OF STUDENT INFORMATION TO MILITARY RECRUITERS AND INSTITUTIONS OF HIGHER EDUCATION

Federal law requires that the district release to military recruiters and institutions of higher education, upon request the name, address, and phone number of secondary school students enrolled in the district, unless the parent or eligible student directs the district not to release information to these types of requestors without prior written consent. [See **Release of Student Information to Military Recruiters and Institutions of Higher Education** for more information.]

Parent: Please complete the following only if you do not want your child's information released to a military recruiter or an institution of higher education without your prior consent.

I, parent of _____ (*student's name*), request that the district **not** release my child's name, address, and telephone number to a military recruiter or institutions of higher education upon their request without my prior written consent.

_____/_____
(Parent/Guardian Signature) (Date)

CADDO MILLS INDEPENDENT SCHOOL DISTRICT

2019-2020

DIRECTORY INFORMATION & CONSENT/OPT OUT FORM

Certain information about District students is considered directory information and will be released to anyone who follows the procedures for requesting the information unless the parent or guardian objects to the release of the directory information about the student. If you do not want CMISD to disclose directory information from your child's education records or photograph without your prior written consent, you must notify CMISD in writing within fifteen (15) days of your child's first day of instruction for this school year.

Consent Opt Out
(Yes) (No)

- _____ _____ You may release my student's **name**.
- _____ _____ You may release my student's **photograph for use on the school website, yearbook, newspaper, Facebook, and/or printed programs**.
- _____ _____ You may release my student's **address**.
- _____ _____ You may release my student's **grade level**.
- _____ _____ You may release my student's **telephone listing**.
- _____ _____ You may release my student's **dates of attendance**.
- _____ _____ You may release my student's **date and place of birth**.
- _____ _____ You may release my student's **degrees, honors and awards received in school**.
- _____ _____ You may release my student's **participation in recognized activities and sports**.
- _____ _____ You may release my student's **most previous school attended**.
- _____ _____ You may release my student's **weight and height for athletic teams**.
(Middle and High school only)
- _____ _____ My student can participate in **any student survey, analysis, or evaluation, known as protected information survey that may contain one or more of the following eight areas:** Political affiliation, or beliefs of the student or student's parents; Mental or psychological problems of the student or student's family; Sexual behavior or attitudes; Illegal, antisocial, self-incriminating, or demeaning behavior; Critical appraisals of others with whom the student has a close family relationship, such as lawyers, doctors, or ministers; Religious practices, affiliations, or beliefs of the student or parents; or Income, other than as required by law to determine program eligibility or to receive financial assistance under such a program.

(Please print student's name)

(Please print Parent/Guardian's name)

(Parent /Guardian's signature)

(Date)

CADDO MILLS ISD
PARENT/SCHOOL COMPACT
2019-2020

The purpose of the parent-school compact is to communicate a common understanding of home and school responsibilities to assure that every child attains high standards and a quality education.

The School's Responsibility

Caddo Mills ISD will:

- communicate with parents and notify them of school events in a timely, efficient manner
- communicate learning expectations for students at each grade level
- provide an environment that promotes positive communication between the teacher, parent, and student
- provide homework assignments that will reinforce classroom instruction
- provide opportunities for parent conferences and school functions to maximize parent participation

The Parent's Responsibility

As a parent, I will:

- see that my child is on time and attends school regularly
- establish a time for homework and review it regularly
- encourage my child's efforts and be available for questions
- read aloud to my child and let my child see me read
- be an interested listener as my child reads to me
- help my child establish a routine for school day
- attend parent/teacher conferences
- support the school in its effort to maintain proper discipline
- help my child learn to resolve differences in positive ways
- stay aware of what my child is learning
- respect school staff and the cultural differences of others

The Student's Responsibility

As a student, I will:

- attend school regularly
- work hard to do my best in class and schoolwork
- help keep my school safe
- ask for help when I need it
- respect and cooperate with other students and adults

Print Student's Name: _____ Student Signature: _____

Parent Signature: _____ Principal Signature: _____

CADDO MILLS INDEPENDENT SCHOOL DISTRICT

2019-2020

CLINIC EMERGENCY FORM

Date: _____

Student's Legal Name _____
Last First Middle

Teacher/Grade _____ Age _____ Date of Birth _____

Mailing Address _____
Street City Zip Code Phone

Mother: _____
Name Work # Cell Phone

Father: _____
Name Work# Cell Phone

List relatives or nearby neighbors who will assume temporary care of your child if you cannot be reached.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Doctor _____ Phone _____

Preferred Hospital _____

I hereby authorize the release of this confidential information to professional CMISD personnel only if appropriate or required.
YES _____ NO _____.

I, the undersigned, do hereby authorize officials of Caddo Mills I.S.D. to contact directly the persons named on this card, and do authorize the named physician to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event the physician, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.

I will not hold the Caddo Mills I.S.D. financially responsible for the emergency care and/or transportation for said child.

