



2020-2021 STUDENT-PARENT HANDBOOK ACCESS & ACKNOWLEDGEMENT

I understand the 2020-2021 MNPS Student-Parent Handbook is available online at www.mnps.org/handbook.
The signature below acknowledges that I have read and understand the handbook and related policies.

Student's Name (please print): _____

Student's School (please print): _____

Parent or Guardian Name (please print): _____

Parent or Guardian Signature _____ **Date** _____

NOTE: Failure to sign and return this form to the school does not relieve the student from the responsibility of complying with the rules and policies referenced in the MNPS Student-Parent Handbook.

SCHOOL ATTENDANCE & TRUANCY

I understand that my student is subject to compulsory school attendance laws and if my student is unlawfully absent from school or habitually truant, law enforcement personnel may take my student into temporary custody and deliver him/her to the Metro Student Attendance Center (MSAC). (See www.mnps.org/attendance for more information.)

Parent or Guardian Signature _____ **Date** _____



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

FERPA DIRECTORY INFORMATION OPT-OUT FORM

Student Name (*Printed*): _____

Student ID: _____

NOTICE OF DIRECTORY INFORMATION OPT OUT:

In accordance with the Federal Educational Rights and Privacy Act of 1974 (FERPA), as amended, a student's education records are maintained as confidential and, except for a limited number of special circumstances listed in that law, will not be released to a third party without the prior written consent of the parent/guardian or student (*if student is 18 or older*). The law, however, does allow schools to release student "directory information" without obtaining the prior consent of the parent/guardian or student. If you **DO NOT** want the release of certain types of directory information without your prior consent, you may choose to "opt-out" of this FERPA exception by signing the form below. Directory information of a student who has opted-out from the release of directory information, in accordance with this policy/procedure for opting out, will remain flagged for the current school year, until the parent/guardian or student requests that the flag be removed by completing and submitting a revocation of the opt-out to the school or MNPS Family Information Center.

I _____ (*parent/guardian name or student name**),

request the withholding of the following personally-identifiable information identified as Directory Information under FERPA:

- 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

I understand that upon submission of this form, the information listed above cannot be released to third parties without my written consent or unless the school is required by law or permitted under FERPA to release such information without my prior written consent; and that directory information will not otherwise be released from the time the school receives this form until my opt-out request is rescinded. I understand that I may not opt out of use of the student ID number because it is necessary identifying information for the school. I further understand that if directory information is released prior to the school receiving my opt-out request, the school may not be able to stop the disclosure of my directory information. I understand that I may request and challenge how my/my student's directory information is used by contacting the school.

Parent or Guardian Signature _____ Date _____

Student Signature* _____ Date _____

**If under 18, a parent or guardian must sign to opt the student out.*



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

METRO PUBLIC HEALTH DEPARTMENT 2021 YOUTH RISK BEHAVIOR SURVEY OPT-OUT FORM

ONLY COMPLETE THIS FORM IF YOU DO NOT GRANT PERMISSION FOR YOUR STUDENT TO TAKE THIS SURVEY.

Our district is taking part in the 2021 Davidson County High School Youth Risk Behavior Survey (YRBS). This survey is sponsored and run by the Metro Public Health Department. The survey will ask about the health of 9th through 12th grade students such as nutritional practices, crime victimization, physical activity, injuries, tobacco, alcohol, and other drug use, and exposure to adverse childhood experiences. It will also ask about sexual behaviors that could lead to pregnancy and sexually transmitted diseases, including HIV.

High School students will be asked to complete the YRBS, and the survey should take approximately 30 minutes to complete. Doing this survey will cause little or no risk to your child. The only potential risk is that some students might find certain questions to be sensitive. The survey has been designed to protect your child's privacy. Students will not put their names or other identifying information on the survey. Also, no school or student will ever be mentioned by name in a report of the results. Your child will get no immediate benefit from taking part in the survey, although the results of this survey may help your child and other children in the future. We would like all selected students to take part in the survey, but the survey is voluntary. No action will be taken against the school, you, or your child if your child does not take the survey. Students may skip any questions they do not wish to answer. In addition, students may stop taking the survey at any point without penalty. If you would like to see the survey, a copy is available in the front office of your child's school and on the web at <https://www.cdc.gov/healthyyouth/data/yrbs/questionnaires.htm>. A copy is also available at the Board of Education located at 2601 Bransford Avenue, Nashville, TN 37204.

