



# Kingsland Public Schools

Independent School District No. 2137

705 North Section Avenue

Spring Valley, MN 55975

[www.kingsland.k12.mn.us](http://www.kingsland.k12.mn.us)

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## **WEB PAGE PUBLICATION AGREEMENT FORM**

**(\*\*One form required for each student\*\*)**

**Web Page Publication:**

The Kingsland School District may publish videos/pictures of the students in various school activities OR student work on the school's webpage. Doing this would make the videos, pictures, and/or student work accessible to anyone on the Internet. Please indicate whether or not you wish for your child to be included in this.

***Please initial your choice:***

☐ Yes, include my child in these publications.

☐ No, DO NOT include my child in these publications.

## **INTERNET USE AND SAFETY AGREEMENT FORM**

**Internet Use Refusal Statement:**

Parents have the option to request alternative educational activities not requiring Internet access and the material to exercise this option. In order to exercise this option, you will need to submit a letter to the building principal.

## **STUDENT**

User's Full Name (please print): \_\_\_\_\_ Grade: \_\_\_\_\_

**(Student in Grades 2-12)**

I have read and do understand the school district policies relating to safety and acceptable use of the school district computer system and the Internet found in the PK-12 Student Handbook and agree to abide by them. I further understand that should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action may be taken.

User Signature \*\*: \_\_\_\_\_ Date: \_\_\_\_\_

## **PARENT OR GUARDIAN**

As the parent or guardian of this student, I have read the school district policies relating to safety and acceptable use of the school district computer system and the Internet found in the PK-12 Student Handbook. I understand that this access is designed for educational purposes. The school district has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the school district to restrict access to all controversial materials and I will not hold the school district or its employees or agents responsible for materials acquired on the Internet. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission to issue an account for my child and certify that the information contained on this form is correct.

I give parental permission for my student to use software accounts such as email, Learning Management Systems, and other educational tools that will be used in the classroom curriculum.

Parent or Guardian's Name (please print): \_\_\_\_\_

Parent or Guardian's Signature \*\*: \_\_\_\_\_

## **Device Insurance Form**

### **8.2 School District Device Insurance Plan**

The school district shall provide repairs at no cost to the student for normal wear and tear. The School District Device Insurance Plan is available for students and parents to cover device repair or replacement in the event of theft (police report required), loss, or accidental damage. The device insurance plan will cover no more than two (2) repairs per school year.

The insurance plan cost is **\$40.00** annually for each device. If the student qualifies for educational benefits, the protection plan cost is **\$20.00** annually for each device. **This benefit is not retroactive during the school year.** In addition, families for which the device insurance plan might be a hardship could make an application to the Superintendent to make affordable payments. This application must be done in advance to allow processing time.

**\*Students will be entirely responsible for the cost of repairs to Devices that are damaged intentionally. \*If you decide not to participate in this protection plan, you accept full responsibility for the repair or replacement cost of the device.**

#### **Please put an X by one of the options below:**

NOTE: Cost of device insurance is \$40 per student (\$20 if eligible for free or reduced meals) with a two-time maximum fix. Insurance does not cover intentional damage to device.

\_\_\_ Payment for insurance protection is attached.

Amt. paid \$\_\_\_\_\_ (circle one)    cash    check    #\_\_\_\_\_

\_\_\_ Payment for insurance protection is paid online with Order Number \_\_\_\_\_

To make an online payment:

1. Login to your Infinite Campus Parent Portal Account
2. Click on Fees
3. Click "Add to Cart" next to the name of your student
4. Click "My Cart"
5. Click "Add Payment Method" and enter your payment information
6. Click "Submit Payment"

\_\_\_ I am NOT purchasing insurance protection and accept full responsibility for repairs and/or replacement.

\_\_\_ I am participating in the Bring Your Own Device (BYOD) program. I am responsible for my device and all repairs and/or replacement (Grades 7-12 only).

Parent or Guardian's Name (please print): \_\_\_\_\_

Parent or Guardian's Signature \*\*: \_\_\_\_\_

Individual school Devices and accessories must be returned to the KPS Tech Department at the end of each school year. Students who graduate early, are suspended or expelled, or withdraw enrollment at KPS for any other reason, must return their individual school Device on the date of termination.

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

\*\* By signing these forms, I agree to the stipulations set forth in the above documents including the Webpage Publication, Internet Use and Safety and Device Insurance.