2021-2022 STUDENT-PARENT HANDBOOK ACCESS & ACKNOWLEDGEMENT

Please sign one form for each Metro Nashville Public Schools’ (MNPS) student in your household and return the form to each student’s school.

Student’s Name (please print):

Student’s School (please print):

Parent or Guardian Name (please print):

Parent or Guardian Signature __________________________________________ Date __________________

NOTE: To access MNPS Student-Parent Handbook, go to www.mnps.org/handbook.

SCHOOL ATTENDANCE & TRUANCY

Please sign one form for each Metro Nashville Public Schools’ (MNPS) student in your household and return the form to each student’s school.

Parent or Guardian Signature __________________________________________ Date __________________
COVID-19 TESTING PERMISSION

COVID-19 is a global public health emergency. Metro Nashville Public Schools (MNPS) have taken every precaution to ensure that the health and safety of our students and staff are prioritized. MNPS’ contractor, Lifebridge Health, is conducting testing for COVID-19 according to the Public Health Department's guidance.

Testing for COVID-19 is non-invasive and can be performed at any of the Metro Nashville Public Schools' (MNPS) locations. Testing is available to all students and staff at no cost.

COVID-19 is spread through respiratory droplets. To minimize the spread of COVID-19, all students and staff are encouraged to wear masks, practice social distancing, and wash their hands regularly.

MNPS has implemented a comprehensive COVID-19 testing program to identify asymptomatic cases. This program includes daily temperature checks, weekly symptom checks, and regular testing of staff and students.

If a student or staff member tests positive for COVID-19, they will be isolated and contact tracing will be conducted. The school will be notified and appropriate actions will be taken to ensure the safety of all students and staff.

If you have any questions or concerns about COVID-19 testing, please contact your school's administration or the MNPS COVID-19 Response Team.
COVID-19 TESTING PERMISSION (CONT.)

(1) If the student tests positive, or if there is a confirmed positive household contact, the student will be quarantined for 14 days. The school will inform the Student's primary care provider.

(2) The student must remain quarantined for 14 days after the fever is gone. The school will inform the Student's primary care provider.

(3) The student is permitted to return to school when the fever is gone for 24 hours, and the Student's primary care provider has cleared the student to return to school.

Student Name: __________________________

School Name: __________________________

Student's Date of Birth (Month/Day/Year): __________ / __________ / __________

Parent or Guardian Signature: __________________________

Date: __________

Student Signature (18yrs/older): __________________________

Date: __________
FERPA DIRECTORY INFORMATION OPT-OUT FORM

Student Name (Printed) ____________________________

Student ID: ____________________________

NOTICE OF DIRECTORY INFORMATION OPT OUT:

Federal Educational Rights and Privacy Act of 1974 (FERPA) allows the Metro Nashville Public Schools’ (MNPS) parent or guardian to opt out of directory information for their student. Directory information includes:

- Student Name
- Address
- Photograph
- Date and place of birth
- Major field of study
- Dates of attendance
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Degrees, honors and awards received
- Most recent educational agency or institution attended

FERPA has changed the way schools share directory information. Directory Information is defined as the following information about students:

- Student Name
- Address
- Date of birth
- Gender
- Nationality
- Ethnicity
- Weight and height of members of athletic teams
- Degrees, honors and awards received

Please note that opting out of directory information does not affect the release of directory information for other purposes.

Parent or Guardian Signature ____________________________ Date __________

Student Signature* ____________________________ Date __________

*As a student, you are entitled to request that directory information not include your name and address. However, you must also request that directory information not include your telephone number before you can have your telephone number removed from directory information.
**PERMISSION PREFERENCES**

**Only sign if you DO NOT want your student to participate in hearing, vision, height, weight and blood pressure screenings.**

Parents or Guardian Signature ____________________________________________________________

Student Signature ____________________________ Date ___________

**NAVIGATOR PROGRAM**

Parents or Guardian Signature ____________________________ Date ___________

**TECHNOLOGY OPT-OUT**

Parents or Guardian Signature ____________________________ Date ___________
Acceptable Use Policy

LAPTOP/DEVICE FOR REMOTE/DIGITAL LEARNING USAGE GUIDELINES (Full Description)

MNPS laptop devices are issued to students to support remote learning and must be used only for educational purposes. The Acceptable Use Policy (AUP) is designed to ensure the appropriate use of devices provided by MNPS and to promote the safe and effective use of technology.

