

Date Enrolled _____
Date Entered _____

Grade _____
Teacher _____

BUTLER R-V ELEMENTARY SCHOOL ENROLLMENT

NAME _____
Last First Middle

ADDRESS _____

DATE OF BIRTH _____ PLACE OF BIRTH _____ AGE _____
Month Day Year City State

GENDER: Male _____ Female _____ SOCIAL SECURITY NO. _____
RACE: White _____ Black _____ Hispanic _____ Asian _____ Native American/Eskimo _____
MILITARY FAMILY: Yes _____ No _____ Active Duty _____ National Guard/Reserves _____

NAMES OF BROTHERS _____
Age _____
Age _____
Age _____

NAMES OF SISTERS _____
Age _____
Age _____
Age _____

PRIMARY PARENT (Who Child Lives With)
Name _____
Relationship to Child _____
Home Phone _____
Cell Phone _____
Email Address _____
Employer _____
Work Phone _____

PRIMARY PARENT SPOUSE OR SIGNIFICANT OTHER
Name _____
Relationship to Child _____
Cell Phone _____
Email Address _____
Employer _____
Work Phone _____

BIOLOGICAL PARENT (Child Does Not Live With)
Name _____
Relationship to Child _____
Address _____
Home Phone _____
Cell Phone _____
Email Address _____
Employer _____
Work Phone _____

SPOUSE OR SIGNIFIGANT OTHER
Name _____
Relationship to Child _____
Cell Phone _____
Email Address _____
Employer _____
Work Phone _____

LAST SCHOOL ATTENDED _____ CITY & STATE _____
Has child attended a Pre-School program? YES NO If yes, where? _____
Has child previously attended Butler R-V School? _____

CHECK ANY SPECIAL PROGRAMS FOR WHICH YOUR CHILD HAS RECEIVED SERVICES:
Learning Disabilities _____ Emotional Disorders _____ Speech Therapy _____
Gifted Education _____ Educable Mentally Handicapped _____ Other _____

NAME AND PHONE NUMBER OF LOCAL PERSONS TO CALL IN CASE OF EMERGENCY (OTHER THAN PARENT)

Name _____	Name _____
Relationship to Child _____	Relationship to Child _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____

ANY SPECIFIC DIRECTIONS CONCERNING ANYONE NOT ALLOWED TO PICK THE CHILD UP (FOR DIVORCE OR CUSTODY CASES WE MUST HAVE A COPY OF A CURRENT COURT ORDER ON FILE IN ORDER TO ENFORCE)

Butler R-V School District Health Information (to be completed by parent/guardian)

Student Name: _____ Date of Birth: _____ Gender: M F

Father/Guardian's name: _____ Daytime phone: _____

Mother/Guardian's name: _____ Daytime phone: _____

Student lives with: _____ Daytime phone: _____

Emergency Contacts (This should be someone other than parents/guardian who can be called in an emergency if parents/guardians are unable to be reached)

Name: _____ Relationship: _____ Daytime phone: _____

Name: _____ Relationship: _____ Daytime phone: _____

In the event of a medical emergency and parents/guardian cannot be reached immediately, may school authorities transport your child to Bates County Memorial Hospital? YES NO

*Note: If your child is transported by ambulance, the school district will not be responsible for the cost of the ambulance or emergency care.

Type of medical coverage: Private health insurance Medicaid No health insurance

Medical History:

Please list any **current** health conditions that may require medical assistance while your child is at school:

Allergies: (If your child has food allergies that require accommodations for meals-please contact the nurse)

Please list any current allergies **AND** reactions that your child has including medications, foods, environmental, bee/wasps, etc.

Have these allergies been life threatening? YES NO If yes, which allergy? _____

Medications: *Please list ALL prescription medications that your child currently takes.*****

Name of medication/strength	Reason for medication	Time taken	Takes at school
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

****Please check any of the above medications that need to be administered while at school. ****

If your child requires medications while at school, they need to be brought to the nurse's office by parent/guardian. Medications need to be in the original container with a signed physician's order. The school nurse will **NOT** administer the first dose of a new medication.

The following over-the-counter medications are available in the nurse's office but **will not be dispensed until after 11:30AM** per school policy.

