

Brentwood High School

New Student Registration

Checklist

Welcome to Brentwood Schools! We are so pleased you will be joining our excellent school district. Enclosed you will find all of the paperwork needed to enroll your child(ren) into BSD. Call or email to schedule your appt. 314-262-8513 or lbrown@brentwoodmoschools.org

You will need all of the following documents to successfully enroll:

- * Birth Certificate
- * Immunization Record
- * Social Security Card
- * Proof of Residency:

Choose 2 from this list:

1. Unpaid Utility Bill, postmarked/dated last 30 days
2. Bank or credit card statement
3. Paycheck stub dated within the last 30 days
4. Insurance statement

And 1 from this list:

1. Mortgage Statement
2. Property Deed
3. Homeowner's Policy
4. Signed and dated residential lease (must be updated annually)

Please complete the following forms in the packet and bring them ALL with you to registration:

1. New Student Enrollment Information
2. Proof of Residency Form
3. Student Information Release Form
4. Student Discipline - Safe Schools Form
5. Student Home Language Survey
6. Homeless Enrollment Form
7. Technology Use Permission Form
8. Administration of Medications/Physician Forms
9. Emergency Care Information
10. Chromebook Option Form

Note that the school registrar will need all documents completed and returned (this includes records directly from the previous school) prior to your scheduled enrollment appt. time.

Registrar's Signature

Date

Enrollment Application

Today's Date _____

Student's Legal Name: _____
Last First Middle

Grade:_____ Gender: ____Male ____Female Preferred name/Nickname_____

Date of Birth:___/___/___ Country of Birth:_____ SS#_____

PRIMARY HOUSEHOLD (PLEASE PRINT)

Adult #1

Adult #2

Name _____

Name _____

Relationship to Student_____

Relationship to Student_____

Employer _____

Employer _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Home Phone _____

Home Phone_____

Email _____

Email

Household #1 Address _____

Number	Street	Apt

City

State

Zip

SECONDARY HOUSEHOLD

Adult #1

Adult #2

Name_____

Name_____

Relationship to Student_____

Relationship to Student _____

Employer_____

Employer _____

Work Phone _____

Work Phone _____

Cell Phone_____

Cell Phone_____

Home Phone _____

Home Phone _____

Email_____

Email _____

Household #2 Address _____

Number	Street	Apt
--------	--------	-----

City

State

Zip

Brentwood School District



Residency Verification:

____I reside and am domiciled* in the Brentwood School District with my child and have provided the proof of residency required by the district.

*Missouri law defines domicile as the fixed, permanent, regular residence of the parent or guardian.

____I understand that at any time Brentwood School District may request additional proof of residency or investigate to seek additional information. Any person who knowingly submits false information is guilty of a misdemeanor under Sections 167.020, 575.050, and 575.056. In addition to other penalties authorized by law, a district may file a civil action to recover from the parent or legal guardian of the pupil, the costs of school attendance for a

Please list all schools previously attended, including other districts or private schools :

Grade	Name of School	District	City	State

RACE/ETHNIC ORIGIN

Brentwood School District is mandated under state and federal law to use the following race/ethnic categories. Please make the selection you feel is best.

Is the student Hispanic/Latino (Choose only one)

___No, not Hispanic/Latino ___Yes, Hispanic, Latino

Race (Choose one or more)

___American Indian or Alaska Native ___Black or African American ___Asian ___White
___Native Hawaiian or Other Pacific Islander

Educational Information:

Does your child receive special education services and /or have an IEP plan? ___YES___NO

Does your child have a Section 504 Accommodation Plan? ___YES___NO

Has your child received Title I services or targeted reading assistance? ___YES___NO

Has your child participated in a gifted education program? ___YES___NO

Has your child received speech or language therapy? ___YES___NO

Has your child ever been retained?___YES___NO If yes, at what grade level?___

Brentwood School District



STUDENT INFORMATION RELEASE FORM



BRENTWOOD HIGH SCHOOL

2221 High School Dr. Brentwood, Missouri 63144

phone: 314-962-3837 www.brentwoodmoschools.org

Dr. Edward Johnson, Principal

Dr. Stephen Ayotte, Assistant Principal



Name of Student: _____
(Last name) (First name) (Middle name)

Date of Birth: _____ Present Grade: _____

I here by give my permission to **(Please Print)** : _____
(Name of school your student is transferring from)

