



Attention, Parents!

2019-20

Complete packet of important
information

Thank you,

Mr. Edward Poznek
CEO
CCCS



STUDENT EMERGENCY INFORMATION SHEET
2019-2020

Name of Student: _____ Gr.: _____ Rm.: _____ ID#: _____

Guardian #1 Information

Name: _____ Relationship: _____

Place of Employment: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ e-mail: _____

Guardian #2 Information

Name: _____ Relationship: _____

Place of Employment: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ e-mail: _____

Child Custody Information

Child lives with:

☐ Both Parents ☐ Both Parents Alternately ☐ Mother Only ☐ Father Only _____

☐ Legal Guardian ☐ Foster Parents ☐ Grandparents ☐ Other _____ please specify _____

Special Custodial Court Instructions: ☐ Yes* ☐ No _____

***If Yes, Please, provide a copy of Court Order.**

Legal Guardian Name (if applicable) _____

Address: _____

Place of Employment: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ e-mail: _____

PLEASE LIST TWO PERSONS WE MAY CONTACT IN CASE OF EMERGENCY.

NEED PICTURE ID

NOTIFY THESE INDIVIDUALS PRIOR TO LISTING THEM. INFORM THEM THAT THEY MAY BE REQUIRED TO PICK UP YOUR CHILD IN THE EVENT THAT WE CANNNOT CONTACT YOU.

EMERGENCY CONTACT #1

Name: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____ e-mail: _____

Address: _____

EMERGENCY CONTACT #2

Name: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____ e-mail: _____

Address: _____

Parent/Guardian Signature: _____

**++++++ If this information changes during the school year,
please call the school to update your emergency information.
This is extremely important!!!!**

THIS IS A MUST READ!

2019-2020

Christopher Columbus Charter School

www.cccs.k12.pa.us

Dear Parents/Guardians,

CCCS administration and staff have developed plans for procedures in the case of an unexpected early dismissal due to inclement weather, due to a civic emergency, or any local emergency need. We have gone over the process time and time again regarding the best ways to protect your children and keep them safe. We feel that these plans are good ones and we ask that you cooperate with your part to ensure the safety of all of our children and staff members. Listed below are a number of things that you could do to help us in the case of any early dismissal or emergency.

1. **Complete the attached information sheet with all the information requested and please inform us if there are any changes in phone numbers or addresses.**
2. **Please do not park in our school yard when picking up your children.** The gate will be closed – do not under any circumstances open this gate.
3. Enter the North building by the 9th St. side main entrance only. Staff members will be covering other entrances and access by any other door will be denied.
4. In the case of a school lockdown do not attempt to enter the building. Please wait until an all clear is given. Once you enter the building you will be directed to your child's grade table in the cafeteria (both at 9th and 13th St.). Please sign EACH of your children out. We understand that it is inconvenient to go to each table but we need to document that each of the children left with a responsible adult. **Never take another child from the school without his/her parent's permission or without informing a staff or faculty member.**
5. Please remember that we are responsible for all the children in our school. Your calm, cooperative and orderly behavior will be the model that your children follow.

Please always listen to KYW if there is inclement weather or any type of emergency.

Thank you for your cooperation in this matter.

Mr. Edward Poznek
CEO

Christopher Columbus Charter School

2019-2020

Parent Conference Questions

Teachers, please go over these questions with your parents/guardians.

Name of Child _____ Teacher _____ RM. # _____

Does your child have any special needs? _____

Religious Restrictions? _____

Medicine or Food Allergies? _____

Are there any custody issues that the school needs to know? Please provide custody papers if you wish us to uphold custody provisions. _____

Does your child have an IEP or a 504 Plan? _____ If so, please be sure the school receives a copy of it.

###Reminder – children should not be in the school yard before 8:00AM – there will be NO supervision before 8:00AM **Children in Foundations may come in at 7:00AM for breakfast** – all other students may enter the building at 8:00AM for breakfast. ,.,.

****Dismissal is at 3:30 PM for grades K-5 Monday thru Friday
9th St. Building

****Dismissal is at 3:45 PM for grades 5-8 Monday thru Friday
13th St. Building

****Please check the school calendar for early dismissal days.

Pick Up Information
2019-2020

Student's Name: _____ Grade _____

Address: _____

Dear Parents/Guardians:

We would like to have a list of adults you will authorize to pick up your child/ren. If you are authorizing your child to either walk home or take public transportation, please note that as well.

_____ My child, _____ walks to/from CCCS.

_____ My child, _____ takes public transportation

to/from CCCS. The route # is _____.

The following individuals are authorized to take/pick up my child to/from CCCS.

1. Name _____ Phone # _____
2. Name _____ Phone # _____
3. Name _____ Phone # _____
4. Name _____ Phone # _____
5. Name _____ Phone # _____

If this information changes at any time during the year, please be sure to call the school office and inform the administration and your child's teachers.