You may opt-out your child from survey participation by calling 615-340-8608 or emailing YRBSInfo@nashville.gov. Or you may complete the section below and return this signed and dated form to the Metro Public Health Department no later than January 30, 2021. **Only do this if you do not** want your child to take part in the survey. If you have additional questions about the survey that your child's teacher or principal cannot answer, please call: 615-340-8608.

Please complete this section of the form **only if you do not want** your child to participate in the survey, and mail it back to: Latissa Hall, Program Manager - Adolescent Programs, Metro Public Health Department, 2500 Charlotte Avenue, Nashville, TN 37209.

NO, my child may not take part in this survey.

Student Name (First, Middle, Last): _____

Student Grade _____

School Name: _____

Parent or Guardian Signature _____ Date _____



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

MILITARY STATUS OF PARENTS AND LEGAL GUARDIANS

ONLY COMPLETE THIS FORM IF YOUR STUDENT'S PARENT OR LEGAL GUARDIAN CURRENTLY SERVES IN THE MILITARY.

State and federal policymakers seek to help school districts assess the performance of students whose parent(s) or legal guardian(s) serve in the military to better understand the relationship between military life and child development. State legislation requires districts to identify students whose parent(s)/legal guardian(s) serve in the military. Every Student Succeeds Act (ESSA) defines students with parent(s) or legal guardian(s) on active duty military service as a subgroup for assessment reporting. Students are identified whose parent(s)/legal guardian(s) fall within the three military-related classifications:

- 4 - Active Duty Military** – Parent/guardian on National Guard duty or Active Guard Reserve (full-time Reserve duty) or Active duty.
- 5 - National Guard Military** – Parent/guardian who participates in the National Guard on a part-time basis.
- 6 - Reserve Military** – Parent/guardian who participates on a part-time basis in the Reserves of a branch of the armed forces.

Classifications are only collected for parent(s)/legal guardian(s) of students, not for students enlisting in the military. **To collect this data for reporting purposes, the Military Connections Survey must be completed for each Metro Nashville Public Schools (MNPS) student in your household and returned to each student's school.**

For more information about USED commitment and services for military families:
<https://www.ed.gov/veterans-and-military-families>

MILITARY CONNECTIONS SURVEY

School Name: _____ Grade: _____

Student #: _____ Student Name: _____ Birthdate: _____

Parent(s)/legal guardian(s) of students must match guardian information contained in MNPS student records.

NAME OF PARENT OR LEGAL GUARDIAN	START DATE OF CURRENT MILITARY SERVICE	CLASSIFICATION: 4 (Active Duty), 5 (National Guard) or 6 (Reserve)	BRANCH: Army, Navy, Air Force, Marine Corps or Coast Guard

Parent or Guardian Signature _____ Date _____



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

MNPS SURVEY OPT-OUT INFORMATION AND PASSIVE CONSENT FORM

ONLY COMPLETE THIS FORM IF YOU DO NOT GRANT PERMISSION FOR YOUR STUDENT TO TAKE SURVEYS CONDUCTED BY MNPS IN 2020-2021.

If you choose to opt out, return the signed form to your student's school.

During the 2020-2021 school year, MNPS is conducting two to three short (10-20 minute) surveys for students in third grade and above. These surveys will help us to learn more about our students and their perceptions of school. Your student's participation in these surveys is voluntary. You may exempt your student from participating in these surveys at any time prior to survey administration. In addition, your student can choose whether to take the survey or to answer any particular question. There will be NO penalty if you or your student choose not to participate.

School Climate Survey(s)

The purpose of the School Climate Survey(s) is to help us improve school climate and culture. The survey(s) will ask your student about experiences at school, including relationships with teachers, connection to school, perceptions of safety, and overall school climate. Completing the survey(s) does not involve any risk to your student.

