



Welcome to Mojave River Academy



How did you hear about us?

- Current/former student. Who: _____
- Social Media: _____
- Advertisement: _____
- Previous/current school recommendation: _____
- Community Event: _____
- Other: _____

NOTES:

MOJAVE RIVER ACADEMY

2016-2017 ENROLLMENT PACKET/PAQUETE DE INSCRIPCION

Please use blue or black ink

Required documents / Documentos requeridos:

- Birth Certificate / Acta de Nacimiento** Birth certificate, hospital certificate, abstract, or passport.
- Immunization Record / Documentos de Inmunizaciones**
Immunizations must be up to date prior to starting school.
Las inmunizaciones deben estar al corriente antes de comenzar la escuela.
2-MMR, 4-Polio, 5-DPT, 3-HEPB, 1 Varicella, TDAP (ALL 7th Grade Students) Out of state/country students **2-Varicella**
- Proof of Residency / Prueba de Residencia**
A current utility bill (gas, water, electricity, home internet or landline phone), rental contract or escrow documents.
Una factura actual (por ejemplo, una factura de gas, electricidad, internet o telefono de casa), contrato de renta o documentos de escrow.
- Withdrawal Form / Unofficial Transcript/ Proof of Promotion**
Forma de Remocion / Expediente no Oficial / Prueba de Promocion
A withdrawal form from the previous school showing transfer grades, an unofficial transcript or proof of promotion is necessary or enrollment will be delayed.
Presentar formulario con prueba de retiro de la escuela preia y papeleo de calificaciones transferibles. Tambien es necesario presentar un expediente no oficial o prueba de promocion. Si no, su inscripcion sera retrasado.
- Parent ID / Identificacion de pariente**
If Student is 18+, he/she can enroll as an Adult Student but MUST present a valid photo ID.
Si el Estudiante es mayor de edad (18+ anos) puede inscribirse como Estudiante Adulto pero TIENE que mostrar idetificacion valida.

Additional Requirements (if applicable) / Requisitos Adicionales (si es applicable):

- Proof of Guardianship / Prueba de Tutela**
- A student can live with a blood relative with a custody form; signatures must be verified by a school official or notarized.
Un estudiante puede vivir con un pariente de sangre si se tiene una forma de custodia. Estas firmas deben ser verificadas por un oficial de escuela o notariadas.
 - A student can live in a foster home with proof of placement.
O, el estudiante puede vivir en un hogar adoptivo con prueba de colocacion.
 - Or submit Care Giver Affidavit if living with someone other than legal guardian.
O, someta la declaracion del tutor, si el estudiante vive con alguien a parte del guardian legal.
- SPECIAL EDUCATION STUDENTS** – Current IEP and TID Application
Estudiantes en Programa Especiales – Copia del IEP actual y Aplicacion de TID
If your child is in Special Education, you must provide a copy of their current IEP PRIOR to completing the enrollment application and a TID application.
Si su hijo esta en Educacion Especial, usted debe proporcionar una copia de su IEP ANTES de completer la aplicacion de inscripcion.
- 504 plan** – If the student has an active 504 plan, a copy must be provided / *Si el estudiante tiene un plan 504, debe presentarse con una copia.*
- Expulsion Documents Required for Expelled Students / Documentos de expulsion son requeridos para Estudiantes Expulsados**
If your child is currently under an expulsion order, has been recommended for expulsion from a previous district, or has been reinstated after an expulsion, you are required to provide documentation on the expulsion before enrollment.
So su estudiante esta bajo orden o recomendacion de expulsion, o sido restablecido despues de una expulsion, usted necesita entregar documentos sobre la expulsion antes de inscribir el estudiante.
- Existing AB216** – If the student is a foster care youth. / *Si el estudiante es un joven de cuidado de crianza.*

INCOMPLETE/FALSIFIED REGISTRATION PACKETS WILL NOT BE CONSIDERED OR ACCEPTED
PAQUETES DE INSCRIPCION INCOMPLETOS/FALSIFICADOS SERAN RECHASADOS

Returning

(CHECK ONLY IF STUDENT WAS PREVIOUSLY ENROLLED AT MRA)

Office Use Only

Adelanto Bakersfield Barstow Beaumont Colton Fontana Hesperia Oro Grande Palm Springs Phelan Tehachapi West Victorville Victorville

