FERPA Privacy of Student Information-Opt Out Form

Students and parents have rights, under state and federal laws, to control the release of student information.

Submit this form if you DO NOT want information about your student given to military and/or college recruiters.

Military Recruiting Information Opt-Out

_____ I do NOT want the school to release any information about my student to military recruiters.

College Recruiting Information Opt-Out

_____ I do NOT want the school to release any information about my student to colleges.

Please Note:

Student Name __________________________________ School _______________________

Signature of Parent __________________________________ Date ______

Signature of Student _________________________________ Date ______

Please submit completed form to school office.
Notification of Rights Under the Protection of Pupil Rights Amendment (PPRA)

PPRA affords parents certain rights regarding our conduct of surveys, collection and use of information for marketing purposes, and certain physical exams. These include the right to:

- **Consent** before students are required to submit to a survey that concerns one or more of the following protected areas (“protected information survey”) if the survey is funded in whole or in part by a program of the U.S. Department of Education (ED)—
  1. Political affiliations or beliefs of the student or student’s parent;
  2. Mental or psychological problems of the student or student’s family;
  3. Sex behavior or attitudes;
  4. Illegal, anti-social, self-incriminating, or demeaning behavior;
  5. Critical appraisals of others with whom respondents have close family relationships;
  6. Legally recognized privileged relationships, such as with lawyers, doctors, or ministers;
  7. Religious practices, affiliations, or beliefs of the student or parents; or
  8. Income, other than as required by law to determine program eligibility.

- **Receive notice and an opportunity to opt a student out of** –
  1. Any other protected information survey, regardless of funding;
  2. Any nonemergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent, and not necessary to protect the immediate health and safety of a student, except for hearing, vision, or scoliosis screenings, or any physical exam or screening permitted or required under State law; and
  3. Activities involving collection, disclosure, or use of personal information obtained from students for marketing or to sell or otherwise distribute the information to others.

- **Inspect**, upon request and before administration or use –
  1. Protected information surveys of students;
  2. Instruments used to collect personal information from students for any of the above marketing, sales, or other distribution purposes; and
  3. Instructional material used as part of the educational curriculum. These rights transfer from the parents to a student who is 18 years old or an emancipated minor under State law.

**Cranston Public Schools will develop and adopt** policies, in consultation with parents, regarding these rights, as well as arrangements to protect student privacy in the administration of protected information surveys and the collection, disclosure, or use of personal information for marketing, sales, or other distribution purposes. **Cranston Public Schools** will directly notify parents of these policies at least annually at the start of each school year and after any substantive changes. **Cranston Public Schools** will also directly notify, such as through U.S.
Mail or email, parents of students who are scheduled to participate in the specific activities or surveys noted below and will provide an opportunity for the parent to opt his or her child out of participation of the specific activity or survey. Cranston Public Schools will make this notification to parents at the beginning of the school year if the District has identified the specific or approximate dates of the activities or surveys at that time. For surveys and activities scheduled after the school year starts, parents will be provided reasonable notification of the planned activities and surveys listed below and be provided an opportunity to opt their child out of such activities and surveys. Parents will also be provided an opportunity to review any pertinent surveys. Following is a list of the specific activities and surveys covered under this requirement:

- Collection, disclosure, or use of personal information for marketing, sales, or other distribution.
- Administration of any protected information survey not funded in whole or in part by ED.
- Any nonemergency, invasive physical examination or screening as described above.

Parents who believe their rights have been violated may file a complaint with:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202

Affirmation of Residency Affidavit

The Cranston Public Schools has constantly established a reputation for excellence, and due to their success and Cranston's proximity to other urban areas, Cranston Public Schools may occasionally attract students who may not live in Cranston.

The committee hereby authorizes the superintendent to include and require the attached affidavit (see Exhibit A) to be signed (along with the disciplinary code Letter of Understanding) at the beginning of each school year, or in the case of new students entering during the school year, before such students are admitted.