Neighborhoods and Wellbeing Survey

The purpose of the Neighborhood and Wellbeing Survey is to learn more about students' experiences outside of school in order to support student wellbeing. The survey will ask students about their experiences in their neighborhood, with friends, and their own social and emotional development. Completing the survey does not involve any risk to your student.

These surveys will be administered securely online by Panorama Education. Your student's responses will be linked to his/her student ID and will be kept secure and confidential by the MNPS research office and Panorama Education. Although we do not ask, if a student reports harm to self, harm to others, or someone harming them in a survey, confidentiality will be breached solely for the purpose of protecting students or others from harm. Panorama Education's Privacy Policy is available at www.panoramaed.com/privacy.

MNPS will share survey results grouped at the school level without any identifying information with school and district staff, and may share this aggregated data publicly. MNPS may provide individual survey responses without any identifying information to external researchers. De-identified data collected through these surveys may be archived by the Inter-University Consortium for Political and Social Research (ICPSR) as part of the Nashville Longitudinal Study of Youth Safety and Wellbeing.

You will receive phone notifications prior to each survey administration. You will have the opportunity to review each survey online or at your student's school before the survey begins.

If you choose to opt out, please fill out and sign the form on the following page.

MNPS SURVEY OPT-OUT INFORMATION AND PASSIVE CONSENT FORM (CONT.)

If for any reason you do not wish your student to participate in MNPS surveys, please check the box(es) below, fill out and sign this form, and return it to your student's school. Or, you may send an email to Dr. Laura Stiver Walsh at laura.stiver-walsh@mnps.org with your student's name, date of birth, school and grade.

- By checking this box, I indicate **my student may not** take part in the MNPS School Climate Survey(s).
- By checking this box, I indicate **my student may not** take part in the MNPS Neighborhood and Well-being Survey(s).

Please note that you only need to fill out and send in this form if your student is not allowed to take the surveys described above.

Student Name (First, Middle, Last): _____

School Name: _____

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

Parent or Guardian Signature _____ **Date** _____

This form only applies to the specific MNPS-administered surveys listed above for the 2020-2021 school year. Researchers and program evaluators from inside or outside the district must ask for separate permission for any other surveys that the district or school approves.



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

OPT-OUT PREFERENCES

ONLY SIGN THE FOLLOWING STATEMENTS IF YOU DO NOT WANT YOUR STUDENT TO ACCESS THE SERVICE.

If you choose one of the Opt-Out Preferences, return the signed form to your student's school.

TECHNOLOGY OPT-OUT

Only sign if you DO NOT want your student to have permission to access the district's internet.

I have read the MNPS Technology Acceptable Use Policy (see www.mnps.org/handbook-policies-and-procedures). I understand that the internet is a worldwide group of computer networks and that MNPS does not control the content available on, or through, these internet sites. I understand that MNPS will undertake good faith efforts to filter objectionable material available on sites that can be accessed by MNPS students but that filtering efforts may not completely block objectionable content. Therefore, I am restricting my student's access to the district's internet. **MNPS does not have my permission** to give internet access to my student. Failure to complete and sign the technology opt-out form will serve as an indication that your student has permission to access the district's internet.

Student Signature _____ **Date** _____

Parent or Guardian Signature _____ **Date** _____

LAPTOP/DEVICE OPT-OUT

Only sign if you DO NOT want your student to have permission to access laptop or similar device to utilize both on and off campus for digital and remote learning opportunities.

I have read the MNPS Laptop/Device for Remote/Digital Learning usage guidelines (see full description below). MNPS may issue a laptop or similar device for remote or digital learning opportunities both on campus and off campus. This laptop or similar device will utilize the internet filtering provided by MNPS, as explained in the Acceptable Use Policy. Therefore, I am restricting my student's access to a device for remote and digital learning. **MNPS does not have my permission** to check out a laptop or similar device to my student. Failure to complete and sign the laptop/device opt-out form will serve as an indication that your student has permission to have a device checked out to them for both on and off campus learning.