EL SPED Foster Returning Student Expulsion STU #: _____ TCHR: _____ ED: _____

STUDENT INFORMATION / Informacion del Estudiante

LAST / Apellido		FIRST / Nombre		MIDDLE / Segundo Nombre		Gender / Género M / F	Current Grade / Grado Actual
Date of Birth / Fecha de Nacimiento		Age / Edad	Birth City / Ciudad de Nacimiento		State / Estado	Country / Pais	
Mailing Address / PO Box / Direccion de Correo / Apartado de Postal			City / Ciudad	State / Estado	Zip / Código Postal	Home Telephone / Teléfono de Casa	
Residential Address / Direccion Residencial			City / Ciudad		Zip / Código Postal	Automated Dialer Contact #/No. de Marcador Automatico	
Father / Stepfather / Guardian (circle one) Padre / Padrastro / Guardian (escoje uno)			Primary No./Numero Primario		Email Address / Correo Electrónico		
Work on a Military Installation / Trabaja en una instalacion Militar: <input type="checkbox"/> Yes/Si <input type="checkbox"/> NO Work in Federal Facility / Trabaja en Planta Federal: <input type="checkbox"/> Yes/Si <input type="checkbox"/> NO			For Military Personnel Only / Para el Personal Militar solamente: Unit/Unidad: _____ Branch/Sucursal: _____ Rank/Rango: _____				
Mother / Stepmother / Guardian (circle one) Madre / Madrastra / Guardian (escoje uno)			Primary No./Numero Primario		Email Address / Correo Electrónico		
Work on a Military Installation / Trabaja en una instalacion Militar: <input type="checkbox"/> Yes/Si <input type="checkbox"/> NO Work in Federal Facility / Trabaja en Planta Federal: <input type="checkbox"/> Yes/Si <input type="checkbox"/> NO			For Military Personnel Only / Para el Personal Militar solamente: Unit/Unidad: _____ Branch/Sucursal: _____ Rank/Rango: _____				

EDUCATION PROGRAMS / Programas Educativos

1. Does your child have/had an Individualized Education Plan (IEP), Speech Services, 504 Plan or SST? **YES/Si NO**
¿ Su hijo/hija a tenido plan de educacion individual (IEP)?

2. Please indicate when, or date of last IEP if applicable: Speech IEP 504 SST
Por favor indique cuando ó la fecha del último IEP aplicable:

EXPULSION STATUS / Expulsión (Everyone must answer this section / Todo deben completar esta seccion)

1. Is the student currently under an Expulsion Order, or been recommended for expulsion from any previous school district(s) **Approved?**
¿Esta el estudiante bajo orden ó recomendación de expulsion de algun escuela previa? **YES/Si NO** Yes No

PREVIOUS SCHOOLS / Escuela Previa

Name of Current School/Nombre de la escuela	City / Ciudad	State / Estado	Grade / Grado	Withdrawal Date / Fecha de Retirar
Previous School Attended/La escuela anterior	City / Ciudad	State / Estado	Grade / Grado	Withdrawal Date / Fecha de Retirar

Sibling Information / Informacion de Hermanos

Name / Nombre:	Date of Birth / Fecha de Nacimiento	Grade / Grado	School Attending / Escuela Actual:
Name / Nombre:	Date of Birth / Fecha de Nacimiento	Grade / Grado	School Attending / Escuela Actual:
Name / Nombre:	Date of Birth / Fecha de Nacimiento	Grade / Grado	School Attending / Escuela Actual:

SECONDARY STUDENT INFORMATION (grades 6-12) / Informacion de Estudiantes de Secundaria (grados 6-12)

Students Name / Nombre del estudiante	Student Email address / Correo electronico del Estudiante	Student Cell phone number / Numero de celular del Estudiante
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LANGUAGE (Everyone must complete this section) / **Idioma** (Todo deben completar esta seccion)

1. Which language did this student learn when he/she first began to talk?
Cuando su hijo(a) empezó a hablar. ¿Cuál idioma aprendió primero?
2. What language does this student most frequently use?
¿Cuál idioma usa principalmente su hijo(a) cuando conversa?
3. What language do you use most frequently to speak to this student at home?
¿Cuál Idioma usa Ud. con más frecuencia cuando habla con su hijo(a) en casa?
4. Name the language most often spoken **by the adults** at home?
¿Cuál idioma hablan los adultos con más frecuencia en la casa?
5. Is your child fluent in the English language (speaking, reading, writing)?
¿Su hijo es fluyente en el Idioma Inglés (hablado, lectura, escritura)? YES/Si NO Not Sure/Poco seguro

