

Queen of the Rosary Catholic School
Technology Acceptable Use Policy

Queen of the Rosary (hereafter referred to as QR) is committed to the effective use of technology to enhance both the quality of student learning and the staff efficiency of school operations. It also recognizes that safeguards must be established to ensure the protection of our students and staff, and the school's investment in hardware and software.

The provisions of this policy are subordinate to the Chicago Archdiocesan guidelines and local, state, and federal law. Queen of the Rosary's computers and other technology resources (iPads, laptops, cameras, Chromebooks, etc.) are to be used in a responsible, ethical, and legal manner in accordance with the mission and rules of Queen of the Rosary School. QR has the duty to investigate any suspected violations of this policy.

1. Access to the Internet must be related to a student's class work responsibilities, or for the purpose of education or research, and be consistent with all of the educational objectives of the Archdiocese of Chicago and QR.
2. The use of the Internet is a privilege, not a right. Inappropriate use may result in a cancellation of those privileges, disciplinary action (up to and including expulsion) and/or appropriate legal action. Whether the use is considered inappropriate or violates this policy is a matter within the discretion of the Principal. The Principal's decision is final.
3. Some examples of unacceptable use include, but are not limited to:
 - a. Using the network for any illegal activity, including violation of copyright or other contracts, or transmission of any material in violation of any U.S. or State law;
 - b. Unauthorized downloading of software, regardless of whether it is copyrighted;
 - c. Invading the privacy of individuals;
 - d. Using another user's password or account. Computer accounts and passwords are confidential and must remain so. Do not use another individual's account and confidential password.
 - e. Accessing, submitting, posting, publishing, or displaying any defamatory, inaccurate, abusive, obscene, sexually-oriented, gambling, threatening, racially offensive, harassing, illegal material or other information and/or materials that are inconsistent with objectives and/or teachings of the Archdiocese and/or QR;
 - f. Using inappropriate language;
 - g. Use of any proxy sites to access sites that are restricted by the normal course of the network;
 - h. QR will lock down the network using filters and/or additional software (in compliance with the *Children's Internet Protection Act*) to keep most inappropriate information away from users, but cannot guarantee this in all situations, particularly given the inappropriate use of proxy sites;
 - i. Damaging computers, computer systems, files, programs, or networks;
 - j. Vandalizing or damaging the property of another individual, including data files;
 - k. Using QR network for commercial purposes (i.e. to buy or sell items);

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4. Unacceptable use may also include online activities occurring outside the school that may carry over into the school environment (defamation, threats, harassment, etc.”).
 - a. Posting of a photograph, image, likeness, video or personally identifiable information regarding any employee, student, parent or parishioner on any Internet or web-based site, or in any electronic communication without their knowledge or approval, is prohibited, except with the express permission of the Principal.
 - b. Using school equipment to create a website or social media presence (i.e. Facebook, Twitter, LinkedIn, etc.) or to transmit the likeness, image, photograph, video or personally identifiable information is prohibited, except with the express permission of the Principal.
 - c. Students may not create a website or social media presence (i.e. Facebook, Twitter, LinkedIn, etc.) for QR or the Archdiocese, or permit or encourage any other individual or entity to do so. Students are also prohibited from photographing, video graphing, or otherwise creating the likeness or revealing personally identifiable information regarding any employee, student, parent or parishioner for commercial purposes, advertising purposes, or for Internet transmission or posting, except with the express permission of the Principal.
 - d. Students may not allow a non-employee or non-student to use a school computer, account of other equipment unless the person is specifically authorized to do so by the Principal.
 - e. The school reserves the right to monitor student use of school computers including Internet use and e-mail use and content.
5. The confidentiality of electronic messages is normally respected. However, students have no expectation of privacy in their use of school-owned computers, the Internet, or e-mail. All messages composed, sent or received via electronic communication are and remain the property of QR/Archdiocese and as such may be reviewed with or without notice. These policies and measures are designed to protect both students and employees and to ensure the integrity of the electronic information systems used for educational and administrative purposes in this school.