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

MNPS students may be issued a laptop or similar device for remote or digital learning for use both on and off campus. Any parents wishing to restrict their student's access to a laptop or similar device are required to complete and sign the Laptop/Device Opt-Out form and return to their student's school.

Failure to complete and sign the Laptop/Device Opt-Out form will serve as an indication that your student has permission to have a laptop/device checked out to them and you agree and acknowledge the following:

1. MNPS retains title to the equipment at all times, unless otherwise transferred. Student, parent, or guardian ("we") shall hold no security or ownership interest in the equipment or in licenses to installed software. Equipment includes the following: A) laptop and B) power adapter.

2. We are fiscally responsible for lost, stolen, or damaged devices. Such responsibility shall not exceed \$400.00.
3. The assigned student shall have possession of the equipment for the remainder of the school year and shall return it no later than June 1, 2021.
4. If the device is damaged, we will return the device. We will not attempt to repair the device or contact any other computer repair service facility directly.
5. In the event that we install a program or modify the device, which impairs the functionality of the device, we are financially responsible for reimbursing the school system for the monetary cost.
6. If the device is lost, stolen, or damaged, it is our responsibility to immediately notify the school's librarian, teacher, principal, or assistant principal.
7. Upon request of an administrator or teacher, the device and power cord will be returned.
8. If the device is not returned to the school system upon the teacher or school's request or when enrollment is terminated for any reason, we agree to pay the cost of a replacement device within 30 calendar days. Furthermore, we understand and accept that MNPS may file a police report for stolen property should we fail to return or pay for the device and related items within 45 calendar days.
9. All sites used for instruction are evaluated by staff for appropriateness. Families should note that when MNPS devices are connected to a personal home network they are configured to filter the sites students may visit. Families should still discuss the importance of being safe, responsible, and respectful online.
10. Users are responsible for securing and safeguarding data stored on MNPS technology. When using MNPS technology, this means that students should continue to use only approved MNPS digital tools (www.mnps.org/digitaltools) and follow each tool's specific guidelines for using student accounts. If students choose to use digital tools or access online services that are not part of the MNPS approved list, MNPS cannot be responsible for any data privacy or security concerns that may arise.
11. MNPS has the ability to monitor MNPS device usage to ensure compliance with MNPS policies. We understand that, because of MNPS' need to monitor district devices, we have a limited expectation of data privacy while using MNPS technology. We understand that students are to use only MNPS approved digital tools in order to safeguard student data from unauthorized access. Furthermore, we are aware that the device may be randomly collected, inspected, and searched.
12. The device is to be used exclusively by the assigned student. Parent(s)/guardian(s) may only use the device for purposes of assisting their child with educational studies.
13. MNPS will obtain consent from participants before taking photos, recording audio, or capturing video.
14. At all times the MNPS Technology and Acceptable Use Policy found in the student-parent handbook applies.

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** _____

SCHOOL SOCIAL WORK SERVICES OPT-OUT

Only sign if you DO NOT want your student to have permission to access school social work services.

I wish to exclude my student from school social work services (see www.mnps.org/handbook-policies-and-procedures). My student will not be able to have school social work services. **MNPS does not have my permission** to provide school social work services to my student. Failure to sign the School Social Work Opt-Out form will serve as an indication that your student has permission to access school social work services.

Parent or Guardian Signature _____ **Date** _____



PERMISSION FORM

For more information regarding policies related to these permissions, see www.mnps.org/handbook-policies-and-procedures.

I confirm or deny my student's participation in the areas identified with a check mark below:

	YES	NO
MEDIA*		
1. MNPS has permission to honor my student publicly, including submitting honors received to the media.		
2. MNPS has permission to interview, photograph or video record my student for use in print, on the internet, and in all other forms of media.		
3. MNPS has permission to allow news media and other non-MNPS media to interview, photograph or video record my student.		
<i>*If MNPS does not receive this permission form with a preference marked, the district will assume permission is granted for options one and two above and that permission is not granted for the third, which is photography or digital recording by news or non-MNPS media.</i>		
HEALTH SCREENINGS		
My student has permission to participate in the hearing, vision, height, weight and blood pressure screenings.		

Please print:

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 _____