Date first entered United States <i>Fecha que primero entró a EE. UU.</i>	Date first entered US school? <i>Fecha de primer Inscripción en Escuelas de EE. UU.</i>	OFFICE USE ONLY: Date first entered CA school?
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College and Career Release of Information / Autorizacion para distribuir informacion para Colegio y Carrera

Parents may authorize their child's school to release education information, including, but not limited to, Transcripts, Letters of Recommendation, Financial Aid forms, GPA Verification Forms, Mid-Year reports, Class Ranking Status and Disciplinary records. By checking "YES" I am giving permission with the understanding that only State/Federal financial aid Programs/Scholarship Programs/Private Schools/University/College personnel and their authorized agents will have access to my child's educational records. Communication with these entities may be done verbally, in writing, or electronically. / *Padres pueden dar autorizacion a la escuela de su hijo para proporcionar informacion sobre la educacion, incluyendo, pero no limitado a Transcripciones, Cartas de Recomendacion, formularios de Ayuda Financiera, Formularios de Verificacion de Promedio de Puntos, informes de medio año, estatus de clasificacion de clase y los expedientes disciplinarios. Al seleccionar "SI" estoy dando permiso con el entendimiento de que solo personal y sus agentes autorizados de Programas Estatales/Federales de Ayuda Financiera/Becas/Escuelas Privadas/Universidades/Colegios, tendran acceso a los registros educativos de mi hijo. Comunicación con estas entidades pueden ser verbal, por escrito o por via electronica.* YES / SI NO

WHAT IS YOUR CHILD'S ETHNICITY? (PLEASE CHECK ONE): HISPANIC OR LATINO NOT HISPANIC OR LATINO
Que el origen étnico de su niño/niña? (Por favor marque uno): Hispano o Latino No Hispano o Latino

WHAT IS YOUR CHILD'S RACE? (PLEASE CHECK UP TO FIVE RACIAL CATEGORIES):
Que raza es su niño/niña? (Por favor marque asta cinco categorías racial):

<input type="checkbox"/> Am. Indian / AlaskanNtv (Persons having origins in any of the original people of North, Central or South America) <input type="checkbox"/> Black / African American <input type="checkbox"/> White or Caucasian	Hawaiian / Pacific Islander (please specify): <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander	Asian (please specify): <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Cambodian <input type="checkbox"/> Korean <input type="checkbox"/> Chinese <input type="checkbox"/> Hmong <input type="checkbox"/> Filipino <input type="checkbox"/> Other Asian <input type="checkbox"/> Guamanian
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PARENT HISTORY (List highest education level completed. Use parent with the most education) / **Historia del Padre** (Lista el mas alto grado cumplido. Usa el padre con mayor educación)

<input type="checkbox"/> Not a High School Graduate <i>Asistió escuela secundaria sin graduar</i> <input type="checkbox"/> Graduated High School <i>Graduó de secundaria</i>	<input type="checkbox"/> Some College/Associate Degree <i>Asistió algunas clases en colegio, o licencia asociado</i> <input type="checkbox"/> College Graduate <i>Graduado de la universidad</i>	<input type="checkbox"/> Graduate School/Post Graduate Training <i>Escuela de posgrado</i> <input type="checkbox"/> Decline to State/Unknown <i>Renunciar a exponer</i>
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LEGAL PHYSICAL CUSTODY / Custodia Fisica Legal

<input type="checkbox"/> Living with both parents <input type="checkbox"/> Living with Natural Father Only <input type="checkbox"/> Living with Natural Mother Only	<input type="checkbox"/> Living with Legal Guardian <input type="checkbox"/> Living with Natural Father and Stepmother <input type="checkbox"/> Living with Natural Mother and Stepfather	<input type="checkbox"/> Living with Foster Parents <input type="checkbox"/> Ward of Court <input type="checkbox"/> Other:
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WHERE IS YOUR CHILD/FAMILY CURRENTLY LIVING? (Check one box only)/¿Dónde están viviendo su hijo/familia? (Elija sólo uno)