Please check medications that may be given to your child at school when needed:

_____ Tylenol

_____ Ibuprofen

_____ Cough drops

_____ Tums

_____ Icy Hot

_____ Benadryl

_____ OraGel

_____ Saline eye drops

****Butler School District keeps an EpiPen on site that will be administered in the event of anaphylaxis, a life-threatening, allergic reaction. If a situation arises where an EpiPen needs to be used, 911 will be called immediately. ****

****The nurse's office also keeps an emergency supply of Albuterol (asthma medication) that may be used in the event of a life-threatening asthma attack. ****

****Throughout the school year, your child may receive the following screenings: vision, hearing, speech, and/or general health screenings. If there are specific screenings you do not wish your child to participate in, please contact the school nurse.**

****I give my permission for trained school staff to administer the above medications while at school and/or release necessary medical information to other school staff only as needed for the safety of my child.**

Parent/guardian signature

Date



Nurse's Office "Need to Knows" Butler R-V School District

Your child's learning depends on good health. The school nurse is available daily from 7:30 am to 3:40 pm to provide basic medical services while your child is at school. To ensure that your child receives appropriate medical care at school, we request that you read the following information carefully.

Over-the-counter medications will not be dispensed without a current health form on file.

School Medication Rules: In accordance with Missouri state law

1. **Physician orders are required for all prescription medications to be dispensed at school.** Medications should be in their original container, labeled by the pharmacy and brought to the nurse's office by a parent/guardian. The first dose of any medication will not be dispensed by the school nurse and should be given at home.

2. All medication, including over-the-counter, must be brought to school in the original container. Duplicate bottles may be requested from your pharmacy for prescription medications. Medication should be scheduled so as many doses as possible are given at home (i.e. 3 times a day can be given before school, after school, and at bedtime). Medications will be stored and dispensed from the nurse's office.

3. If your child has asthma and is prescribed a rescue inhaler, please be sure to provide one to be kept in the nurse's office. It should be in its original container with a prescription label.

4. Over-the-counter meds, including Tylenol, Ibuprofen, Tums, Cough-drops and Benadryl, will not be given before 11:30 am.

Immunizations: All students must be current with required immunizations. Necessary documentation should be given to the nurse. Students who are not in compliance will be excluded from school.

Illness: Students with vomiting/diarrhea or a fever greater than 100 degrees should stay at home until symptoms have been resolved for 24 hours without the use of medication. Students may be sent home for other illness at nurse's discretion.

Special Health Concerns: If your child has special health and/or dietary concerns, please contact the nurse so accommodations can be made.

Please contact the Butler Elementary school nurse at 660-679-6591, extension 170 with any questions or concerns.

YOU MAY ACCESS FORMS AND OTHER HELPFUL INFORMATION ON THE SCHOOL HEALTH PROGRAM ON THE DISTRICT'S WEBSITE: <http://butlerr5.org>

Butler R-V School District- Head Lice Policy

Individual head lice screens will be conducted as needed by the school nurse. If nits and/or live lice are found, the parents/guardians of the child will be notified verbally and/or in writing and receive a copy of this policy. If live lice are found the child will be sent home, if only nits are found the child will be allowed to complete the school day. If multiple cases (more than 2) are found in one classroom, the entire classroom may be screened. Re-admittance occurs after the child has been treated with lice shampoo or another approved product and no live lice are present. A parent/guardian must accompany the child to school the following morning and treatment will be verified by the school nurse before the child can return to school.

If head lice cases are not resolved and/or parents have not made considerable effort to get their child free of head lice, a hotline call may be an option for the administration based on possible educational neglect. All absences for head lice are unexcused.

STUDENTS SUSPENDED OR EXPELLED FROM ANOTHER DISTRICT

No student may enroll in the Butler School District during a suspension or expulsion from another district if it is determined upon the attempt to enroll, that the student's conduct would have resulted in a suspension or expulsion in the Butler School District. If it is determined that such conduct would have resulted in a suspension or expulsion in the Butler School District, then the suspension or expulsion from the previous school will remain in effect until the terms of the discipline are satisfied.