Inappropriate use of QR’s computers may result in a loss of access to use them, as well as other disciplinary and/or legal actions.

Queen of the Rosary School Emergency Information and Acknowledgements

(Please print clearly)

Family Name:	Parent's last name if different from student:
Address:	Home Telephone #:
City:	Zip Code:

Student Names	Grade/Room	Date of Birth	Student Names	Grade/Room	Date of Birth

Student resides with:	<input type="checkbox"/> Both	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian
Parents:	<input type="checkbox"/> Living Together	<input type="checkbox"/> Divorced	<input type="checkbox"/> Deceased -	<input type="checkbox"/> Father <input type="checkbox"/> Mother
Father's Name:		Business #:		
Father's Email:		Cell Phone #:		
Mother's Name:		Business #:		
Mother's Email:		Cell Phone #:		

If you are not available, whom may we contact should your child appear to have a minor illness?

Name	Address	Telephone #

Specific medical allergies, chronic illnesses or other conditions:

Student Name	Condition description/explanation

Medication(s)

Student Name	Medicine	Reason for medication

If neither parent/guardian can be contacted, I authorize the school to take such emergency measures as are necessary.

Family doctor to call in an emergency: _____ Telephone #: _____

If you and the physician of your choice (above) cannot be reached in an emergency and, in the judgment of the school authorities, immediate medical and/or hospital attention is indicated, you authorize responsible school authorities to send your child (properly accompanied) to an available hospital or physician.

Yes No Signature of Parent or Guardian: _____

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(Please print clearly)

Acknowledgements

Photo Release

On occasion, the school uses photos and/or academic work of students in local publications (e.g. website, yearbook, advertisements, bulletin articles, and other public relations materials). By indicating yes or no and signing below I give permission for the school to publish my child(ren)'s photo or academic work in any format, including group or individual photos. ___ Yes ___ No

Technology Acceptable Use

I/We have read the school technology guidelines, and have discussed them with my child(ren). In consideration of the privilege of my child(ren) using the school's electronic communications system and in consideration of having access to the public networks, I/we hereby release the school, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child(ren)'s use of, or inability to use, the system, including, without limitation, the types of damage identified in the **Acceptable Use Policy (AUP)**.

I/We understand that access to the school technology resources is not a private activity and that the school will monitor student activity on any of the school resources including but not limited to the computer system, e-mail system, and other electronic devices and programs.

I/We have read the school's technology procedures and regulations and agree to abide by these provisions. Violation of these provisions may result in suspension or revocation of system access. I/We also understand that any actions taken through the school network that are in violation of the school disciplinary code will be handled in accordance with the code. Appropriate legal authorities may be contacted if there is any suspicion of illegal activity.

By signing below, I/we give my child(ren) permission to participate in the school's electronic communications system including the internet and certify that the information contained on this form is correct.

Release of Information

The school and its agents have permission to confer and exchange academic and clinical (psychiatric, behavioral, school performance, medical, substance abuse, psychological, social, recreational, vocational, sessions) records and communications including any evaluations and history, social incidences, and any written or verbal information disclosed in session with the last school they attended, _____.
This information may be used for the purpose of instituting and reviewing an educational plan, coordinating school services, and ensuring the safety of the student and the school.

This agreement is valid from when it is signed until the date the student transfers or graduates from the school. This authorization may be revoked any time prior to that date upon written request o the Principal. Information released prior to the revocation is not affected.

School Policies/Handbook Policies/Extended Care Policies/Tuition

I/We fully support the procedures and policies as stated in each of the Queen of the Rosary School handbooks including the Parent/Student Handbook and Extended Care Handbook. I/We understand that acceptance of registration and enrollment is conditional based on the family staying current with tuition payments and following the policies of the school and the Archdiocese of Chicago. Failure to do either of these things may result in disciplinary or other action by the school including exclusion from school and/or expulsion from the school.