<input type="checkbox"/> In a single family house or apartment/ <i>En una casa en donde sólo vive nuestra familia inmediata (una familia) o apartamento</i> <input type="checkbox"/> In a motel, car or campsite/ <i>En un motel, en un automóvil -o vehículo similar-, o en un campamento</i>	<input type="checkbox"/> With more than one family in a house or apartment due to economic hardship/ <i>En una casa o apartamento con otra familia - por razones económicas-</i> <input type="checkbox"/> In a foster care placement or group home/ <i>Bajo ubicación de crianza temporal o casa-hogar de grupo</i>	<input type="checkbox"/> In a shelter or transitional housing program/ <i>En un refugio o programa de vivienda de transición</i>
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****Falsification of information on this form may be grounds for dropping student from school, or re-designation of program.****
Falsificación de la información en esta forma puede ser asunto para retirar el estudiante de la escuela o cambio de su programa

Parent/Guardian Signature: _____ **DATE/Fecha** _____
Firma de Padre ó Guardian: _____

Mojave River Academy
Health Information

Student Name: _____

Medications taken by student at home (written authorization from doctor required for school to administer) / *Medicamentos que toma en casa (Autorizacion escrita del medico es necesaria para que la escuela administre):*

Other Health Condition / *Otra Condicion de Salud:*

What action is to be taken if student has a complication due to his/her allergic condition or other health condition / *Que medidas se deben tomar si el (la) estudiante tiene una complicacion debido a su alergia o estado de salud:*

Known Conditions / Condiciones Conocidas

- Asthma / El asma Heart condition / *Condiciones del corazon* Wears hearing aid / *Usa audifonos* Wears glasses / *Usa lentes*
 Bee sting allergy / *Alergia a las abejas* Seizures / *Convulsiones* Epilepsy / *Epilepsia*
 Wears contact lenses / *Usa lentes de contacto* Glasses to be worn at all times / *Usar lentes a todas horas* Diabetes / *La diabetes*
 Known hearing problem / *Problema de audicion conodido* Known eye condition/defect in vision / *Condicion o defectos en la vision* Preferential seating / *Asiento preferible*

The Oro Grande School District **does not provide medical, accident or dental insurance** for pupils injured on school premises or through school activities. In accordance with Education Code 49472, the District has made available a low cost medical/dental accident insurance program. For more information please contact Student Services. / *El Distrito Escolar de Oro Grande no provee **aseguranza medica, dental o de accidente** para estudiantes que se lecionan en las escuela o mediante actividades escolares. De acuerdo al Codigo de Educacion 49472, el Distrito ha puesto a disposicion un programa de aseguranza medica/dental o de accidente a bajo costo. Para obtener mas informacion póngase al contacto con los Servicios para Estudiantes.*

ADDITIONAL EMERGENCY CONTACTS / Contactos Adicionales en caso de Emergencia

In the event of illness, medical emergency, disaster or the parent/guardian can not be reached, a school official may call the following friends, relatives or adult siblings (**18 and over**) who are authorized to take responsibility for the student:
En el caso de enfermedad, emergencia medica o desastre y, si no se puede localizar a los padres o tutores, un funcionario de la escuela podra llamar a los siguientes amigos or parientes adultos (de 18 años o mayores) los cuales estan autorizados a tomar responsabilidad por el cuidado del alumno:

Name / Nombre	Relationship to Student / Relacion con el estudiante	Contact Telephone / Teléfono de Contacto

PARENT/GUARDIAN CONSENT - APROBACION DEL PADRE O TUTOR:

- ▶ In the event of an illness or injury, I hereby authorize school officials on my behalf to obtain emergency transportation and treatment. *En caso de enfermedad o lastimadura, doy mi autorización para que el personal de la escuela obtenga el tratamiento de emergencia y transporte.*
- ▶ I understand the school does not assume any financial responsibility for medical care or ambulance transportation in case of emergency. A student Accident Policy is available to all students for a nominal fee. *Comprendo que la escuela no asume responsabilidad financiera por cuidados medicos o transporte en ambulancia en caso de emergencia. Existe una póliza estudiantil de accidentes para todos los alumnos, por una tarifa minima.*
- ▶ To help ensure the health and safety of my child, I agree that health information may be shared with appropriate school personnel. *Acepto que esta informacion de salud puede compartirse con el personal apropiado de la escuela para ayudar a garantizar la salud y seguridad de mi niño o niña.*

My signature acknowledges that I understand and agree with the consent information above and that the information provided is complete and accurate. *My firma indica que comprendo y acuerdo con el consetimiento anterior, ademas de que la informacion incluida es complete y correcta.*

Parent/Guardian Signature:

Firma de Padre ó Guardian: _____

DATE/Fecha _____

Mojave River Academy

Must Be Filled Out by All Parents/Guardians

Dear Parent/Guardian:

By law, if parents are legally separated or divorced, each parent has equal right to the custody of the child/children and/or educational rights **UNLESS** a parent has a court order that indicates which parent has custody of the child/children. (Family Code ss, 3004).

