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Global Scholars Academy

Student Creed

I pledge my loyalty to Global Scholars Academy,

In my heart and my mind you shall remain,

I am a student seeking to be a scholar,

Failure **is not** an option today or tomorrow.

I am destined for greatness and in that I believe,

In all of my efforts I will seek to achieve.

I will be disciplined, focused, and on time,

Courteous, responsible, organized, and kind.

As a proud eagle, I will soar to new heights and

Accept the challenges before me.

I am on a mission to elevate myself, my community, and

all of humanity.

Global Scholars Academy

Uniform Infraction Sheet

Dear Parent/Guardian of: _____ Grade: _____ Date: _____
(Student's name)

Staff member completing this form: _____

Your student arrived at school today out of compliance with our uniform dress code. Please make note of the following that we observed today and make the appropriate corrections:

- Student missing necktie or crosstie
- Student not wearing all-**black** athletic-wear sneakers
- Student not wearing navy blue or black socks (athletic or dress)
- Student not wearing the appropriate uniform shirt (Explanation: _____)
- Student not wearing the appropriate uniform pants, shorts, jumper, skirt/skorts (Explanation: _____)
- Student not wearing a black or blue belt
- Other: _____

To be completed by administration

- 1st infraction:** Parent receives/signs infraction sheet and returns the form to school and corrects the student's uniform infraction.
- 2nd infraction:** Parent receives/signs/returns infraction sheet and receives a phone call from the school to inquire about uniform infraction. At this level, efforts are made to resolve the issue with a resolution and timeline.
- 3rd infraction:** Student not permitted to attend class and parent(s) called in for a conference with an administrator to discuss next steps to ensure student's uniform compliance.
- 4th infraction:** Student not permitted out of the car and on campus. If student is seen in the school out of uniform, the student must remain in the office area until parents/guardians are called to pick them up.

Parent/guardian response and/or plans for correction: _____

Parent/guardian signature: _____ Date: _____

Acceptable Use Agreement – Computer Usage

Student Name: _____ Grade: _____
Please print

1. I will keep my password private and not tell it to others.
2. When I use a computer, I will only log in using my own username and password.
3. I will log off the computer when I am finished using it.
4. I will use the internet only for school purposes.
5. I will not check email during school hours unless a teacher gives me permission.
6. I will not use any type of chat or instant messaging unless a teacher gives me permission.
7. I will not download anything without permission.
8. I will only save school-related work in my home directory.
9. I will not visit any website or create any file that is inappropriate for school.
10. I will not try to install any programs on any school computers.
11. I will only use a computer if I have permission from a teacher to use it.
12. I will not waste paper and ink by printing things I do not need for my school work.
13. I will not harm or destroy any equipment or information on purpose.
14. I will not change any setting on any school computer.
15. I will not use social media to inflict emotional or physical harm to any other student or staff member.
16. I will maintain a positive and appropriate tone when communicating online.

The following consequences will be enforced for violations of this policy:

- **First Offense: A verbal/written warning.**
- **Second Offense: A one-week suspension of the student's access to the school's computers.**
- **Third Offense: Suspension of the student's right to use computers until parents have met with the School Administrator.**

Access to the internet is a privilege – not a right. Any student who repeatedly breaks this user agreement will be subject to the school's general disciplinary code which could lead to suspension, or permanent loss of right to use school technology equipment. The school has a zero-tolerance policy of cyber-bullying of any sort.

I have read, understand and agree to abide by the rules governing computer use at Global Scholars Academy.

Student Signature: _____ Date: _____
Parent Signature: _____ Date: _____

Cyber Bullying Policies

- I will not **cyber stalk by sending threatening messages to others.**
- **I will not degrade/humiliate others by spreading rumors** and hearsay with the purpose of damaging the victim's reputation to ensure that they are shunned.
- **I will not harass others by sending** insulting, threatening, and harassing messages via the Internet or cell phones.
- **I will not impersonate or take the identity of others.**
- **I will not take part in using** vulgar and abusive language with the intention of starting a fight with the victim.
- **I will not use text messaging to harm others.**
- **I will not engage in password theft.**
- **I will not create a web site to harm others.**
- **I will not post embarrassing photos and images of others on the Internet** to torment and humiliate them.

The following consequences will be enforced for violations of this policy:

- **First Offense: A verbal/written warning**
- **Second Offense: A one-week suspension of the student's access to the school's computers.**
- **Third Offense: Suspension of the student's right to use computers until parents have met with the School Administrator.**

NOTE: Cyber Bullying is against state and federal laws; therefore, a severe offense may require notifications of law enforcement.

GLOBAL SCHOLARS ACADEMY

**Request for Medication
To be Given During School Hours**

----- To be completed by physician-----

Student: _____ Date of Birth: _____

Medication: _____ Dosage: _____

(NO injection will be given except in extreme emergency, such as allergy to wasp or bee sting)

Time(s) medication is to be given _____ a.m. _____ p.m.