1. MNPS may require students to provide proof of enrollment or identification in order to use a laptop.
2. Students are responsible for the safekeeping and use of their laptop and power adapter.
3. Students are not allowed to access inappropriate content or engage in prohibited activities on their laptops.
4. MNPS laptop devices are to be used exclusively for educational purposes, and students are prohibited from using them for personal or commercial purposes.
5. MNPS laptop devices may not be modified or altered in any way.
6. Students are not allowed to access inappropriate content or engage in prohibited activities on their laptops.
7. The use of MNPS laptops is monitored and reviewed regularly to ensure compliance with the Acceptable Use Policy.
8. MNPS laptop devices are to be used only for educational purposes, and students are prohibited from using them for personal or commercial purposes.
9. MNPS laptop devices may not be modified or altered in any way.
10. The use of MNPS laptops is monitored and reviewed regularly to ensure compliance with the Acceptable Use Policy.

For more information, please refer to the full Acceptable Use Policy document.
10. MNPS offers a variety of services, including school social work services. For information about these services, please visit the MNPS website (www.mnps.org/digitaltools) or contact the school directly. MNPS also offers accounts and technology services. By signing below, you acknowledge that you have read and understood the MNPS Technology and Acceptable Use Policy.

11. MNPS offers MNPS Technology and Acceptable Use Policy (MNPS) to students. To read more about MNPS Technology and Acceptable Use Policy, visit the MNPS website (www.mnps.org/digitaltools).

12. By signing below, you acknowledge that you have read and understood the MNPS Technology and Acceptable Use Policy.

13. MNPS Technology and Acceptable Use Policy/MNPS offers school social work services. For more information, please contact the school directly.

14. MNPS Technology and Acceptable Use Policy/MNPS offers school social work services. For more information, please contact the school directly.

Student Name (First, Middle, Last):

School Name:

Parent/Guardian Name (First, Middle, Last):

Address:

City: State: Zip:

Phone: Email:

Parent or Guardian Signature ________________________________ Date __________________

SCHOOL SOCIAL WORK SERVICES OPT-OUT

By signing below, you acknowledge that you understand the following:

MNPS offers school social work services. For more information about these services, please visit the MNPS website (www.mnps.org/digitaltools) or contact the school directly. By signing below, you acknowledge that you have read and understood the MNPS Technology and Acceptable Use Policy.

Parent or Guardian Signature ________________________________ Date __________________
**MEDIA PERMISSIONS/မိုးများ စုဖြေရှင်းချင်ပုံ**

*ဗိုလ်ချုပ်ရေးနှင့် အတူကြည့်ရှုရန် မီးနွယ်များနှင့် အတူကြည့်ရှုရန် မီးနွယ်များနှင့် အတူကြည့်ရှုရန် မီးနွယ်များ*  https://mnps.org/students-families/student-resources/handbook/handbook-rights-and-responsibilities စိတ်ချိန်

အိမ်ထောင်စုအတွင်း မိုးများသောထောင်စုအတွက် ထောင်စုအတွက် ယူနစ်မှားပေးစီကို ထောင်က်းဇ်ပြု၍ လက်မှတ် ိုးပီး၊ ထောင်က်းသော်င်းကို ပေ်ချ ဖြစ်သော်၊ ထောင်က်းသော်င်း၏ ထောင်က်း သို့ 4င်းထောင်ကို ပေ်ချ ဖြစ်သည်။

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<td>3. မိုးများအနီး non-MNPS media/အပြည်ပြည်ဆိုင်ရာ စိတ်ချိန်ကြည့်ရှုရန် မီးနွယ် MNPS ကို အပါသားတစ်ရွက်စီကို ထောင်က်းဇ်ပြု၍</td>
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*အပါသား MNPS မိုးများအနီး အပြည်ပြည်ဆိုင်ရာ စိတ်ချိန်ကြည့်ရှုရန် မီးနွယ် MNPS ကို အပါသားတစ်ရွက်စီကို ထောင်က်းဇ်ပြု၍ ရက်စွာ ဪထောင်သည်* စိုးမှ မီးနွယ်များနှင့် အတူကြည့်ရှုရန် မီးနွယ် MNPS ကို အပါသားတစ်ရွက်စီကို ထောင်က်းဇ်ပြု၍ ရက်စွာ ဪထောင်သည်* စိုးမှ မီးနွယ်များနှင့် အတူကြည့်ရှုရန် မီးနွယ် MNPS ကို အပါသားတစ်ရွက်စီကို ထောင်က်းဇ်ပြု၍ ရက်စွာ ဪထောင်သည်* စိုးမှ မီးနွယ်များနှင့် အတူကြည့်ရှုရန် မီးနွယ် MNPS ကို အပါသားတစ်ရွက်စီကို ထောင်က်းဇ်ပြု၍ ရက်စွာ ဪထောင်သည်** စိုးမှ မီးနွယ်များနှင့် အတူကြည့်ရှုရန် မီးနွယ် MNPS ကို အပါသားတစ်ရွက်စီကို ထောင်က်းဇ်ပြု၍ ရက်စွာ ဪထောင်သည်**