The school **MUST HAVE A COPY OF THE COURT ORDER** on file, otherwise, either parent may check the child out of the school with proper identification, and have parental rights regarding educational decisions for the child/children.

I have read the above statement of the law.

Student's Name

Grade

Parent/Guardian Signature

Date

Note: The courts must handle custody disputes. The school has no legal jurisdiction to refuse a biological parent access to their child and/or school records. The only exception is when signed restraining orders or proper divorce/custody papers, specifically stating visitation limitations, are on file in the school office. Any student release situation, which leaves the student's welfare in question, will be handled at the discretion of the site administrator or designee. Should any such situation become a disruption to the school, the Sheriff's Office will be contacted and a Deputy will be requested to intervene.

Parents are asked to make every attempt not to involve the school in custody matters.

Mojave River Academy

Debe ser Completado por todo los Padres/Tutores

Queridos Padres/Tutores:

Por ley, si los padres estan separados, divorciados legalmente, cada uno de los padres tienen el mismo derecho a la custodia de los hijos y/o derecho a la educacion **A MENOS QUE** el padre o la madre tenga una orden de la corte que indique que el padre tiene la custodia del niño/niños. (Family Code ss, 3004).

La escuela **DEBE TENER UNA COPIA DE LA ORDEN DE LA CORTE** en el archivo, de lo contrario, cualquiera de los padres puede sacar al niño/niños de la escuela con la debida identificacion y tener la patria potestad sobre decisiones en material de la educacion para el/los niño/niños.

He leído la declaracion anterior de la ley.

Nombre del Estudiante

Grado

Firma del Padre/Tutor

Fecha

Nota: Los tribunales deben manejar las controversias por la custodia. La escuela no tiene jurisdiccion legal para negar a un padre biologico el acceso a su hijo y/o registros escolares. La única excepción es cuando ordenes firmadas de restriccion o documentos adecuados de divorcio o custodia, en particular las limitaciones de visitas esten en el archivo de la escuela. Cualquier otra situacion que deje el bienestar del estudiante en cuestion, se tratara a la discrecion del administrador del sitio o su designado. Si cualquier situacion de estas de convierte en una interrupcion a la escuela, la oficina del Sheriff se contactara para intervenir.

Se les pide a todos los padres de haver todo lo posible por no involucrar a la escuela en asuntos de custodia.

Mojave River Academy

Consent to Photo, Videotape & Record

Date: _____

I hereby give my consent to Mojave River Academy to take, or authorize others to take, still pictures, motion pictures, or videotapes of, and to record the voice of, _____ (student's name).

I understand that these pictures may be used for educational, public interest, or informational purposes through media of radio, television, newspaper, film, social media or internet.

Parent Signature

Print Parent Name

I do not give my consent

Consentimiento para Fotografia, Video y Grabar

Date: _____

Por medio de la presente doy mi consentimiento a Mojave River Academy o autorizar a otros a tomar fotografias, imagines en movimiento, o tomar Cintas de Video y grabar la voz, de _____ (nombre del estudiante).

Entiendo que estas imagines pueden ser utilizadas para fines educativos, interes publico, o fines informativos a traves de los medios de radio, television, prensa, pelicula o internet.

Firma del Padre

Nombre del Padre

No doy mi consentimiento

**Mojave River Academy
Eligibility Survey
School Year 2016 – 2017**

Section 1 – All Household Members			
Names of <u>ALL</u> household members	Minors – name of school for each child or N/A if child is not in school	Check if a foster child. If all children listed are foster children, skip to Part 5 to sign this form	Check if no income

Section 2 - Benefits
 IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES [State SNAP], [FDPIR] OR [State TANF Cash Assistance], PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND **SKIP TO PART 4. IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 3.**
 NAME: _____ CASE NUMBER: _____

Section 3 – Total Household Income You must tell how much and how often.