(Address) (City) (State) (Zip Code)

(Main Number) (Fax Number)

To release all record to the Brentwood School District, ***all records (in their entirety) must be provided before enrollment is allowed in the Brentwood Public Schools.*** Scan and email or mail The *Safe Schools Act* requires that the following information be released in writing within five (5) school days:

- Academic records including testing
- Discipline records – within 5 days
- Health records
- Attendance records

(Print Name of Parent/Guardian)

(Signature of Parent/Guardian) (Date)

To be completed by school releasing information:

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | This student has an IEP and received special education services. (If yes, attach IEP and documentation). |
| <input type="checkbox"/> | <input type="checkbox"/> | This student has a 504 Plan (If “yes”, please attach). |
| <input type="checkbox"/> | <input type="checkbox"/> | This student is presently under suspension and/or expulsion. |
| <input type="checkbox"/> | <input type="checkbox"/> | This student withdrew from school while under consideration of suspension and/or expulsion. |
| <input type="checkbox"/> | <input type="checkbox"/> | Complete discipline records are attached. |

Form must be completed and signed by Principal or Assistant Principal

Name (Please Print) _____

(Signature) (Title) (Date)

Please note: You may send records via mail or EMAIL to lbrown@brentwoodmoschools.org
Questions regarding request? Please call Laura at 314-262-8513

FEDERAL MIGRATORY SURVEY

If you have a child ages 3-21, and you have moved from one school district to another within the preceding 36 months, your child may be eligible for a special program of supplemental services. Please answer the following questions to help us determine if your child is eligible.

Before the move, was either parent or guardian employed in some form of temporary or seasonal agricultural or agriculture-related work such as; Planning or harvesting crops (vegetables, fruits, cotton, etc.);landscaping; transporting farm products to market; feeding poultry, gathering eggs, working in hatcheries, processing poultry, beef, hogs, fruit, vegetables, etc.; working on a dairy farm or a catfish farm; cutting firewood or logs to sell?

___YES___NO

Was the move from one school district to another made for the purpose of looking for or obtaining any of the above jobs? ___YES___NO

Is either parent (or guardian) now employed in any of the above kinds of work? ___YES___NO

Have you moved away with you child during only the summer months to engage in crop harvesting or other seasonal agriculture? ___YES___NO

SAFE SCHOOLS ACT (RSMo167.171)

The undersigned hereby certify and represent to the Brentwood School District, for the purposes of the Missouri Safe Schools Act, that:

1. This student is not currently suspended or expelled from any other school district;
2. If this student is currently suspended or expelled from another school district, the superintendent has determined that the conduct that resulted in such suspension/expulsion would not have resulted in suspension/expulsion in this district. (Copy of determination by superintendent is attached).
3. This student has not been convicted of or indicted for any of the following offenses and no information or petition alleging such offense has been filed:

A. First degree murder under Section 565.020, RSMo;	G. Statutory sodomy under Section 566.062, RSMo;
B. Second degree murder under Section 565.021, RSMo;	H. Robbery in the first degree under Section 569.020, RSMo;
C. First degree assault under Section 565, 050, RSMo;	I. Distribution of drugs to a minor under Section 195.212, RSMO
D. Forcible rape under Section 566.030, RSMo;	J. Arson in the first degree murder under Section 569.040, RSMO
E. Forcible e sodomy under Section 566.060, RSMo;	K. Kidnapping, when classified as a Class A felony, under
F. Statutory rape under Section 566.032, RSMo;	Section 565.100

In compliance with Missouri law, the undersigned verifies the accuracy of the information on this form for the purpose of enrollment of a student(s)) in the Brentwood School District and accepts the responsibility for reporting changes in residence to the building enrollment secretary. The undersigned states that he/she/they provided the above information listed for the purpose of enrolling a student in the Brentwood School District and that such information is true and correct to the best of his/her/their information, knowledge and belief.

Signature of Parent/Legal Guardian
(Student may sign if 18 years of age and not living with parent)

Date

Brentwood School District



Brentwood School District - Language Use Survey – English

In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English. Please provide information about your child’s language abilities.

Student’s Name: _____ Date: _____

School: _____ Grade: _____

Relationship of person completing this survey: _____

Tier I: Language Background

1. What was your child’s first language? ☐ English ☐ Other: _____
2. Which language(s) does your child use (speak) at home and with others? ☐ English ☐ Other: _____
3. Which language(s) does your child hear at home and understand? ☐ English ☐ Other: _____

If any of these answers indicate a language other than English, please complete the rest of the survey.