Parent/Guardian Signature _____

E-mail address _____

Transportation Reimbursement

Christopher Columbus Charter School

www.cccs.k12.pa.us

2019-2020

Dear Parents/Guardians:

The School District of Philadelphia determines eligibility for partial reimbursement of transportation costs to families that are driving students to school in an automobile or van on a daily basis. If you are driving your child to school and wish to be considered for reimbursement, please complete the bottom of this form.

Once the School District has determined that you are eligible to receive transportation reimbursement, a monthly check will be mailed directly to you. Because of this, it is important that you notify us of any address change that may occur through the school year.

The amount of each month's reimbursement check will be based upon your child's monthly attendance at CCCS.

If you would like consideration for free transpasses, please mark the appropriate lines below.

THIS INFORMATION WILL DETERMINE YOUR ELIGIBILITY FOR THE 2019-20 SCHOOL YEAR.

Please remember to sign the form. Incomplete forms will be returned and may delay your eligibility status.

Mr. Edward Poznek
CEO

Please print

My child/ren _____ Grade _____
_____ Grade _____
_____ Grade _____
_____ Grade _____

Student's Address: _____

City, State, Zip _____

Telephone#: (____) _____

Year, Make and model of car, truck or van (for example, 99 Ford Taurus sedan/wagon, etc.)

Vin # (on registration card) _____

Actual mileage to/from school: _____

Seat Capacity (# of persons your auto holds): _____

Please **print** the name of the person driving your child and whose name will appear on the monthly transportation reimbursement check. (One name per check, please).

_____ I would like to receive reimbursement for transportation. **(Only applies to grades 1-6)**

_____ I would like to receive transpasses for transportation. **(Only applies to grades 1-8)**

Kindergarten students are not eligible for trans-passes or transportation reimbursement.

Parent/Guardian Signature: _____

Date: _____

Families with multiple children are eligible for only one reimbursement or trans-passes for each child.

Christopher Columbus Charter School
Title I Parent Compact

2019-2020

- _____ Send my child to school healthy, well-nourished, clean and prepared to learn.
- _____ **See that my child is punctual and attends school on time every day.**
- _____ Support the school's discipline policy.
- _____ See that my child wears his/her uniform **every day to school.**
- _____ Establish a time and place for homework each day and provide a quiet and well lighted place for study.
- _____ Check the homework on a regular basis and check power school to monitor progress.
- _____ Be respectful toward all members of CCCS staff and faculty.
- _____ Attend all parent report card conferences unless teacher deems it not necessary.
- _____ Commit to 20 hours per year as a volunteer – hours can be accumulated by participating in various school functions. (Meetings, fundraisers, attending report card conferences, volunteering for special events, etc.)
- _____ I understand that the policy of CCCS is to promote students from grade to grade based on academic performance.
- _____ **I will take responsibility for the behavior of my child in school and understand that unacceptable behavior as determined by teachers and other staff members will result in sanctions explained in the school's code of conduct. Good behavior is also rewarded in various ways during the school year.**
- _____ I understand that this COMPACT is an agreement to support the faculty, staff and volunteers as they work to help me help my child be a productive, and cooperative member of the school community.

Parent/Guardian Signature _____

Child's Name _____ Homeroom _____

Date: _____

Christopher Columbus Charter School
Title I School Compact

2019-2020

- _____ Provide a safe and caring classroom environment in which your child will begin to be responsible for his/her own behavior and learning
- _____ Follow the curriculum designed for this school and for your child
- _____ Utilize the information gathered about your child through diagnostic testing, interviews, conferences, observation in class, and assessment of your child's performance to construct, implement and modify the Individualized Learning Plan for your child
- _____ Take into account your child's strengths and unique attributes
- _____ Make classroom learning activities enjoyable, challenging and effective
- _____ Help your child follow school and classroom rules
- _____ Keep you informed of your child's progress by updating Power School regularly.
- _____ Schedule parent/teacher conference to accommodate parents' schedules
- _____ Help you with how to help your child at home
- _____ Vary teaching techniques so that all types of learning can take place.
- _____ Assign homework, check completion of homework.

Teacher Signature _____ Date _____

Parent Signature _____ Date _____

Child's Name _____ Homeroom _____

Christopher Columbus Charter School
Title I Student Compact

2019-2020

- _____ Attend school regularly and be on time.
- _____ Behave well in my class.
- _____ Come to school with materials I need in order to do my best work.
- _____ Follow the instructions of my teachers.
- _____ Follow classroom rules and school policy.
- _____ Complete and return my homework on time.
- _____ Use regular study hours at home.
- _____ Make good effort.
- _____ Respect all adults in our school.
- _____ Respect all students in our school.
- _____ Respect other people in our community.
- _____ Respect school property.
- _____ Follow CCCS guidelines for wearing uniforms.