1. Name (List only Household members with income)	2. Gross Income and How Often it was received			
	Earning from work before deduction	Welfare, child support, alimony	Pension, retirement, social security, SSI, VA Benefits	All other income
Example: Jane Smith	\$199.00 / weekly	\$119.00 / weekly	\$99.00 / weekly	\$50.00 / weekly
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /

Section 4 – Signature and last four digits of Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the “I do not have a Social Security Number” box.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information I may be prosecuted.

Sign here: _____ Print name: _____
 Date: _____
 Address: _____ Phone number: _____
 City: _____ State: _____ Zip Code: _____

Last four digits of Social Security Number: ***-**-____ I do not have a Social Security Number

Section 5 – Children’s ethnic and racial identities (optional)

Choose ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic / Latino	Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> American Indian / Alaska Native (Persons having origins in any of the original people of North, Central or South America) <input type="checkbox"/> Hawaiian / Pacific Islander <input type="checkbox"/> Black / African American
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Entered by: _____

Mojave River Academy Internet Acceptable Use Policy School Year 2016-2017

Student Name: _____

Mojave River Academy (“MRA”) recognizes the value of various electronic resources to improve student learning and enhance the administration and operation of its schools. To this end, All uses of MRA computers; computer networks, including the Internet; and other electronic resources must be consistent with all state and district policies and must be in support of the mission and goals of MRA. This document outlines the Acceptable Use Policy (“AUP”) for student use of MRA networks, computers and electronic resources.

USER ACCOUNTABILITY

By accessing the MRA network using MRA-owned or personally-owned equipment, you have consented to MRA’s exercise of its authority and rights as set out in this policy with respect to any such equipment, as well as with respect to any information or communication stored or transmitted over such equipment. MRA network resources, including all voice and data lines, are the property of MRA. MRA reserves the right to access, view or monitor any information or communication stored on or transmitted over the network, or on or over equipment that has been used to access the MRA network, and it may be required by law to allow third parties to do so. Electronic data may become evidence in legal proceedings. In addition, others may inadvertently view messages or data as a result of routine system maintenance and monitoring.

PRIVACY AND RESTRICTED FREE SPEECH

Users must recognize that there is no guarantee of privacy associated with their use of MRA technology resources. Users should not expect that email, voicemail or other information created or maintained in the system (even when marked “personal” or “confidential”) are private or confidential. Each user is responsible for the security and integrity of information stored on his or her computer, tablet, phone or other devices. Computer accounts, passwords, security codes and other types of authorization are assigned to individual users and must not be shared with or used by others. MRA, at its sole discretion, reserves the right to bypass such passwords and to access, view or monitor its systems and all of their contents. By accessing the MRA system, you have consented to the school’s right to monitor its system and all of their contents. The MRA network is not a public access service or a public forum. MRA has the right and responsibility to restrict the material including text, graphics and all other forms of expression accessed, posted or stored through the system

INTERNET SAFETY

In compliance with the Children’s Internet Protection Act (“CIPA”), MRA implements firewall filtering/blocking software and hardware to restrict access to internet sites containing child pornography, obscene depictions or other materials harmful to minors under 18 years of age. Although MRA takes every precaution to ensure that such materials are not accessed through the computer network, there is still a risk an internet User may be exposed to a site containing such materials. A User who connects to such a site must immediately disconnect from the site and notify a teacher or administrator. If a User sees another User accessing inappropriate sites, he or she should notify a teacher or administrator immediately.

In compliance with CIPA, MRA and its representatives monitor all minors’ online activities while on the MRA network or MRA devices, including website browsing, email use, video and text chat, instant messaging, social media, blog participation and other forms of electronic communication. Such monitoring may lead to a discovery that a User has violated or may be violating this Policy, the appropriate disciplinary policy or the law. Monitoring is aimed to protect minors from accessing inappropriate material, as well as to help enforce this Policy as determined necessary by the MRA Governing Board or other related authority. MRA also monitors other Users’ (e.g. employees, students 18 years or older) online activities while on the MRA network or MRA devices and may access, review, copy, store or delete any electronic communication or files and disclose them to others as it deems necessary.

If a student under the age of 18 accesses his/her MRA Account or the internet outside of school, a parent or legal guardian must supervise the student’s use of the account or internet at all times and is completely responsible for monitoring the student’s use thereof.