Tier II: Expanded Language Background

4. Does the student understand when someone speaks with him/her in a language besides English?
5. Does the student read in a language other than English?
6. Does the student write in a language other than English?
7. Does the student interpret for you or anyone else in a language other than English?

YES	NO

Tier III: Educational History

8. How many years did the student attend school where the native language was used for instruction? _____
9. What was the most recent month and year the student attended school? _____
10. Do you believe that you child has learning difficulties that affects his/her ability to understand? _____
If yes, please explain: _____
11. Has your child been referred to be evaluated for special education? _____
If yes, please explain: _____

The school is required to assess the English language proficiency of all students who indicate, or are suspected of having, a first language other than English. If the results of the assessment show a student needs language support, you will be notified in writing and the school district will provide language support as deemed appropriate by district staff.

Notice to School Staff: This form must be given to all new and enrolling students. Any student that indicates use of a language other than English must be assessed to determine the student’s English language proficiency. Please notify district staff responsible for the next steps immediately and when ready, keep this form in the student’s permanent records.

Brentwood School District - Language Use Survey – Spanish

Para proveer a su hijo(a) la mejor educación posible, necesitamos determinar el nivel del habla, lectura, escritura y comprensión en el inglés. Favor de proveer información de las habilidades de su hijo(a).

Nombre del Estudiante: _____

Fecha: _____

Escuela: _____

Grado: _____

Relación de la persona que completa este cuestionario: _____

Nivel I: Conocimientos de idiomas

- | | |
|--|--|
| 1. ¿Cuál es su primer idioma? | <input type="checkbox"/> inglés <input type="checkbox"/> otro: _____ |
| 2. ¿Cuál idioma(s) habla su hijo(a) en la casa y con otras personas? | <input type="checkbox"/> inglés <input type="checkbox"/> otro: _____ |
| 3. ¿Cuál idioma(s) escucha su hijo(s) en la casa o con familia y puede entender? | <input type="checkbox"/> inglés <input type="checkbox"/> otro: _____ |

Nivel II: Conocimientos de idiomas expandidos

4. ¿Entiende su hijo(a) cuando alguien habla en un idioma otro de inglés?
5. ¿Puede su hijo(a) leer en un idioma otro de inglés?
6. ¿Puede su hijo(a) escribir en un idioma otro de inglés?
7. ¿Le interpreta o traduce su hijo(a) para Ud. u otras personas?

YE	NO

Nivel III: Historia educacional

8. ¿Cuántos años asistió su hijo(a) a una escuela donde usa su primer idioma durante las clases? ____
9. ¿Cuál fue el último mes que su hijo(a) estaba matriculado en una escuela? _____
10. ¿Cree Ud. que su hijo pueda tener dificultades educacionales que le afecten su aprendizaje? ____
Si afirmativo, explique por qué: _____
11. ¿Se le ha recomendado a su hijo(a) que reciba una evaluación de educación especial? _____
Si afirmativo, explique por qué: _____

Se requiere que la escuela evalúe las habilidades en inglés de todos los estudiantes que hablen o entiendan un idioma otro de inglés. Si los resultados indican que el estudiante requiere apoyo desarrollando el inglés, será notificado y el (la) estudiante entrará el programa de apoyo lingüístico que el distrito considere apropiado.

Notice to School Staff: This form must be given to all new and enrolling students. Any student that indicates use of a language other than English must be assessed to determine the student's English language proficiency. Please notify district staff responsible for the next steps immediately and when ready, keep this form in the student's permanent records.

Home Language:

Is any language other than English spoken in the home? ____YES ____NO

If yes, language spoken: _____

Does the student speak a language other than English? ____YES ____NO

If yes, language spoken: _____

Has your child ever received English Language Learner Services? ____YES ____NO

Date entered the U.S. _____

HOMELESS

These questions are asked in compliance with the McKinney-Vento act and the NCLB legal guidelines.