Student Name _____ Date _____

Child's Name _____ Homeroom _____
(parent sign if child cannot write)

Teacher Signature _____ Date _____



HOME LANGUAGE SURVEY¹

The Office of Civil Rights (OCR) requires that all Local Education Agencies (LEA's) identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the initial step in the identification process.

School District: _____ **Date:** _____

School: _____

Student's Name: _____ **Grade:** _____

1. What is/was the student's first language? _____

2. Does the student speak a language(s) other than English? **Yes** **No**

(Do not include languages learned in school.)

If yes, specify the language(s): _____

3. What language(s) is/are spoken in your home? _____

4. Has the student attended any United States school in any 3 years during his/her lifetime? **Yes** **No**

If yes, complete the following:

Name of School	State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian signature: _____

(if other than parent/guardian) _____

¹ The local education agency (LEA) has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the LEA has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the LEA may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the LEA in the future.

Christopher Columbus Charter School
Permission for Pictures
2019-2020

Student's Name _____ Homeroom _____

Dear Parents,

Occasionally members of the staff would like to take a still photo of the children or capture one of their activities on videotape. The pictures might be displayed on bulletin boards with the school, or they might be sent to the newspapers along with an article that describes the activity in which the children were engaged. For example, we might take a picture of the winners of a spelling contest and send it to the newspaper along with an article about the school's spelling program and the performance of the youngsters who won the contest. Videotapes are generally used within the school to capture a special program or to establish a base line that allows children to see how much they have grown in a given period. The Audio-Visual and Publications Agreement gives the school your permission to photograph your child and display his/her picture and name in newspaper articles, video presentations, etc.

The Christopher Columbus Charter School may use any material it may gather to written, audio, and/or means in such manner and form as it deems appropriate in fulfillment of its obligation to ensure the highest standards of educational services. This material may include but not be limited to candid photographs and/or moving picture of video presentations, as well as material from or about me, my child, or any person for whom I am legally responsible.

☐ **Yes**, my child **may** be photographed or have his/her name mentioned in any media publication or broadcast.

☐ **No**, my child **may not** be photographed or have his/her name mentioned in any media publication or broadcast.

Signature _____ Date _____

Print Name _____

Child's Name _____ Homeroom _____

Relationship to child _____

+++++

Christopher Columbus Charter School

Permission for Neighborhood Walks

2019-2020

Child's Name _____ Homeroom _____

Dear Parents:

The staff of the CCCS will want to take the children on short walks through the neighborhood in order to take advantage of such facilities as recreation centers, libraries, museums, parks, etc. Please be assured that these trips will be integral parts of the school's programs and that your children will derive educational benefits from participating.

I give my permission for my child _____, to walk to places of interest in the neighborhood surrounding CCCS. I understand that a member of the staff will accompany the children. I further understand that if my child behaves in a manner that is disruptive, or that endangers his/her personal safety or that of other members of the class, he/she will be excluded from similar activities for a period of time to be determined by the school. The school will be under no obligation to provide a similar alternative program.

Parent/Guardian Signature

Date _____

Emergency Number where I can be reached _____

1. Alternate emergency number _____

2. Alternate emergency number _____

Please list any special medical condition we should be aware of: _____

Christopher Columbus Charter School
2019-2020

Dear Parents/Guardians,

The students will be accessing the Internet for research, graphics, SAFE Internet use, instruction and much more. While accessing the Internet, students will be responsible for their actions.

***Internet access is a privilege and that privilege
may be revoked
if misused by any student***

**Any student who accesses an inappropriate website
will be suspended from school for a period of three days. All social networks may
never be accessed during the school day!**

Mr. Edward Poznek

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Internet Access Permission
2019-2020

_____ **No, I do not** give permission for my child, _____,
access to the Internet while attending CCCS.

_____ **Yes, I do** give permission for my child, _____,
access to the Internet while attending CCCS.

Student's Name _____ Homeroom _____

Parent's/Guardian Signature _____

Date: _____

Christopher Columbus Charter School

Student Name _____

Date of Birth _____ Grade _____

Parent or Guardian Name _____

Address _____

Telephone Number _____

Pennsylvania School Code §13-1304-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an action of offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property."

Please complete the following:

I hereby swear or affirm that my child was _____ was not _____ previously suspended or expelled , or is _____ is not _____ presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property. I make this statement subject to the penalties of 24 P.S. §13-1304-A(b) and 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

If this student has been or is presently suspended or expelled from another school, please complete:

Name of the school from which student was suspended or expelled:

Dates of suspension or expulsion:

(Please provide additional schools and dates of expulsion or suspension on back of this sheet.)

