

**St. Johns County School District  
2016- 2017 STUDENT CONDUCT CODE**

**Parent/Student Acknowledgment  
Student's Rules and Regulations of Operation**

Your signature means that you have received this Code of Student Conduct booklet and you know what the rules are.

Student Name (please print)	Date of Birth
Teacher	Grade

Students, parents/guardians, teachers, counselors, administrators, and office staffs all have important roles to play in our schools. With so many people working together, problems may occur from time to time. Rules have been made to address these problems. Like laws, rules apply to everyone, and they work only when everyone knows what they are.

This booklet lists the district rules for students in St. Johns County. The rules apply to all activities occurring on school grounds, on other sites being used for school activities and for any vehicles authorized for the transporting of students. Please read them. Since parents/guardians can be held responsible for the actions of their children, it is important that they are aware of the rules and consequences if the rules are broken. Parents, students, school faculty and staff need to know the rules.

Parents need to become involved in the education of their children and have the responsibility to provide the school with the current emergency contact person and/or telephone numbers. They also have the responsibility to notify the school of anything (such as medical information) that may affect their child's ability to learn, to attend school regularly, or to take part in school activities. As a parent, you also authorize designated St. Johns County School District personnel and St. Johns County Health Department School Health personnel to provide emergency care for your child and to exchange medical information as necessary to support the continuity of care of your child. Parents should also take special notice of the Attendance section of this Booklet as well as the Suspension and Expulsion provisions, which are in accordance with School Board Rule.

Signed forms must be part of every student's record. Your signature means that you have read this booklet and understand the rules. (It does not mean that you agree or disagree with them.)

**All forms must be signed by parent/guardian and student and returned to school.**

Parent/Guardian Signature	Date
Parent/Guardian Signature	Date
Student Signature	Date

## Pacetti Bay Middle School - Media Center Permission Form

Please fill in the following information and return to your child's homeroom teacher.

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

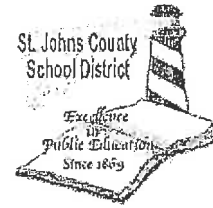
Homeroom teacher: \_\_\_\_\_

We encourage our students to read throughout the year. Students are responsible for returning or renewing their books by the due date. Students will only be permitted to check out books if they do not have an overdue book. Students and their parents are also responsible for the replacement costs of any lost or damaged materials. If ordered, a yearbook will not be delivered to the student and the cost of the yearbook will be put towards the replacement cost of any lost or damaged materials. Students may be excluded from end-of-year activities with Media Center books outstanding. If you have any questions or concerns regarding this policy, please contact Karin Gowens, Media Specialist.

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

# Home Access Center (HAC) Email Verification Form



## Pacetti Bay Middle School

Parents and Legal Guardians are to complete this form to verify their email address that will be used to enable Online Registration for access to Home Access Center. HAC is an Internet-based tool that allows parents to view the academic progress of their child. This tool is optional for parents and provides another method to stay informed.

### Parent/Guardian:

\_\_\_\_\_  
Name (First Last) printed

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Email Address

(\_\_\_\_)\_\_\_\_-\_\_\_\_  
Phone

### Student(s):

\_\_\_\_\_  
Student Name 1: (First Last) printed

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Student Name 2: (First Last) printed

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Student Name 3: (First Last) printed

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Student Acceptable Use Procedures Agreement Form and Student Waiver for Personal Electronic Property Form

(Applies to students or visitors who wish to use the District's digital network)

(Optional: Applies to students or visitors who wish to use their own personal electronic devices in schools/offices)

## ***Student or Visitor User (Applies to Student and Visitors)***

I have read and agree to follow the St. Johns County School District's Acceptable Use Procedures for Students and Visitors.

Student/Visitor Name: \_\_\_\_\_ (please print)

School or Visitor Affiliation: \_\_\_\_\_ (School Name)

Student/Visitor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ***Parent/Guardian Permission***

***(Required for Students to operate or access the District's digital network)***

As the parent or guardian of this student, I have read, understand, and agree to the School District Acceptable Use Procedures for Students and Visitors for use of the District's Digital Network and the Internet. I give permission for my child to use the District's Digital Network in accordance with the Acceptable Use Procedures.