To be given from (dates): _____ to _____

Signification information (include side effects, toxic reactions, and omission reactions): _____

Contraindications for administration: _____

If an emergency situation occurs during school day or if student becomes ill, school officials are to:

___ a. Contact me at my office: _____ Phone: _____

___ b. Take child immediately to the emergency room at: _____

___ c. Other option: _____

This medication will be furnished by parent/guardian within a container properly labeled by a pharmacist with identifying information (e.g. name of the child, medication dispensed, dosage prescribed, and the time it is to be given).

Physician's signature: _____ Date: _____

----- To be completed by Parent -----

I hereby give my permission for my child (named above) to receive medication during school hours. This medication has been prescribed by a licensed physician. I hereby release the Board of Education and their agents and employees from any and all liability that may result from my child taking the prescribed medication. I understand that the law states that school employees who administer medication at school will only be held liable for gross negligence "in the performance of this duty."

Signature of parent/guardian: _____ Date: _____

Telephone: _____

----- To be completed by school -----

Name of person to administer medication: _____ Title: _____

Approved by: _____ (Head of School) Date: _____

Reviewed by: _____ (Public Health Nurse) Date: _____

AUTHORIZATION FOR MEDICATION ADMINISTRATION
AUTORIZACIÓN PARA LA ADMINISTRACIÓN DE MEDICAMENTOS

I hereby authorize designated agents of **Global Scholars Academy** to administer the following medication to my child, (Por la presente autorizo agentes designados de Global Scholars Academy para administrar la siguiente medicación a mi hijo,) _____.

I further agree to indemnify and hold harmless this facility/center, their agents, and servants against all claims as a result of any and all acts performed under this authority. (Además estoy de acuerdo en indemnizar y mantener indemne este centro/centro, sus agentes y empleados contra todos los reclamos como consecuencia de cualquier y todos los actos realizados bajo esta autoridad.)

Parent/Guardian Name: _____ Telephone: _____
(Nombre del padre/tutor) (Teléfono)

My child's health care provider is: _____ Telephone: _____
(Proveedor de atención médica de mi hijo es) (Teléfono)

My child's condition is: _____
(La condición médica de mi hijo es)

Purpose of medication is: _____ Time of administration: _____
(El propósito de la medicación) (Tiempo de administración)

Name of medication: _____ Duration of administration: _____
(Nombre del medicamento) (Duración de la administración)

Method of administration: _____
(Método de administración)

Possible side effects: _____
(Posibles efectos secundarios)

In case of emergency, contact: _____ Telephone: _____
(En caso de emergencia, póngase en contacto con) (Teléfono)

Parent/Guardian signature: _____ Today's Date: _____
(Firma del padre/tutor) (La fecha de hoy)

VISITOR POLICY

Global Scholars Academy (GSA) encourages parents and other citizens to visit the school. We believe our students can benefit tremendously from sustained interactions with the public. GSA personnel strives to ensure that parents and other visitors are courteously received and will make every effort to ensure that information is provided in a timely manner to foster a cooperative relationship between home, school, and the community.

At the same time, GSA is intensely committed to avoiding disruption to the educational process, protecting the safety and welfare of GSA students and staff, and preventing facilities and equipment misuse and vandalism. Thus, the following GSA Visitor Policy will be enforced at all times.

A. General Requirements for Visitors to GSA

1. A visitor is defined as any person seeking to enter the GSA school building who is not a GSA employee or currently enrolled student.
2. All visitors must report to the GSA main office immediately upon arrival on the school premises.
3. All visitors are required to register with the office and must wear a "Visitor" badge at all times while on the school premises.
4. All visitors must surrender the "Visitor" badge and sign out when leaving the school premises.
5. Parents may look inside a classroom from outside the door at any time, but if they want to sit with their child, they must obtain prior authorization from the Head of School 24 hours in advance of a desired school visit.
6. Visits are prohibited first thing in the morning before the start of the school day, during the first and last weeks of school, immediately before and after vacations and other scheduled breaks, and during standardized testing and other student assessments.
7. Visitors are required to adhere to the GSA dress code and grooming policy.
8. Parent visitation during breakfast and lunch is restricted to the 1st and 3rd Fridays of each month. Please complete the Classroom Visitor's Agreement and 24-Hour Request Form.

B. Exceptions to General Requirements

1. Parents and/or citizens who have been invited to visit GSA as part of a scheduled open house, special event or class, team, or group performance are exempt from the requirements in A1 through A8 above.
2. Adult participants in organized and GSA-approved activities during off-school hours also are exempt from the requirements in A1 through A8 above.