Reason for suspension/expulsion (optional) _____

(Signature of Parent or Guardian)

(Date)

FAMILY SURVEY (2019-20 School Year)

Find your Household size (number of people residing in your home) and the corresponding yearly income level listed beside it on the chart printed blow.

Note: if you are paid on a weekly or monthly basis, please multiply that amount into an annual figure for comparison based on the weeks or months you actually work each year.

FAMILY INCOME

Household Size*	Yearly Income
1	21,978
2	29,637
3	37,296
4	44,955
5	52,614
6	60,273
7	67,951
8	75,647
Each Additional Member	+7,696

***The number for household members could include a foster child, an emancipated youth, or a child between 18-21 still receiving special education services.**

Is your annual income, based on household size less than the amount shown above? YES NO

Is your family eligible for SNAP (food stamps)? YES NO

Are you receiving TANF (Temporary Assistance for Needy Families)? YES NO

Are any of your children eligible to receive medical assistance under the Medicaid program? YES NO

Please check here _____ if you do not wish to share this information in writing or have questions concerning this survey. Please write a phone number where you can be reached

Name of Children Attending our School

Grade

_____	_____
_____	_____
_____	_____
_____	_____

Please return this form by: _____

Christopher Columbus Charter School
Housing Questionnaire

Parent/Guardian/Student:

This form is intended to address the McKinney-Vento Act 42 U.S.C. 11435, and must be completed for each student. **The information you provide is confidential.** Your child will not be discriminated against based upon the information provided.

Please complete the following questions regarding the student's housing in order to help determine services the student may be eligible to receive.

Note to schools/Temporary Housing Liaisons: Please assist students and families in filling out this form. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the student is not required to submit proof of residency and other required documents that may be part of the registration packet. The district cannot disclose housing status information without parental consent.

Student Name		
Last	First	Middle
School	Date of Birth	Gender

Please identify the student's current living arrangements. Please check **one** box:

Check (v)	Housing Questionnaire Choice
<input type="checkbox"/>	Doubled-up With another family or other person because of loss of housing or as a result of economic hardship.
<input type="checkbox"/>	Shelter Emergency or transitional shelter
<input type="checkbox"/>	Hotel or Motel Living in what is NOT an emergency shelter and involves payment.
<input type="checkbox"/>	Other Temporary Living Situation Trailer park, campground, car, park, public places, abandoned building, street, or any other inadequate living space.
<input type="checkbox"/>	Permanent Housing Student who is living in a fixed, regular, and adequate housing situation.

If the student is NOT living in a permanent housing, also indicate if the below applies:

	Unaccompanied Youth Student who is living alone without an adult. Student is living with an adult that is not a parent/legal guardian.	Circle and enter "Y" if applicable
--	--	---

Parent/Guardian Name (print)

Parent/Guardian Signature

Please return this form to your child's school as requested.

NOTE: The answer you give above will help determine what services you or your child may be eligible to receive under the McKinney-Vento Act. Students who are protected under the Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. After the student has been enrolled, the new school must contact the last school attended to request the student's educational records, including immunization records, and Students in Temporary Housing (STH) Liaison(s) must help the student get any other necessary documents, or immunizations. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Christopher Columbus Charter School

Acceptable Use Policy for Computer, Internet, and Technology Resources

Christopher Columbus Charter School (CCCS) provides computer technology and internet access to promote educational excellence through resource sharing, innovation, and communication. All technology must be used in an ethical and legal manner. Access is provided in a responsible manner consistent with the educational mission of the school.

CCCS believes that technology and internet access enhance the quality and delivery of education and is an important part of preparing children for life in the 21st century. Technology includes but is not limited to networked computers, laptops, chrome books, cameras, tablets, e-readers, projectors, video camcorders, mp3 players, flash drives, and printers.

CCCS Students receive technology training and education regarding appropriate online behavior in their classes. This includes digital literacy, etiquette, law, health and wellness, security, and communication (including interaction with other individuals on social networking websites and cyber bullying awareness).

All technology users must understand that the Internet is a global, fluid community, which remains largely unregulated. While it is an extremely valuable educational tool, there are sections that are not compatible with our school, community, or family standards. CCCS believes that the Internet's advantages far outweigh its disadvantages and will provide an Internet filtering device which blocks access to a large percentage of inappropriate sites. It should not be assumed that users are completely prevented from accessing inappropriate materials or from sending or receiving objectionable communications. Teachers and students must be careful and diligent that content is school appropriate.