Are you sharing the housing of other persons due to the loss of housing, economic hardship, or a similar reason? ____YES ____NO

If yes, please explain. _____

Are you currently residing in a motel, hotel, in a car, or at a campsite due to economic reasons or because your home has been damaged? ____YES ____NO

Are you currently residing in a shelter? ____YES ____NO

Are you currently living in a temporary housing arrangement due to economic hardship? ____YES ____NO



Brentwood School District
Technology Parent/Student Permission Form
EHB/AP Policy: <http://policy.msbanet.org/brentwood/byletter.php?section=E>

Student Name _____

Grade _____

-Parents need to place their initials next to the items listed below to indicate approval-

Permission to Publish Student Information (e.g. Internet and Television) File: EHB-AF7

I give consent to BSD to publish the items **initialed** below to external public.

Parents, Initials Required

First Name
Last Name
Photograph
Voice
Video Taping
Published Project

Permission to Utilize District Technology Resources

Student User Agreement File: EHB-AF2

Parent/Guardian Technology Agreement File: EHB-AF1

Parents, initial one option

I give **full** permission for my child to utilize all of the school district's technology resources.
I give **partial** permission for my child to utilize limited school district technology resources.
I do not wish for my student to utilize the following school district technology resources: _____
I **do not** give permission for my child to utilize any school district technology resources.

OPT OUT File: JO-AP (High School Students Only)

Under the federal *No Child Left Behind Act*, our school may be requested to provide the names, addresses, and telephone numbers of high school students to military recruiters, colleges and other groups. You do not have to participate in this program.

DO NOT DISCLOSE my child's name, address and telephone number to the entities checked below without my prior permission:

Check
Appropriate
Box

- ☐ US Military (Army, Navy, Air Force, Marines, etc)
- ☐ Colleges and other educational institutions
- ☐ Prospective employers

By signing below, I acknowledge that I have read, understand and agree to the permissions I granted above and the district policies as they pertain to the permissions above.

This agreement is for the tenure (k-12) of your student in Brentwood School District.

Parent/Guardian Signature _____

Date _____

Student Signature _____

Date _____

ADMINISTRATION OF MEDICATIONS TO STUDENTS

(Permission Form for Medications)

Note: Parent or guardian must complete the entire form – front and back.

No over-the-counter medication will be dispensed unless provided to the nurse in its original container.

District practice allows over-the-counter medicines to be given for up to five times based on a parent signature. Extended use of over-the-counter medications will require a physician's order. District practice also requires that medicines be given at non-school times if at all possible. Medicine must be in an original container and accompanied by this completed form.

School: _____

Date Form Received by the School: _____

Student's Information

Name: _____ Age: _____ Date of Birth: _____

Homeroom/Classroom: _____ Grade: _____

Medication/Prescription Information

☐ Prescription Medication ☐ Over-the-Counter Medication Provided by Parent/Guardian

Has the student been given the first dose of this medication? ☐ Yes ☐ No

Name of Medication: _____

Reason for Medication: _____

Time(s) to be given: _____

Dates to be given: From: _____ To and including: _____

Form of Medication/Treatment: ☐ Tablet/Capsule ☐ Liquid ☐ Inhaler

☐ Injection ☐ Nebulizer ☐ Other:

Describe the dose to be given at school: _____

If "as needed," indicate the maximum dosage per day: _____

Are there restrictions and/or important side effects? ☐ Yes ☐ No

If yes, please describe: _____

Special Storage Requirements: ☐ None ☐ Refrigerate ☐ Other: _____

FILE: JHCD-AF3
Critical

Physician's Information

Physician's Name: _____
Address: _____
Phone: _____ Fax: _____
Physician's Signature: _____ Date: _____

Parental Permission

I give permission for _____ (student's name) to receive the above medication at school.

I also give district employees permission to contact the student's physician directly to provide information on the student's condition or to clarify medication administration instructions. I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication and for informing the school district immediately if any information provided on this form changes or if administration of medication should cease. I release school personnel from liability should reactions result from giving the medication. In case of an emergency needing further attention transport to:

Hospital: _____
Parent's Signature: _____ Date: _____
Home Phone: _____ Work Phone: _____ Cell Phone/Pager: _____
Emergency Phone: _____

Notice

Schools in this district are equipped with pre-filled epinephrine auto syringes that can be administered by the school nurse or other trained personnel in the event of life-threatening emergencies involving anaphylaxis.