_____ *is/ is not (circle one) under suspension or*
(name of student)
expulsion from his/her previous school.

Parent's Signature

Date

***Board Policy JEC
Safe Schools Act, 1996***

Butler R-V School District

4 North High
Butler, MO 64730

Consent and Release of Records

I, _____, parent/legal guardian of _____,
DOB: _____ - _____ - _____, grade level _____, give my written consent for the release of records and
confidential information

FROM: _____

Attn: _____

Phone: _____

Fax: _____

TO: Butler Elementary School

Attn: _____

4 North High Street

Butler, MO 64730

Phone: 660-679-6591

Fax: 660-679-6593

We request the following information be released/sent:

_____ **Cumulative Permanent School Records** – including, but not limited to:
- Transcript/grades/credits earned - standardized school test scores
- Withdrawal/transfer grades - units required for graduation/grading scale
- Missouri and US Constitution tests passed (9-12) - attendance - discipline
- other: _____

_____ **Health Records** – including, but not limited to:
- immunization records - birth certificate - other _____

_____ **Special Education Records** – (Please FAX copy of current IEP and most recent Diagnostic Educational Evaluation Report ASAP. Please mail copies of all other previous special education records.)

_____ **Psychological Reports** – including, but not limited to:
- individual test scores - behavior ratings - other: _____

_____ **Medical Reports** – specifically _____

_____ **Other:** (please specify) _____

This information is requested for the following purpose(s):

_____ Transfer of this student to this/from another school district

_____ New enrollment/Re-enrollment

_____ Hospitalization at _____

_____ Contractual services/placement with _____

_____ Other: (please specify) _____

Signature of Parent/Legal Guardian, or emancipated student

_____-_____-_____
Month Day Year

Signature of Witness Title/Position

_____-_____-_____
Month Day Year

FOR OFFICE USE ONLY

Date Request Sent: _____ - _____ - _____

Date Records Received: _____ - _____ - _____



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF QUALITY SCHOOLS – MIGRANT EDUCATION

PARENT QUESTIONNAIRE

SCHOOL DISTRICT NAME	COUNTY-DISTRICT CODE
DISTRICT MIGRANT CONTACT	ENROLLMENT DATE

DIRECTIONS

Please complete the following survey information. Your child may be eligible for special services to better serve them in their education. If you answered yes to any of the questions below, an education representative may contact you to find out whether you, your child, or any member of your family is eligible for additional educational services.

MAIL the completed form to: Migrant Education, Missouri Department of Elementary and Secondary Education, PO Box 480, Jefferson City, MO 65102.

QUESTIONS: Contact Grants & Resources, Office of Quality Schools, P.O. Box 480, Jefferson City, MO 65102 or phone 573-526-6989.

RELOCATION HISTORY

Have you moved in the past three (3) years? Yes No

In the last three (3) years have you worked or are you currently working in any of these areas? If so, which ones?

- Working in a nursery (A place where plants are grown for sale, transplanting, or experimentation.)
- Planting or harvesting crops
- Feeding poultry, gathering eggs, working in a hatchery
- Processing meat, poultry, fruit, vegetables, dairy products
- Milking cows on a dairy farm
- Commercial fishing or working on a fish farm
- Growing and tending to trees to be sold

If you checked any box above, did you move to seek or obtain that job? Yes No

PARENT INFORMATION

PARENTS/GUARDIANS

ADDRESS CITY STATE ZIP

HOME PHONE PLACE OF EMPLOYMENT

NUMBER OF CHILDREN IN HOME DATE OF MOVE

STUDENT INFORMATION

NAME OF CHILD	BIRTHDATE	SCHOOL BUILDING	GRADE

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF QUALITY SCHOOLS – MIGRANT EDUCATION

PARENT QUESTIONNAIRE

DISTRITO ESCOLAR	COUNTY-DISTRICT CODE
DISTRICT MIGRANT CONTACT	FECHA DE INSCRIPCIÓN

DIRECTIONS

Favor de completar este formulario. Sus hijos pueden ser elegibles para recibir servicios especiales para ayudarlos en su educación. Si contestaron "sí" a cualquiera de las preguntas arriba, puede que sean contactados por un representante educativo para determinar si ustedes, su(s) hijo(s), o cualquier miembro de su familia es elegible para servicios educacionales adicionales.

MAIL the completed form to: Migrant Education, Missouri Department of Elementary and Secondary Education, PO Box 480, Jefferson City, MO 65102.

QUESTIONS: Contact Grants & Resources, Office of Quality Schools, P.O. Box 480, Jefferson City, MO 65102 or phone 573-526-6989.