Additionally, CCCS considers access to the Internet and computer resources a privilege, not a right. Therefore, students violating this Acceptable Use Policy (AUP) may be subject to revocation of these privileges and potential disciplinary action. CCCS also reserves the right to report any illegal activities to the appropriate authorities. Ultimately, parents and guardians of minors are responsible for conveying the standards that their children should follow when using media and information sources and upholding the published standards of CCCS. All students must have a current, signed AUP on file with their school of attendance or they will not be permitted to access the CCCS Network or the Internet.

CCCS employs several strategies in order to maximize learning opportunities and reduce risks associated with utilizing the Network and Internet. These strategies are as follows:

General:

- Computer/Internet sessions will be supervised by a teacher.
- Filtering software and/or equivalent systems will be used in order to minimize the risk of exposure to inappropriate material.
- The school district may regularly monitor students' Internet usage.
- Students and teachers will be provided with training in the area of Internet safety.
- Uploading and downloading of non-approved software will not be permitted.
- Virus protection software will be used and updated on a regular basis.
- The use of personal memory sticks, flash drives, CD-ROMs, or other digital storage media in school requires teacher approval and permission.
- Students will always treat others with respect

Network:

- Students will access the Network and Internet with specific teacher permission and supervision and further understand that activities on any school computer may be observed directly or remotely.
- Students will not access or use files, utilities or applications capable of altering intended computer or Network performance, settings or access.
- Students will not use or attempt to gain unauthorized access to student, faculty or administrative passwords; folders, work, files, or accounts; Network administrative programs or equipment; and will protect the secrecy of home/school accounts and passwords.
- Students will refrain from using the Network for financial gain, political gain, and commercial activity or for any illegal activity, or for any activity that is not school appropriate.

Internet and Web Access:

- Students will not intentionally visit Internet sites that contain obscene, illegal, hateful or otherwise objectionable materials.
- Students will report accidental accessing of inappropriate materials in accordance with school procedures.
- Students will use the Internet for educational purposes only.
- Students will not copy information into assignments and fail to acknowledge the source (plagiarism and copyright infringement).
- Students will never disclose or publicize personal information.
- Students will only download materials or images relevant to their studies.
- Students will be aware that any usage, including distributing or receiving information, school-related or personal, may be monitored for unusual activity, security and/or Network management reasons.

Email:

- Students will use approved class email accounts or personal accounts only under supervision by or permission from a teacher.
- Students will not send or receive any material that is illegal, obscene, and defamatory or that is intended to annoy, intimidate, or harass another person.
- Students will not intentionally reveal their own or other people's personal details, such as addresses or telephone numbers or pictures.

Social Networking:

- Students will only have access to chat rooms, discussion forums, Weblogs, messaging or other electronic forms of communication that have been approved by CCCS and supervised by a teacher.
- Chat rooms, discussion forums, Weblogs and other electronic communication forums will only be used for educational purposes.

School Web Site:

- Students may be given the opportunity to publish projects, artwork or schoolwork on the World Wide Web in accordance with clear policies and approval processes regarding the content that can be loaded to the school's Web site.
- The Web site will be checked regularly to ensure that there is no content that compromises the safety of students or staff.
- The publication of student work will be coordinated by a teacher.
- Students' work may appear in an educational context on Web pages.
- Personal student information including home address and contact details will be omitted or redacted from school Web pages.
- Students will continue to own the copyright on any of their own work published.

Personal Cell Phones and Devices

- Personal Cell Phones and Devices
- Students using their own cellular technology in school, such as leaving a mobile phone turned on during school hours, using it in class without teacher permission, or the unauthorized taking of images with a mobile phone camera (still or moving) is in direct violation of this Acceptable Use Policy as well as the CCCS Student Code of Conduct.
- Students may use cellular technology in class for educational purposes with teacher permission.

Ethical Use:

- Users may not cause malicious or intentional damage to school technology.
- Users may not tamper with default or teacher-created settings on any school owned computers.
- Users may not plagiarize or violate copyright law in any way from any source.
- Users may not send, display or receive messages, pictures, or other media which are abusive, obscene, sexually inappropriate, threatening, and racially offensive, considered harassment or offensive.
- Users must comply with laws regarding cyber bullying. Cyber bullying is willful and repeated harm and/or harassment inflicted through the use of computers, cell phones, and other electronic devices. The policies regarding these situations will follow applicable state and federal law.
- Users may not intentionally waste valuable limited resources (paper, ink, toner, CDs, DVDs, etc.).
- Inadvertent access to any inappropriate content using school technology needs to be reported to a teacher or administrator immediately.

Sanctions:

- Misuse of the Network or Internet may result in disciplinary action, including written warnings, withdrawal of access privileges and, in extreme cases, suspension or expulsion. The school also reserves the right to report any illegal activities to the appropriate authorities.

General Provisions:

- Students and parents should familiarize themselves with information about legislation relating to Internet use, including the Children's Internet Protection Act of 2000 (CIPA).