C. Visitor Access to Classrooms and Other Instructional Areas

1. Access to specific GSA classrooms or other instructional areas may be restricted based on the recommendation of the teacher in charge or as otherwise deemed necessary by the Head of School.
2. The Head of School reserves the right to require the visitor to remain in a designated place until the class or activity is over and to prohibit the visitor from both entering the restricted area and speaking to students while the class or activity is in session.
3. The Head of School also reserves the right to require that a visitor be chaperoned and to limit the activities of the visitor to a particular purpose, time of day, and length of time.
4. Visitors wishing to conference with GSA teachers or administrators during the course of the school day must make arrangement at least 24 hours in advance of the desired meeting time.
5. All classroom visits require parents to complete the "Visitor's Agreement" prior to visiting the child's classroom.

D. Special Situations

1. Both custodial and non-custodial parents of a GSA student have rights to visit a child's school unless a court order exists restricting such contact. The school must attempt to notify the custodial parent in advance of a visit by the noncustodial parent.
2. The Head of School reserves the right to exclude from the school premises any person who disrupts or who appears likely to become a disruption to the educational program. Any such individual shall be directed to leave the school premises immediately and law enforcement assistance will be called if necessary.

Classroom Visitor's Agreement and 24-Hour Request Form

Parent/Guardian's Name: _____

Student's Name: _____ Grade: _____

Date of Visit: _____

Time of Visit: _____

Date of Completion: _____

The person(s) visiting the classroom must adhere to the following policies:

- Turn off cell phones while in the building.
- Refrain from disrupting classes in any manner.
- Refrain from disciplining students. Report inappropriate behaviors to the GSA staff supervising students.
- Remain in assigned areas.
- Refrain from using any type of profanity or vulgar language.
- Dress appropriately for a school setting: (Non-revealing clothing, free of offensive language.)
- Refrain from eating or drinking while in the classroom.

Signature: _____ Date: _____

Signature: _____ Date: _____

GSA VOLUNTEER CONFIDENTIALITY AGREEMENT

Confidentiality Agreement

School Year 2016-2017

Please sign this form and return to your child's teacher.

Global Scholars Academy encourages citizens to volunteer their services. These services are considered valuable assets and are welcomed before, during, and after school hours under the direction and supervision of certified personnel. Volunteers may be involved in virtually every facet of the operation of the school, working with students on a one-to-one basis or performing tasks not involving students. Tasks may involve services in the library, classrooms, office, and extracurricular activities. Volunteers will not teach, but may reinforce skills taught by the professional staff.

I do hereby give Global Scholars Academy assurance that I will comply with all the district policies including the Drug Free Work Place and do also authorize the representatives of the district to conduct a routine check into my background.

I understand that in my capacity as a volunteer for Global Scholars Academy, I will acquire information and knowledge which is either legally protected as confidential, or information and knowledge which is of a personal and private nature.

I understand and agree that I shall not disclose to any other person or organization, any information acquired during my work as a volunteer without express and written consent of that person or from the school's administration. My signature below constitutes my acceptance of the terms of this confidentiality agreement.

Signature

Date

Photographic/Press Release

Periodically, still life photos and /or videotape of Global Scholars Academy students will be taken for use in the yearbook, internal publications, newsletters, the Annual Report, Annual Fund materials, social media, the student handbook, our school's website, and for use in local external media.

Please complete and sign the form below and return to the school.

I give permission for my student's name and image to be used.

____ Yes

____ No

**** Please note, if "No" is marked, we will not be able to include your child in the yearbook.***

I agree that my child's name and identity may be revealed in descriptive text or commentary in connection with the image(s).

I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of Global Scholars Academy.

Student's Name: _____ **Grade:** _____

(Please Print)

Parent/Legal Guardian's Name (please print)

Signature of Parent/Legal Guardian

Date

PARENT CODE OF CONDUCT AGREEMENT

Parents have a remarkable impact and influence in shaping a child's academic performance and behavior. At Global Scholars Academy, we expect all parents and guardians to model appropriate behavior and to be good examples to our school community.

All Global Scholars Academy Parents Shall

- 1. Be respectful to the staff, students, administrative team, volunteers, and all other members of the school community at all times.**
- 2. Hold their child responsible and accountable for following all school rules, completing all homework assignments, and coming to school every day on time.**
- 3. Refrain from using profanity and inappropriate language on campus.**
- 4. Follow the school protocol for handling complaints by first seeking a resolution with the staff member and /or administrator involved in a positive and professional manner.**
- 5. Strive to assist the staff and the school community in increasing the overall academic achievement and safety of their child at school.**
- 6. Refrain from cell phone usage in the school.**

** Please note that violation if any component of the parental code of conduct may result in one or more of the following:

- Contact of Law Enforcement
- Trespassed for the remainder of the academic year
- Your child (children) may be dismissed from the school for the remainder of the year.

Student Name: _____ Grade: _____

(Print)

Parent Name: _____

(Print)

Parent Signature: _____ Date: _____