RELOCATION HISTORY

¿Se han mudado en los últimos tres (3) años?: Sí No

¿En los últimos tres años han trabajado o están trabajando actualmente en uno de los siguientes empleos?: (Marque todos los que aplican)

• Trabajando en un vivero (de plantas)	
• Sembrando, cosechando o cultivando productos agrícolas	
• Alimentando pollo, recogiendo huevos, trabajando en una incubadora	
• Procesando carne, pollo, frutas, verduras, productos lácteos (derivados de la leche)	
• Ordeñando vacas en una lechería	1
• Pescando comercialmente o trabajando en un criadero de pescado	
• Cultivando o cortando árboles para vend	

¿Se mudaron con la intención de buscar u obtener uno de los trabajos mencionados arriba? Sí No

PARENT INFORMATION

PADRES O GUARDIANES

DIRECCIÓN	CIUDAD	ESTADO	CÓDIGO
TELÉFONO (CASA O CELULAR)	LUGAR DONDE TRABAJA		
CUANTOS NIÑOS EN CASA	EN QUE FECHA LLEGARON		

STUDENT INFORMATION

NOMBRE DEL NIÑO	FECHA DE NACIMIENTO	EDIFICIO ESCOLAR	GRADO

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Appendix A - Language Use Survey

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

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.

Cuestionario del Uso de Idiomas

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

4. ¿Cuál es su primer idioma? inglés otro: _____
5. ¿Cuál idioma(s) habla su hijo(a) en la casa y con otras personas? inglés otro: _____
6. ¿Cuál idioma(s) escucha su hijo(s) en la casa o con familia y puede entender? Inglés 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?

Sí	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 y sus resultados. _____

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 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 assessment immediately and when ready, keep this form in the student's permanent records.

Homeless Enrollment Form

These questions cover the definition of homeless that is within the Every Student Succeeds Act (ESSA) and will meet MSIP 5 Resource and Process Standards for G-5¹.

1. Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? Explain if it is a similar reason. ___ yes ___ no

Explain: _____

2. Are you currently residing at a motel, hotel, in a car, or at a campsite because your home has been damaged or because of economic reasons? ___ yes ___ no
3. Are you currently residing in a shelter? ___ yes ___ no
4. Are you currently living in a temporary housing arrangement due to economic hardship? ___ yes ___ no

Student Name: _____

Parent Name: _____

¹ MSIP 5 Resource and Process Standards – April 2013

Governance G-5 – the district complies with all provisions, regulations, and administrative rules applicable to each state and/or federal program implemented.

https://dese.mo.gov/sites/default/files/MSIP_5_Resource_and_Process_Standards.pdf

Butler RV School District

Parent-Guardian Account Agreement

Parent Portal

By my signature, I am requesting access to the Parent Portal and assure the following:

- I have read the *Acceptable Use Policy* for the **Butler RV School District** computer network.
- I understand the purpose of this policy and agree to adhere to the rules regarding its use, especially in the areas of *hacking, spam and inappropriate materials transferred via email.*
- I am aware that Internet security features have been built into the Parent Portal.
- I also understand that I will be assigned a USERID (logon) and PASSWORD to access my child's records.
- It will be my responsibility to protect the confidentiality of my child's records by safeguarding my USERID and PASSWORD, if I provide it to others. This access sharing is not recommended by the district.
- I understand that I am to provide a current email address(es) that will be used to communicate with me, as a parent and that I am responsible for keeping this address updated with the school.
- The Parent Portal for students at the Elementary and High School will provide me access to my child's grades, attendance records and lunch money balances.
- The Parent Portal has been provided as only one "line of communication" between the schools and me and should not be considered the "official educational record" for my child. I also know that I should contact my child's teacher(s) and principal(s) for official records regarding my child.
- I understand that, with any computer network, technical "downtimes" and server outages may be encountered that may interfere with my logon access. I further understand that some posted information may be several days old and cannot be guaranteed as current to the actual date of my logon.
- By my signature, I am requesting access to my child's educational records, available online to me through the student records management module, the Parent Portal.

List all children in Elementary and/or High School for whom you are requesting records access via the Parent Portal.

(PLEASE PRINT LEGIBLY) The following information and email address is necessary for access to the parent portal. Return this form to school.