Chromebooks:

CCCS is supplying all students in Grades 4-8 a Chromebook device. This device is property of CCCS. The function will be to provide student access to required educational materials needed for each student to be successful. The Chromebook allows student access to Google Apps for Education, educational web-based tools, as well as many other useful sites. It is an educational tool not intended for gaming, social networking or recreational computing. The mission of the 1-to-1 Chromebook program at CCCS is to create a collaborative learning environment for all students in Grades 4-8. This environment will enable and support students and teachers to implement transformative uses of technology while enhancing students' engagement with content and promoting the development of self-directed, responsible life-long learners and users. Students will transition from consumers of information to creative producers and owners of knowledge.

- Students are responsible for the general care of the Chromebook that was issued to them by the District. Chromebooks that are broken or fail to work properly must be reported immediately to their teacher or technology specialist.
- Chromebooks are intended for use at school each day. Students are responsible for bringing their Chromebooks to all their classes, unless specifically instructed not to do so by their teacher.
- Close the Chromebook screen before moving it, unless directed to do so by a teacher.
- Do not lean on the top of the Chromebook when it is closed.
- Do not place anything near the Chromebook that could put pressure on the screen.
- Do not place anything in the carrying case that will press against the cover.
- Do not poke or write on the screen.
- Do not place anything on the keyboard before closing the lid (e.g. pens, pencils, or disks).
- Clean the screen with a soft, dry cloth or anti-static cloth.
- Do not bump the Chromebook against lockers, walls, doors, floors, etc.
- No food or drink is allowed next to your Chromebook while it is in use.
- To conserve battery life Chromebooks should be shut down before moving them.
- Chromebooks must remain free of any writing, drawing, stickers, or personal decorative labels.
- Chromebooks must never be left in an unlocked car or any unsupervised area.
- Students are responsible for charging their Chromebook's battery before the start of each school day.
- Students may be selected at random by teachers or administrators to provide their Chromebook for inspection for damages or misuse.

Permission Form:

Please review the attached Christopher Columbus Charter School (CCCS) Acceptable Use Policy (AUP). Sign and return this permission form to the school of attendance.

Name of Student: _____

Grade: _____ Homeroom: _____

Student:

I agree to follow the Christopher Columbus Charter School (CCCS) Acceptable Use Policy (AUP) on the use of Computer Technology, Network, Internet. I will use these tools in a responsible way and will obey all the rules established by the school.

Signature: _____

Date: _____

Parent/Guardian:

As the parent or legal guardian of the above student, I have read the CCCS AUP and grant permission for my son or daughter or the child in my care to access the Network and Internet. I understand that Network and Internet access is intended for educational purposes. I also understand that every reasonable precaution has been taken by CCCS to provide for online safety, but that CCCS cannot be held responsible if students access unsuitable Web sites.

Signature: _____

Date: _____

**ALL CHROME BOOKS ARE THE PROPERTY OF CHRISTOPHER COLUMBUS CHARTER SCHOOL
AND WILL BE RETURNED TO THEIR HOMEROOM TEACHERS IN JUNE OF 2020.**



Health Room Policies:

- 1) The school nurse cares for illnesses and injuries that occur in the school setting.
- 2) **Notification of parents/guardians will be on an as needed basis and at the discretion of the nurse as over 30 students are seen each day.**
- 3) The nurse will not treat injuries that occurred at home, redressing wounds from home is the parent's responsibility and/ or your family doctor.
- 4) Children with complaints of headache will be offered ice; only children with a doctor's order on file will be given Tylenol.
- 5) Children who are sick must stay home; perfect attendance is not an appropriate reason to send a sick child to school. Remember Tylenol masks/hides a fever it does not cure it, your child is still sick.

MANDATED HEALTH RECORDS:

- ALL sixth graders will need a new physical by the eight month of the school year (April). A copy of shot records is NOT a physical.
- All new students will need a physical; this includes Kindergarten and students transferred from other schools.

I have found it necessary to be firm with these policies as our student population continues to grow and compliance has been less than perfect in previous years. In regard to medications, there will be no exceptions.

If you have any questions or concerns feel free to contact me at 215-925-7400

K.Mingroni, RN, BSN
School Nurse



Medication Policies

NO CHILD IS PERMITTED TO CARRY HIS/HER MEDICATION ON THEM !!!!