This affidavit should identify the student, his or her parent, guardian, or approved caretaker along with the legal Cranston address where the student resides. This shall be a legally binding agreement for the liability of payment of out-of-district tuition (as set by the committee) by the parent, guardian, or caretaker should it be determined that the student does not reside in Cranston. The student will be automatically demitted from the school and may not be readmitted until such time as proof of residency is made.
This affidavit would exclude those out-of-district students who attend the Cranston Area Career & Technical Center, the New England Laborers’ and Cranston Public Schools Construction and Career Academy, or any out-of-district students attending Cranston Public schools under state and federal mandates.

Policy Adopted: 5/16/05 (Res. No. 05-5-7)  
CRANSTON PUBLIC SCHOOLS  
CRANSTON, RHODE ISLAND
CRANSTON PUBLIC SCHOOLS

AFFIDAVIT

Caution: Read this statement carefully before signing. This document requires you to provide information which, if not true, could make you responsible for the payment of tuition for your child to attend the Cranston Public Schools.

I, __________________________________________, affirm that ____________________________

(Name)                                                                            (Child’s name)

Whose birthdate is _________________ resides permanently with me at my residence at ______

(Street address) (month/day/year)

_________________, in the Cranston, RI Public School District. I am the (check one):

_____Custodial Parent

_____Legal Guardian

_____State Appointed Custodian

_____Person responsible for the child who resides with me for other than the

sole purpose of attending the Cranston Public Schools

of the above-named child. Submitted with this statement, if applicable, is a certified copy of a court order

granting me custody, legal guardianship, or temporary state custody of the above-named child.

I understand that only legal residents of the City of Cranston, who are otherwise eligible, are entitled to be

educated by the City of Cranston without charge.

If any of the information above ceases to be true, I shall immediately notify the Cranston Public Schools in

writing and, if the child is permitted to remain in the Cranston School System, I will be responsible for

payment of tuition for the child at the prevailing district rate of on a pro-rated basis (unless otherwise

permitted to remain in the district by applicable law or regulation). Such payment shall be charged from the

date that any of the above information ceases to be true. Such tuition shall become immediately due and

payable.

I affirm that the above statements are true and accurate to the best of my knowledge:

Signature ________________________________ Date: __________________
**Handbook Policy Acknowledgment Form**

Please initial that you have read, discussed and understand the following policies:

**TECHNOLOGY ACCEPTABLE USE POLICY**

As a student I, as a user of the Cranston Public Schools’ CPS network, agree to follow the rules of the “Technology Acceptable Use Policy”.

Student Initials: __________

As the parent(s) of the minor student signing above, I have read the “Technology Acceptable Use Policy” and agree to promote this policy with my son/daughter. Having read the policy, I grant permission for my son/daughter to access networked computer services such as electronic mail and the Internet.

Parent/Guardian Initials: ________

**PERMISSION TO APPEAR IN PUBLICATIONS**

As the parent/guardian of the minor student signing above, CHECK ONE: I ____ do agree/ I ____ do not agree to allow my child to be photographed and/or identified in print or electronic publication as those photographs pertain to the promotion of school functions.

Parent/Guardian Initials: ________

**BRING YOUR OWN DEVICE (BYOD) POLICY**

As a student I understand and will abide by the above policy and guidelines. I further understand that any violation of the above may result in the loss of my network and/or device privileges as well as other disciplinary actions in accordance to CPS policy.

Student Initials: __________

As a parent I understand that my child will be responsible for abiding by the policy and guidelines outlined in the BYOD Policy. I have read and discussed them with him/her and they understand the responsibility they have in the use of their personal device.

Parent/Guardian Initials: ________
DISCIPLINARY POLICY AND PROCEDURES FOR CRANSTON PUBLIC SCHOOLS

We have read, discussed, and understand the “DISCIPLINARY POLICY AND PROCEDURES FOR CRANSTON PUBLIC SCHOOLS.”

Student Initials:___________

Parent Guardian Initials:___________

By signing I acknowledge that I completely understand any and all policies and expectations set forth in this handbook.

Student’s Signature: _________________________________ Date:______________

Parent’s/Guardian’s Signature: _______________________________ Date:______________

Once properly completed, this agreement page, the residency affidavit, and the military page should be removed from the booklet and returned to the student’s homeroom teacher before the completion of the first week of school. Noncompliance will result in disciplinary action.