**CHILD NAME _____ Grade _____ Building _____

CHILD NAME _____ Grade _____ Building _____

CHILD NAME _____ Grade _____ Building _____

CHILD NAME _____ Grade _____ Building _____

Parent/Guardian Name _____ EMAIL ADDRESS _____

Parent/Guardian Name _____ EMAIL ADDRESS _____

Home Address _____ Phone _____

Only one form per family is necessary.

Parent Signature _____ Date _____

**If you have more than four children, please list them on the back of this sheet. Please remember to include their grade level and building.

TECHNOLOGY USER AGREEMENT

The Butler R-V School District recognizes the educational and professional value of electronics based information technology, both as a means of access to enriching information and as a tool to develop skills that students need.

The district's technology exists for the purpose of maximizing the educational opportunities and achievement of district students. Internet access is a privilege, not a right. It is provided to conduct research and to communicate with others. Inappropriate use will result in cancellation of those privileges and may result in additional disciplinary or legal actions.

Users must adhere to district policies, regulations, procedures and other district guidelines. Users must immediately report any security problems or misuse of the district's technology resources to an administrator or teacher.

Definitions

For the purposes of this policy, the following terms are defined:

User – any person who is permitted by the district to utilize any portion of the district's technology resources. This includes but is not limited to students, parents, staff, school board members, and administration of the Butler R-V School District.

User Identification – any user that is permitted access to the district's technology resources, which includes email and Internet access must have a unique user ID.

Password – a unique word or phrase used to authenticate a user ID as belonging to a user.

User Agreement and Privacy

It is required that all users have a signed Technology User Agreement on file with the district before they are allowed to access the district technology resources. Signing the agreement signifies acceptance of the Technology Usage Agreement.

Content Filtering and Monitoring

The district will monitor the online activities of minors and operate a technology protection measure on the network and all computers with Internet access, as required by law. The filtering/blocking device will protect against access to obscene and harmful websites to minors as required by law. This is applied to all computers with Internet access in the district. Evasion or disabling, or attempting to evade or disable this device is prohibited.

TERMS OF THE AGREEMENT

Equipment & Furnishings: Users are expected to treat all equipment and furnishings with care and respect. Movement of any technology equipment must be coordinated with the District's Technology Coordinator.

Copyright: Users are expected to treat information from network programs as copy protected. The user will cite references when using information in reports. No user will be permitted to copy software programs to any computer workstation in the Butler R-V School District. All users will adhere to the limitations of the district's technology licenses.

Confidentiality: No user will be permitted to seek information on, obtain copies of, or modify files that belong to another user. No user will be permitted to misrepresent another user on the network or attempt to secure a higher level of privilege on the network without authorization from the district technology coordinator. The user will guard their password and report any use of their password or account by another person. Each user will be responsible for privacy and security. The user will not give anyone on the Internet personal information about their self, family, or any other student. The user understands that the type of information that will not be disclose includes full name, address and phone number. Employees will take precautions to prevent negligent disclosure of student information.

Etiquette: Accessing and viewing information that is harmful and discriminating, including email, is prohibited. It is not acceptable to use the district's computer network in such a way as to violate state or federal law. Users agree to share available equipment; be careful not to waste computer resources, e.g. paper; avoid disruption of the running of any computer or network; take care not to scan or display graphics, record or play sounds, or type messages which could cause offense to others. The user agrees to notify a teacher or the technology staff if they come across a virus or security problem.

Administrative Rights: The school administration reserves the right to access any material stored in files which users have access and will edit or remove any material which in their discretion is believed to be objectionable.

Chat rooms: The use of chat rooms is prohibited, unless used in conjunction with a class activity or class assignment for educational purposes monitored by a member of the faculty.

Downloading: The downloading of any files, including video and music files, that are not used in conjunction to teacher lessons are prohibited. Large files tie up network resources.

Purchasing: Any commercial use of the Internet, which includes buying or selling anything, and using a credit card for transactions is prohibited. School fundraising using the Internet may be done with the consent of the principal.

Email: Using any Internet e-mail other than the Butler School District assigned account is prohibited. The use of email to send messages which are offensive, dangerous and inappropriate is prohibited. A user is responsible for all email originating from the user's ID and password

External Storage Devices: All external storage devices such as CDs, DVD's, floppy diskettes, jump drives and external hard drives must be approved by the tech office.

The ultimate responsibility for proper use and misuse of the network lies with each individual user. The Butler R-V School District reserves the right to discontinue a user's network access or computer use to prevent further unauthorized activity.