- 1) Medication should be given at home whenever possible.
- 2) Medication prescribed 3x a day can be given at home (morning, afterschool and at bedtime).
- 3) Medication prescribed 4x a day can be given once in school with a doctor's order.
- 4) All medication must be prescribed by a qualified health care provider on form MED-1. Forms available upon request. A written order by a physician on a prescription pad or letterhead is also acceptable. No medication or treatment will be administered without written permission and dosing from a physician. Medication cannot be administered without directions therefore please DO NOT send the medication to school. (this includes epi-pens, pills and inhalers).
- 5) In the event of an asthma flare, inhalers may be administered in the nurse's office without a medical form, this is a onetime exception. A written order from your child's physician is expected within 10 days. Inhalers will be returned after 10 days if the proper form is not on file.
- 6) Prescription medication must have the name of the recipient clearly visible on the label or box and in its original package.
- 7) Any dose changes to your child's medication must have documentation from his/her physician.
- 8) OTC (over the counter) medications such as Tylenol and /or Motrin require written confirmation by a qualified health care provider (prescription pad, letterhead and/or fax is acceptable). Dosing should be determined by the physician not the parent or the packaging.
- 9) OTC medication must be in the original manufacturer's container (Pills loose in a bag are unacceptable).
- 10) All medication that is to be given in school (inhalers, pills, etc) must be given to the nurse/health tech. as soon as the student arrives at school. Students may not carry medication on them for any reason. Students who are caught with medication will be issued demerits, detention or suspension as determined by administration.
- 11) A new medication form, MED-1 is needed each school year.
- 12) Finally, Tylenol will only be administered to students who have a standing order from their doctor.

***Any medication sent with your child that does not meet the above requirements, will Not be administered by the medical staff.

THE SCHOOL DISTRICT OF PHILADELPHIA
SCHOOL HEALTH SERVICES

REQUEST FOR ADMINISTRATION OF MEDICATION, TREATMENTS OR USE OF EQUIPMENT IN SCHOOL

(PLEASE SEE MESSAGE TO PHYSICIAN AND PARENT ON BACK OF FORM)
PHYSICIAN, PLEASE NOTE: Fill in all of the spaces. Missing information will cause the form to be returned to you. This will cause a delay in your patient receiving medication / treatment. A separate request is needed for each medication.

NAME OF PATIENT/STUDENT		ADDRESS/ZIP		ROOM/BOOK NO.	
DATE OF BIRTH		SCHOOL/ORG.#		REGIONAL OFFICE	
DIAGNOSIS:				PID	
REASON MEDICATION MUST BE GIVEN IN SCHOOL:					
NAME OF MEDICATION/EQUIPMENT/TREATMENT:				DOSE:	
TIME(S) TO BE GIVEN IN SCHOOL:				TOTAL DOSAGE PER 24 HRS:	
DATE BEGIN:				DATE END:	
INSTRUCTION FOR ADMINISTRATION/UTILIZATION:					
CONTRAINDICATIONS:					
SIDE EFFECTS:					
TREATMENT OF SIDE EFFECTS/ACTION TO BE TAKEN:					
IS ANY RESTRICTION ON ACTIVITY NECESSARY: YES <input type="checkbox"/> NO <input type="checkbox"/>					
IF YES, DESCRIBE: _____					
IS STUDENT TAKING ANY OTHER MEDICATION? YES <input type="checkbox"/> NO <input type="checkbox"/>					
IF YES, NAME OF MEDICATIONS: _____					
IS SIMILAR EQUIPMENT KEPT BY THE CHILD'S FAMILY AT HOME? YES <input type="checkbox"/> NO <input type="checkbox"/>					
PRINT NAME OF HEALTH CARE PROVIDER/CREDENTIALS				TELEPHONE	
ADDRESS				EMERGENCY NUMBER	
SIGNATURE OF HEALTH CARE PROVIDER				DATE SIGNED	

To The Principal

- I authorize selected school personnel to administer the indicated medication, or to use the equipment or machinery as prescribed by my child's health care provider, whose signature appears on this form.
- Medication is to be administered by the Certified School Nurse. In the absence of the Certified School Nurse, it may be administered by the Principal or his/her designees.
- Certified School Nurse will provide instruction for administration of medication or use of equipment to the Principal or his/her designees.
- My child may self-administer medication/equipment as determined appropriate by the school nurse.
- I authorize the school nurse to communicate with my child's health care provider and my health care provider to reply, as needed, regarding this medication/equipment and/or my child's response.

PARENT SIGNATURE _____ TELEPHONE NUMBER _____

DATE SIGNED _____ EMERGENCY NUMBER _____

SIGNATURE OF SCHOOL NURSE _____

TELEPHONE NUMBER OF SCHOOL NURSE _____

THE SCHOOL DISTRICT OF PHILADELPHIA
SCHOOL HEALTH SERVICES
REPORT OF PHYSICAL EXAMINATION

Name of Student	Date of Birth	Student ID #	Grade
Name of School	Room/Section/Book	Date Issued	

TO THE CARE PROVIDER (Please complete all items)

Pennsylvania law requires that students attending school in the state be immunized and receive periodic medical examinations. Payment for these examinations is the responsibility of the parent/guardian. THESE IMMUNIZATIONS ARE REQUIRED FOR SCHOOL ATTENDANCE. Attach a copy of the student's immunization record, or record the dates below.