Parent/Guardian's name: \_\_\_\_\_ (please print)

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ***School Administrator's Approval (School Designee)***

The administrator verifies the user and approves their access to the St. Johns County School District Digital Network. Approval is also granted to use a personal electronic device, noted below (if applicable).

School Administrator's name/position: \_\_\_\_\_ (please print)

Administrator's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ***BYOD (Bring Your Own Device)***

***(Optional) Student or Visitor Waiver for Personal Electronic Property***

***(Required for Students or visitors to operate personally owned technology devices in school)***

As a student or visitor, I wish to bring my personal electronic device(s) to School or on District premises. I understand that responsibility for the care and use of this device belongs solely to me.

Requested Device(s): \_\_\_\_\_ (If applicable)

*(Computer or mobile device make/model that can access the District network)(Excludes: smartphones/cell phones)*

**ST. JOHNS COUNTY SCHOOL DISTRICT**  
**Release of Student Directory Information Options**

In conjunction with Section 6, Paragraph 3: Educational Records – Directory Information and School Board Rule 5.20, this section provides the parent or adult student the opportunity to opt-out of the release of Student Directory Information. Parents should check the box(es) below that apply to opt-out of the release or publication of Student Directory Information:

1. I request that Student Directory Information not be released to Armed Forces, Military Recruiters or Military Schools.

Federal public law 107-110, Section 9528 or the ESEA, "No Child Left Behind Act", requires school districts to release student names, addresses, and phone numbers to military recruiters upon request. The law also requires school districts to notify you of your right to Opt-Out from this by requesting that the district not release your information to military recruiters.

And/or

2. I request that Student Directory Information not be released to the school's PTO like organization (if applicable). Many schools have a PTO support organization. PTO's typically create and distribute a PTO directory that includes the student's/parent's name, address and phone number. Once released, this PTO directory is generally considered public.

Or

3. I request that **NO** Student Directory Information, including photographs and video (as outlined in Section 6 of the Student Code of Conduct) be released. **This option would prevent Student Directory Information from being published (in yearbooks, school newspapers, school websites, etc.) or released to 3<sup>rd</sup> parties (i.e. PTO's, Armed Forces, Military Recruiters, Military Schools, approved school ring or yearbook vendors, etc.) by schools or District departments except where required by law, and except for photographs or video taken or other Directory Information presented at a public forum, public event, or open house.**

**If any parent/guardian or adult student exercises any opt-out option(s) above (by checking any box), this form must be signed by the parent or adult student and returned to the school.**

\_\_\_\_\_  
Printed Parent or Adult Student's Name

\_\_\_\_\_  
Parent or Adult Student Signature

\_\_\_\_\_  
Print Student's Name

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Grade

Date: \_\_\_\_\_

## JOIN PBMS PTSO TODAY

The Pacetti Bay Middle School Parent Teacher Student Organization (PTSO) is a membership group for parents, teachers and community neighbors. Become active in your child's education! Our PTSO holds fun family events, offers great family discounts and services, raises money for the school and helps our community. Contact PBMS PTSO for more information.

<http://www-pbm.stjohns.k12.fl.us/ptso/>



### Becoming a PTSO Member has PERKS!

When you join the PBMS PTSO you will receive a membership card that can be used to save you money at some of your favorite local businesses. Our PBMS Business Partners are offering discounts with your membership. Please visit the PBMS PTSO website for a complete list of discounts.



**As our Business Partners grow,  
so will your savings!**

*For a complete list of discounts, visit:  
<http://www-pbm.stjohns.k12.fl.us/ptso/>*

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## Pacetti Bay Middle School PTSO Family Membership Enrollment \$15.00 per Family

*(Please complete this form and return with  
payment to your child's homeroom teacher.)*

Parent(s) Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Student Name: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

Student Name: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

Student Name: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

I am interested in volunteering my time for PTSO events: YES \_\_\_\_\_ NO \_\_\_\_\_



For PTSO Use Only

Payment Type: CASH      Credit Card      Check # \_\_\_\_\_