* * * * *

Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: 07/09/2003

Revised: 03/21/2006; 12/19/2006; 04/16/2013

Brentwood School District, Brentwood, Missouri



PERMISSION FOR EMERGENCY CARE

Student Name _____

Date of Birth _____

Student Address/City/State/Zip _____

Mother's Name _____

Cell Phone _____

Work Number _____

Home Number _____

Father's Name _____

Cell Phone _____

Work Number _____

Home Number _____

If a parent cannot be reached, please contact a **close relative or friend**:

Name _____

Relationship _____

Cell Phone _____

Work Phone _____

Home Phone _____

Name _____

Relationship _____

Cell Phone _____

Work Phone _____

Home Phone _____

Health Conditions/Allergies: _____

Current Medications: _____

Epinephrine/Naloxone Permission: The school principal or designee will maintain a list of students who cannot, according to their parents/guardians, receive epinephrine and naloxone (NARCAN). Please indicate your permission for the school to administer both of these:

Epinephrine: ☐ **Yes**, I give permission to administer epinephrine

☐ **No**, I do not give permission to administer epinephrine

Naloxone: ☐ **Yes**, I give permission to administer naloxone

☐ **No**, I do not give permission to administer naloxone

EMERGENCY AUTHORIZATION

To ensure the care of my child, I agree that pertinent health information may be shared with appropriate school staff, and may be forwarded to emergency medical personnel in emergency situations. I agree to notify the school nurse of any changes in medication or change in any health status of my child. I agree if any of the above information changes, I will notify the school immediately. I understand that in case of an emergency the school will first attempt to contact me. If I cannot be reached, I authorize the transport of my child to a hospital and authorize the physician or medical personnel to carry out any diagnostic procedures or emergency care deemed necessary. I will accept the full financial responsibility for charges connected with the use of an ambulance and charges connected with any medical necessary. I acknowledge that all foregoing above information is true and correct.

Parent/Guardian Signature _____

_____ Date

Brentwood High School



School-Provided Chromebook Program Guide

Brentwood High School 1 to 1 Program Information

For all students who do not have their own personal device, one Chromebook and its power adapter are being lent to the student-borrower (student) and are in good working order. It is the student's responsibility to care for the equipment and insure that it is kept in proper working order. This equipment is, and at all times remains, the property of Brentwood High School and is being lent to the student for educational purposes only for the academic school year. The student may not deface or destroy this property in any way. Inappropriate use of the device may result in the student losing the privilege to use this device. The equipment will be returned when it is requested by the school, if the student withdraws from the school, or as circumstances dictate.

Applications (Apps) provided by the District remain the property of the District. Accounts must be maintained and updated with only District-approved updates and applications. Chromebooks may not be disassembled, repaired, hacked, jail-broken or subverted in any way. The student should be aware that this device is capable of tracking information and while the district will not actively track such information, various applications may be utilized in such a manner. The district shall not be responsible for the tracking or monitoring of any student activity through the use of the equipment; however, from time to time consistent with the business purposes of the district, it may review the student's usage of this equipment.

The Brentwood High School District network is provided for the academic use of all students and staff. The student agrees to take no action that would interfere with the efficient and academic use of the network. In the event the student utilizes the device for any purpose outside of academic use, the district shall bear no responsibility for any consequences of such improper use and may provide to law enforcement officials either the equipment or information garnered from the equipment.

Identification and inventory labels/tags have been placed on the Chromebook. These labels/tags are not to be removed or modified. If they become damaged or missing, immediately contact the building technology department for replacements. Additional stickers, labels, tags, or markings are not to be added to the Chromebook.

The Brentwood High School District is not responsible for any lost data.

Parent Responsibilities

Your child has been issued a Chromebook to improve and personalize his/her education this year.

Talk to your child about how to use this device. If your child abuses the use of this Chromebook, his/her use may be abridged or abbreviated; e.g., he/she may not be allowed to take the device home at night.