VACCINE	ENTER MONTH, DAY, AND YEAR EACH IMMUNIZATION WAS GIVEN				
	DOSES				
Diphtheria and Tetanus* (DTap, DTP, Td or DT)	1. / /	2. / /	3. / /	4. / /	5. / /
Polio, (OPV or IPV)	1. / /	2. / /	3. / /	4. / /	
Hepatitis B	1. / /	2. / /	3. / /		
Measles** - Mumps - Rubella (MMR)	1. / /	2. / /	or Measles Serology: Date _____ Titer _____ Rubella Serology: Date _____ Titer _____ Mumps disease diagnosed by a physician: Date _____		
Varicella	1. / /	2. / /			
Other	1. / /	2. / /			

☐ Date of last Tetanus Booster _____
 ☐ Date of last PPD _____ Result _____ mm

* One dose must be on or after the fourth (4th) birthday. ** First dose must be on or after the first (1st) birthday and the second dose should be at least one month after the first dose	Does this student have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Insurance Provider: _____
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RECORD THE FOLLOWING

1.	Visual Acuity: Without Glasses: R _____ L _____ With Glasses: R _____ L _____												
2.	Audiometric Screening: R _____ L _____												
3.	BP _____												
4.	Height _____ inches / cm Weight _____ lb. / kg BMI percentile _____												
5.	Scoliosis Screening: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Referred <input type="checkbox"/> No Referral												
6.	Activity Recommendation: <input type="checkbox"/> Full Physical Activity <input type="checkbox"/> Restricted Physical Activity (Must Complete Phys. Ed. Medical Exemption/Program Modification Form MEH-23) Specify Restrictions: _____												
7.	List all medications currently being taken: Medication: _____ Reason: _____												
8.	List ALL problems by history or examination: _____ Circle status of problem <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1. _____</td> <td style="width: 10%;">Under Care</td> <td style="width: 10%;">Care Complete</td> <td style="width: 20%;">Referred</td> </tr> <tr> <td>2. _____</td> <td>Under Care</td> <td>Care Complete</td> <td>Referred</td> </tr> <tr> <td>3. _____</td> <td>Under Care</td> <td>Care Complete</td> <td>Referred</td> </tr> </table> <input type="checkbox"/> No Problems Identified	1. _____	Under Care	Care Complete	Referred	2. _____	Under Care	Care Complete	Referred	3. _____	Under Care	Care Complete	Referred
1. _____	Under Care	Care Complete	Referred										
2. _____	Under Care	Care Complete	Referred										
3. _____	Under Care	Care Complete	Referred										

Comments / follow-up treatment plan / Special instructions to school:

Signature of Care Provider (REQUIRED)	Telephone	Care Provider office stamp (REQUIRED)
Address	Date of Exam	

CCCS School Calendar 2019-2020

2019

August 19 th	Conference Day- (9-3)
August 26 th	Conference Day- (9-3)
August 27 th , 28 th , 29 th	Professional Development
August 30 th	Holiday
September 2 nd	Holiday – Labor Day
September 3 rd - 6 th	Grades 1-8 – 1:30 Dismissal ALL WEEK
September 9 th	First Day of Kindergarten -Regular Dismissals Begin
September 30 th	Holiday – Rosh Hashanah
October 9 th	Holiday - Yom Kippur
October 14 th	Holiday – Columbus Day
November 8 th	Report Card Conferences – No school for students
November 28 th & 29 th	Holidays – Thanksgiving
December 23 rd - January 3 rd	2020 Winter Break
Classes Resume on January 6th, 2020	

2020

January 1 st , 2 nd , 3 rd	Winter Break
January 20 th	Holiday – Martin Luther King Day
February 14 th & 17 th	Holidays – President's Day Weekend
April 6 th – 13 th	Spring Break
Classes Resume on April 14th, 2020	
May 22 nd , 25 th	Holidays – Memorial Day Weekend
June 17 th	Last Day of School

Calendar Is Subject To Change – Please Refer To The Monthly Calendar

8th Grade Graduation – June 10th
Kindergarten Graduation - June 15th
1:30 DISMISSALS will be noted on the monthly calendars.

Dear Parents/Guardians:

If you are requesting monthly transportation reimbursement, the Department of Transportation Services at the School District of Philadelphia requires you to complete and return the attached W-9 form to CCCS at your earliest convenience. CCCS will record your form and then forward it to the District for payment processing.

The School District will not release your monthly reimbursement payments if you have not returned your completed W-9 form to CCCS.

Thank you. 😊

Mariellena McKenna
Secretary, C.C.C.S.

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.