Student Name (First, Middle, Last):

School Name:

Parent/Guardian Name (First, Middle, Last):

Address: ___________________________ Apt./Unit: ___________________________

City: ___________________________ State: ___________________________ Zip: ___________________________

Phone: ___________________________ Email: ___________________________

Parent or Guardian Signature ___________________________ Date ___________________________
METRO PUBLIC HEALTH DEPARTMENT YOUTH RISK BEHAVIOR SURVEY OPT-OUT FORM

To parents/guardians:
The YRBS (Youth Risk Behavior Survey) is a survey administered to students in Metro Nashville Public Schools each year in grades 9 through 12. The survey is designed to gather information about student health, school, and community factors. The survey is anonymous and confidential.

The Metro Board of Education has approved the YRBS for Metro Nashville Public Schools. Indiana law requires that the YRBS be administered to students in grades 9 through 12. Student participation in the YRBS is voluntary. Participation is not a condition of enrollment or grading. The survey is anonymous and confidential. The information collected will be used to evaluate the school health and to improve educational opportunities for students.

If you do not wish your child to participate in the YRBS, please sign and date this form and return it to your child's school no later than the date specified by the school. If you do not return this form, your child will be allowed to participate in the YRBS without any restrictions.

Student Name (First, Middle, Last):
Student Grade
School Name

Parent or Guardian Signature: ___________________________ Date: ____________
SCHOOL CLIMATE SURVEY

Student's School Name: ____________________________________________________________________

Student Name (First, Middle, Last): ___________________________________________________________________________________

School Climate Survey(s)/Academic Level

School Climate Survey(s) or Academic Level is completed by Panorama Education on behalf of MNPS. Panorama Education is authorized to view school climate survey(s) and academic level because MNPS is a customer of Panorama Education.

Panorama Education’s Privacy Policy is located at www.panoramaed.com/privacy.

MNPS is committed to protecting the privacy of individuals. MNPS may disclose information to third parties for purposes consistent with Panorama Education’s Privacy Policy.

MNPS School Climate Surveys is administered online by Panorama Education. To complete the survey, please enter the code provided by your school or district.

Student Name (First, Middle, Last):

School Name:

Student's Date of Birth (Month/Day/Year):

Parent or Guardian Signature __________________________ Date __________

By accessing and completing MNPS School Climate Surveys, you are agreeing to the following: MNPS and Panorama Education will collect and use your information as described in Panorama Education’s Privacy Policy.

See Panorama Education’s Privacy Policy for more information.

To access the survey online, please use the code provided by your school or district.

Panorama Education’s Privacy Policy is located at www.panoramaed.com/privacy.
MILITARY STATUS OF PARENTS AND LEGAL GUARDIANS

Every Student Succeeds Act (ESSA) requires Metro Nashville Public Schools (MNPS) to conduct a Military Connections Survey to ensure every student's family has access to the resources and services provided by the Department of Veterans Affairs. All families of students attending MNPS are asked to complete this survey.

CLASSIFICATION:

A. Active Duty Military
B. Reserve Military
C. National Guard Military
D. Any other

NAME OF PARENT OR LEGAL GUARDIAN

STATE DATE OF CURRENT MILITARY SERVICE

CLASSIFICATION:

1. Active Duty Military
2. Reserve Military
3. National Guard Military
4. Other

BRANCH:

- Army, Navy, Air Force, Marine Corps or Coast Guard
- Other

MNPS partner organizations provide additional information for families served by the Military, to include

- Veterans Affairs
- American Legion
- Department of Defense
- American Veterans

Today's student information systems used commitment and services information to support students. If you have any questions, call 1-866-638-8036 or visit https://www.ed.gov/veterans-and-military-families

MILITARY CONNECTIONS SURVEY/Name of School: __________________________________________

Name of School/Student Name: __________________________________________

Grade: ____________________________ Birthdate: ____________________________

Parent or Guardian Signature __________________________________________

Date ____________________________