Catholic High School Recruitment (for parents of students entering 6th, 7th and 8th grades) _____ Yes _____ No

The Office of Catholic Schools and the Catholic high schools in the Archdiocese of Chicago are developing a student/parent contact database to better reach Catholic elementary school families as they consider high school plans. You can be confident that your contact information will be used responsibly. Your contact information will not be shared by anyone outside the Archdiocese Catholic high schools. Catholic high schools may use a variety of criteria (e.g. geographical proximity to the high school, available transportation options, etc.) when selecting families to contact. If you wish that a high school no longer contact you or your child(ren), simply contact the high school via email or telephone. By circling "Yes" above, you authorize the elementary school to share the following information with the Office of Catholic Schools and the Catholic high schools in the Archdiocese of Chicago for the purposes mentioned above: name of elementary school student is attending, student's first and last name, student's gender, student's grade level, home address, home telephone number, parent's/guardian's first and last name, parent's/guardian's email address and cell phone number.

Parent/Guardian Signature

Date

To be completed by parent / guardian for each child and submitted to the school annually

**MEDICAL AND EMERGENCY NOTIFICATION INFORMATION
AUTHORIZATION FOR MEDICAL TREATMENT**

SCHOOL: QUEEN OF THE ROSARY SCHOOL

SCHOOL YEAR: _____

STUDENT NAME	DATE OF BIRTH	GRADE	LIST MEDICAL ALLERGIES and/or SIGNIFICANT MEDICAL HISTORY

PLEASE PRINT

Parent/Guardian:		Parent/Guardian:	
Home:	Work:	Home:	Work:
Cell:		Cell:	

Student's Physician:		Telephone:	
Address:		City:	State:

Medical Insurance Provider:	Policy/Insurance #:
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**EMERGENCY CONTACTS IN CASE PARENT / GUARDIAN CANNOT BE REACHED:
(Please list names other than the parent/guardian)**

Name:	Name:
Relationship to Student:	Relationship to Student:
Telephone 1: _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> other	Telephone 1: _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> other
Telephone 2: _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> other	Telephone 2: _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> other

MEDICAL RELEASE

In the event that the undersigned, or my/our authorized physician, cannot be reached and in the judgment of the School Principal or his/her authorized staff member, there is a necessity for immediate examination and/or treatment of my/our child, I/we hereby request and authorize any of the aforesaid personnel to obtain for my/our child such medical services as are deemed necessary. I/We agree to assume the financial responsibility for any diagnosis/treatment and/or for medication deemed necessary.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

THIS FORM WILL ACCOMPANY STUDENTS ON FIELD TRIPS. IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO UPDATE EMERGENCY INFORMATION AS NECESSARY.

State of Illinois
Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)
For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed childcare facility. Please contact your licensing representative.

Name: _____
Last First Middle

Date of Birth: _____ Gender: Male Female Race: _____

Current Address: _____
Street/Apt #

City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

OR

If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code)	Dates From/To
_____	_____
_____	_____
_____	_____
_____	_____

Your position (please check one): **Priest** **Deacon** **Religious Order** **Lay Employee** **Volunteer**

List maiden name and/or all other names by which you have been known: (last, first, middle)

_____	_____
_____	_____
_____	_____
_____	_____

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Signed Date

Submit by mail OR fax OR email.
Mail to: Department of Children and Family Services 406 E. Monroe – Station # 30 Springfield, IL 62701
FAX to: 217-782-3991
Scan/Email to: CFS689Background@illinois.gov

Please type, use bold letters or label:

312-751-8307 (Submitting Agency Fax Number)

safekids@archchicago.org (Submitting Email Address)

Archdiocese of Chicago (Agency Name)

Mary Jane Doerr (Contact Person)

743 North Dearborn Street (Address)

Chicago, Illinois 60654 (City / State / Zip)