*Optional: I do hereby consent the release of my child's shot records and any pertinent medical information to the school nurse. The release will expire June 2020. YES _____ NO _____

Is this child a subject of a court order? YES _____ NO _____

Parents are responsible for keeping card current. _____/_____
(Signature of Parent/Guardian) (Date)

Caddo Mills Independent School District

2019-2020

STUDENT DRUG TESTING CONSENT FORM

STATEMENT OF PURPOSE AND INTENT

Participation in school sponsored extra-curricular activities and student parking on campus at the Caddo Mills Independent School District is a privilege. Activity Students and Student Drivers carry a responsibility to themselves, their fellow students, their parents, and their school to set the highest possible examples of conduct, which includes avoiding the use or possession of illegal drugs.

Drug use of any kind is incompatible with participation in extra-curricular activities and driving and parking on campus on behalf of the Caddo Mills Independent School District. For the safety, health, and wellbeing of the student of the Caddo Mills Independent School District, the Caddo Mills Board of Education has adopted the attached Activity Student and Student Driver Drug Testing Policy and the Student Drug Testing Consent for use by all participating students and student drivers in grades 7-12.

Participation in Extra-Curricular Activities and Parking Privileges Each Activity Student and Student Driver shall be provided with a copy of the Mandatory Student Drug Testing Policy and Student Drug Testing Consent which shall be read, signed and dated by the student, parent or custodial guardian, and coach/sponsor before such student shall be eligible to practice or participate in any interscholastic activities. The consent shall be to provide a urine sample a) as chosen by the random selection basis; and b) at any time requested based on reasonable suspicion to be tested for illegal or performance-enhancing drugs. No student shall be allowed to practice or participate in any activity governed by the policy unless the student has returned the properly signed Student Drug Testing Consent.

Student's Last Name

First Name

MI

I understand after having read the "Mandatory Drug Testing Policy" and "Student Drug Testing Consent," that, out of care for my safety and health, the Caddo Mills Independent School District enforces the rules applying to the consumption or possession of illegal and performance-enhancing drugs. As a member of a Caddo Mills extra-curricular interscholastic activity and/or student driver, I realize that the personal decision that I make daily in regard to the consumption or possession of illegal or performance-enhancing drugs may affect my health and well-being as well as the possible endangerment of those around me and reflect upon any organization with which I am associated. If I choose to violate school policy regarding the use or possession of illegal or performance-enhancing drugs any time while I am involved in in-season or off-season activities and/or while driving a vehicle and parking on campus, I understand upon determination of that violation I will be subject to the restrictions on my participation as outlined in the Policy.

Signature of Student

Date

We have read and understood the Caddo Mills Independent School District "Mandatory Student Drug Testing Policy" and "Student Drug Testing Consent." We desire that the student named above participate in the extra-curricular interscholastic programs and/or to park on campus of the Caddo Mills Independent School District and we hereby voluntarily agree to be subject to its terms. We accept the method of obtaining urine samples, testing and analysis of such specimens, and all other aspects of the program. We further agree and consent to the disclosure of the sampling, testing and results as provided in this program.

(Parent/Guardian Signature) (Date)

(Coach/Sponsor Signature) (Date)

Caddo Mills Public Schools are committed to cooperating with parents/guardians in an effort to help students avoid illegal drug use. The Caddo Mills Independent School District believes accountability is a powerful tool to help some students avoid using drugs and that early detection and intervention can save lives.

PLEASE FILL THIS FORM OUT FOR STUDENTS IN GRADE LEVEL 6-12 GRADE

**CADDO MILLS ISD
CHROMEBOOK AGREEMENT & SIGNATURE FORM**

In order to provide richer learning opportunities and access to even more learning resources, Caddo Mills ISD students in Grades 6-12 are issued a Chromebook for educational use. These devices are absolutely vital to the success of your child in the classroom, as they are used daily at school.

By signing below, the student and the parent/guardian agree to follow, understand, and accept our Chromebook Policy.

- The device, software, and issued peripherals issued to the student are owned by the school.
- The parent/guardian provides consent that the student will be assigned and use a Google account as part of his/her educational environment at Caddo Mills ISD.
- If the student withdraws or is expelled from school, the student agrees to return the student Chromebook and charger in good working condition at the time of withdrawal/expulsion; if these items are not returned, the parent/guardian agrees to pay the full replacement cost for the Chromebook and/or charger.
- In the event that a student's take-home device is stolen while assigned to student, the student/parent agrees to file a police report to report the theft, and understands that the student/parent is responsible to pay the full replacement cost of the stolen Chromebook and/or charger.
- In no event shall Caddo Mills ISD or Caddo Mills ISD employee be held liable to any claim to damage, negligence, or breach of duty.

STUDENT NAME: _____

STUDENT SIGNATURE: _____ Date: _____

PARENT SIGNATURE: _____ Date: _____