It is essential that your child uses the following safe, efficient, and ethical operation of this device. In order to ensure the proper use and maintenance of the equipment, you agree as the student's parent or guardian as follows:

- I will supervise my child's use of the school-issued Chromebook at home.
- I will discuss the district's expectations and rules regarding appropriate use of the Internet and e-mail and will supervise my child's use of the Internet and e-mail.
- I will not attempt to repair the Chromebook or to clean it with anything other than a soft, dry cloth.
- I will report within 24 hours any lost, stolen (police report required), or damaged Chromebook to the school's Technology Center.
- I understand that I will bear responsibility for the theft or loss of the device – a \$300.00 replacement cost.
- I understand that the district will repair two instances of physical damage deemed repairable by the district. I understand that I bear full responsibility for the replacement of the Chromebook at a cost of \$300.00 on the third incident of physical damage.
- I understand that I bear full responsibility for physical damage to the Chromebook deemed to be unrepairable by the district as follows: damage caused by abuse or neglect, installation of unauthorized software, or unauthorized modifications.
- I am aware that power cords and power chargers will not be replaced, unless there is an issue due to faulty manufacturing.
- I will make sure my child brings the Chromebook to school every day fully charged.
- I understand that if my child comes to school without his/her Chromebook that he/she may not be able to participate in classroom activities.
- I agree to make sure that the Chromebook is returned to the school when requested and upon my son's/daughter's withdrawal from Brentwood High School.
- I understand that until I submit Page 5 of this document to the Main Office, my child will NOT be issued a Chromebook.

Student Responsibilities

Your Chromebook is an important learning tool and is for educational purposes only. In order to take your Chromebook home each day, you must accept the following responsibilities.

- When using the Chromebook at home, at school, and anywhere else I may take it, I will follow the rules of the Brentwood High School District, and abide by all local, state, and federal laws.
- I will not use my Chromebook to post or create anything considered bullying or harassment. I will treat the Chromebook with care by not dropping it, getting it wet, leaving it outdoors, leaving it in a car in extreme weather conditions, or using it with food or drink nearby.
- I will not remove district-provided applications or configuration profiles from the Chromebook.
- I will not attempt to circumvent the web filter in any manner.
- I will not share or loan my Chromebook to others.
- I will not give out personal information when using the Chromebook.
- I will bring the Chromebook to school every day.
- I will recharge the Chromebook battery each night.
- If my Chromebook is lost/stolen or damaged in any way I will report it to the technology department within 24 hours.
- I will keep all accounts and passwords assigned to me secure, and will not share these with any other students.
- I will return the Chromebook when requested and upon leaving the Brentwood School District
- I will place my Chromebook in a secure location when not in use (locked up when possible).
- I realize that the Chromebook is the sole property of the Brentwood School District and may be inspected by school staff at any time.
- The undersigned acknowledges the parent and student responsibilities. The undersigned also acknowledge that the failure of a timely return of the Chromebook and power adapter when scheduled or when requested shall result in liability by both parent and child for the value of the Chromebook. The parties acknowledge the value of the Chromebook shall be \$300.00. Parents are signing this agreement as guarantors for their child/children.

Chromebook Insurance Option

Brentwood High School is offering families the option of purchasing insurance for their child's school-issued Chromebook. Each year your child is enrolled at BHS, this annual insurance will be offered. The cost of this yearly insurance is \$30.00. What is covered: repair to any accidental damage or manufacturer's defect. With the purchase of insurance, should your child's device need to be sent out by our staff for extraordinary repairs, your child will be able to use a school- provided Chromebook for the duration of the repair period. What is not covered: damage from malicious treatment and the cost of loss or theft. If you will not be participating in the insurance option, you will be financially responsible for any accidental damage to the device or components of the device (e.g., cracked screen, lost battery charger, etc.). If you would like to participate in the insurance option, please complete this form with a check or money order for \$30.00 made out to "Brentwood High School".

Chromebooks will be collected by the student's advisory teacher at the end of the school year and redeployed on the first day of school.

Advisory teacher: _____



**Brentwood High School
Parent/Student Agreement Form**

Please return this page when Chromebook is picked up by parent and student

Student's Name: _____ Grade: _____
Please print clearly

Parent's Name: _____
Please print clearly

By signing below, we, parent and student, have read the *BHS School-Provided Chromebook Guide* and assume all of the responsibilities for the school provided Chromebook detailed therein.

INSURANCE OPTION

Please check one of the boxes below:

☐ Yes, I would like to participate in the insurance option for Chromebooks. Attached is a check or money order for \$30.00 made out to Brentwood High School.

☐ No, I prefer not to participate in the insurance option for Chromebooks. By not participating, I will accept financial responsibility (\$300.00) for any damage to the device or components of the device. My child will not receive a replacement Chromebook from the school during the repair period.

☐ No, I have my own device.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Office Use:

Asset Tag ID Number: _____ Tech Initials: _____