UNACCEPTABLE USES OF MRA NETWORKS, THE INTERNET AND/OR ELECTRONIC RESOURCES

- Uses that violate any state or federal law, municipal ordinance or MRA policy, are unacceptable. Unacceptable uses include, but are not limited to the following:
 - Selling or purchasing any illegal substance;
 - Accessing, transmitting, or downloading child pornography, obscene depictions, harmful materials, or materials that encourage others to violate the law; or
 - Transmitting or downloading confidential information or copyrighted materials.
- Accessing, transmitting or downloading inappropriate materials on the internet, as determined by MRA.
- Obtaining and/or using anonymous email sites.
- Circumventing the MRA network, filtering and/or firewall
- Uses that cause harm to others or damage to their property are unacceptable.
- Engaging in an act of bullying, including, but not limited to, bullying committed by means of an electronic act.

- Deleting, copying, modifying, or forging other User’s emails, files, or data.
- Installing or using encryption software on any MRA device or the MRA network.
- Accessing another User’s account for any purpose, even with consent.
- Damaging computer equipment, files, data or the network.
- Using profane, abusive, or impolite language.
- Disguising one’s identity, impersonating other Users, or sending anonymous messages.
- Threatening, harassing, or making defamatory or false statements about others.
- Accessing, transmitting, or downloading offensive, harassing, or disparaging materials.
- Accessing, transmitting, or downloading computer viruses or other harmful files or programs, or in any way degrading or disrupting any computer system performance including, but not limited to “email bombs.”
- Accessing, transmitting, or downloading large files, including “chain letters” or any type of “pyramid schemes.”
- Using any MRA computer to undertake “hacking,” “phishing” or “spamming” internal or external to MRA, or attempting to access information that is protected by privacy laws.
- Using any robot, spider, other automatic device, or manual process to monitor or copy MRA web pages or the content contained thereon or for any other unauthorized purpose; or, using any device, software or routine to interfere or attempt to interfere with the proper working of the MRA website and/or network.
- Abusing MRA network resources such as emailing mass mailings and chain letters, engaging in spam, subscribing to a non-school related listserv or group, spending excessive time on the internet for personal reasons, playing games, streaming music or videos, engaging in non-MRA related online chat groups, printing multiple copies of documents or otherwise creating unnecessary network traffic (intentionally or unintentionally).
- Disclosing one’s Account password to other Users or allowing other Users to use one’s Account.
- Gaining unauthorized access into others’ User Accounts or other computer networks.
- Interfering with other Users’ ability to access their Accounts.
- Selling or buying anything over the internet for non-MRA related personal or financial gain.
- Using the internet for non-MRA related advertising, promotion, or financial gain.
- Conducting for-profit business activities and engaging in non-governmental related fundraising or public relations activities such as solicitation for religious purposes, lobbying for political purposes, or soliciting votes.
- Sending any email that is deceptive, misleading, or violates any state or federal statute or regulation including, but not limited to, the CAN-SPAM Act of 2003, or any state email or deceptive practice statute.

PLAGIARISM POLICY

Researching information on the internet and incorporating that information into a student’s work is an acceptable educational use, but students have an obligation to credit and acknowledge the source of information. Accordingly, the student acknowledges that plagiarism is inappropriate and unacceptable.

LIMITATION OF LIABILITY

MRA makes no guarantee that the computer/internet functions or the services provided will be error-free or without defect. MRA will not be responsible for any damage you may suffer, including but not limited to, loss of data or interruptions of service. MRA is not responsible for the accuracy or quality of the information obtained through or stored on the system. MRA will not be responsible for financial obligations arising through the unauthorized use of the system.

REQUIRED SIGNATURES

Student

I understand and will abide by the provisions and conditions of this contract. I understand that any violations of the above provisions may result in disciplinary action, the revoking of my user account, and appropriate legal action. I also agree to report any misuse of the information system to the Mojave River Academy system administrator.

Student Name (Please print) _____

Student Signature _____

Date _____

Parent or Guardian

Students under the age of 18 must also have the signature of a parent or guardian who read this contract. As the parent or guardian of this student, I have read this contract and understand that it is designed for educational purposes. I understand that it is impossible for Mojave River Academy to restrict access to all controversial materials, and I will not hold the SCHOOL responsible for materials acquired on the network. I accept full responsibility for supervision if and when my child’s use is not in a school setting. I hereby give my permission to issue an account for my child.

Parent or Guardian Name (Please print) _____

Signature _____

Date _____