

Kensington Woods SCHOOLS



Student Name: _____
(Please print)

Grade: _____

START-OF-YEAR FORMS 2020-2021

- Handbook Acknowledgment
- Free or Reduced Lunch Forms
- Early Release Form
- Emergency Medical Treatment Authorization
- Medication Forms – Prescription and Non-Prescription
- Application to Drive Vehicles on School Property
- Off Campus Lunch Forms (11th and 12th Grades)
- Parent/Teacher Group Welcome Letter
- KWS Parent/Student/Teacher Contract
- KWS Remote Learning Contract

Please print and return the attached forms and return by Tuesday, September 8, 2021 and return them to the office. You may also sign them electronically and return to Natalie Haggard @ nhaggard@kwoods.org,

Don't forget to visit www.kwoods.org/schoolstore to order your Spirit Wear and Yearbook!

These forms are mandatory for all students.

Kensington Woods SCHOOLS

Handbook Acknowledgment

I have received the Kensington Woods student handbook or have viewed it online (the handbook can be found here: www.kwoods.org/resources). I agree to abide by the policies and procedures contained therein. I understand that the policies contained in the handbook may be added to, deleted, or changed at any time.

In addition, I have read and agree to abide by the policies and procedures in the Covid-19 Policies and Procedures and Health Guidelines documents. They are located at the back of the handbook as well as at www.kwoods.org/covid19.

Please complete this form and return to the school office.

List all children attending Kensington Woods Schools:

Parent/Guardian Signature: _____ 

Student(s) Signature: _____ 

Date: _____

***If you would prefer a hard copy to reading it online, additional copies are available in the Main Office.**

Kensington Woods SCHOOLS

Free and Reduced Lunch

Dear Kensington Woods Schools Parent or Guardian,

Every fall public schools survey their parents to see if they have students who qualify for free or reduced lunch rates. Collecting this data is often overlooked at charter schools because most charter schools don't have hot lunch programs.

However, this information is also used to qualify for a number of other special grants that can be used to help student achievement and help support additional expenditures due to Covid-19. In many of these grants we only need 10 kids or less to qualify.

Your children may qualify for free and reduced price school meals if your household income falls within the limits of the charts on the following page.

Please sign and return this form to the school office. If you qualify for free or reduced lunch, please also fill out the forms on the following pages. Be assured that this information will be kept confidential.

Thank you for your assistance.

STUDENT NAME: _____

- We have no one in our household who qualifies for reduced lunch.
- I believe my child attending Kensington Woods Schools would qualify for reduced lunch.

PARENT SIGNATURE: _____



**DETERMINATION OF ELIGIBILITY FOR
TITLE I, PART A AND SECTION 31a, AT-RISK FUNDING**

INCOME ELIGIBILITY GUIDELINES FOR FREE MEALS IN 2020-21 SCHOOL YEAR					
Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$16,588	\$1,383	\$692	\$638	\$319
2	\$22,412	\$1,868	\$934	\$862	\$431
3	\$28,236	\$2,353	\$1,177	\$1,086	\$543
4	\$34,060	\$2,839	\$1,420	\$1,310	\$655
5	\$39,884	\$3,324	\$1,662	\$1,534	\$767
6	\$45,708	\$3,809	\$1,905	\$1,758	\$879
7	\$51,532	\$4,295	\$2,148	\$1,982	\$991
8	\$57,356	\$4,780	\$2,390	\$2,206	\$1,103
For each additional family member, add	\$5,824	\$486	\$243	\$224	\$112

INCOME ELIGIBILITY GUIDELINES FOR REDUCED-PRICE MEALS IN 2020-21 SCHOOL YEAR					
Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$23,606	\$1,968	\$984	\$908	\$454
2	\$31,894	\$2,658	\$1,329	\$1,227	\$614
3	\$40,182	\$3,349	\$1,675	\$1,546	\$773
4	\$48,470	\$4,040	\$2,020	\$1,865	\$933
5	\$56,758	\$4,730	\$2,365	\$2,183	\$1,092
6	\$65,046	\$5,421	\$2,711	\$2,502	\$1,251
7	\$73,334	\$6,112	\$3,056	\$2,821	\$1,411
8	\$81,622	\$6,802	\$3,401	\$3,140	\$1,570
For each additional family member, add	\$8,288	\$691	\$346	\$319	\$160

If your entire household gets Food Stamps, FIP, or FDPIR

Part 1: Skip this part.

Part 2: Skip this part.

Part 3: If the student is new to the district/school check "Yes." List student(s) name, school, grade, check "Yes," and list a case number.

Part 4: Skip this part.

Part 5: Sign and date the form. A Social Security number is not necessary.

Part 6: Skip this part.

If you are applying for a homeless, migrant, or runaway child, check the appropriate box and contact your Homeless Liaison or Migrant Coordinator. Fill out application by following instructions for ALL OTHER HOUSEHOLDS.

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1: Check the box and list the child's personal use monthly income, if any.

Part 2: Skip this part.

Part 3: **Use a separate application for each foster child.** List the child's name, school, and grade.

Part 4: Skip this part.

Part 5: Sign and date the form. A Social Security number is not necessary.

Part 6: Answer this question.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: Skip this part.

Part 2: Check the appropriate box, if any.

Part 3: If the student is new to the district/school, check "Yes." List each child's name, school, and grade.

Part 4: Follow these instructions to report total household income from last month.

Column 1 – Name:

- List the first and last name of **each** person living in your household, related or not (such as grandparents, other relative, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column 2 – Gross Income:

- Next to each person's first and last name, list each type of income received last month. Next to the amount, circle how often the person got it (weekly, every other week, twice a month, or monthly).
 - *Earning from work:* List the gross income each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** Net income should **ONLY** be reported for self-owned business, farm, or rental income.
 - *All other income:* List the amount each person got last month from welfare, child support, and alimony in the second column. List the amount each person got last month from pensions, retirement, and Social Security in the third column. List All Other Income sources in the fourth column. All Other Income includes Workers Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME.
 - If the person does not have any income, circle "NO" in the last column "Circle if NO Income."

Part 5: An adult household member must sign and date the form and enter the last four digits of their **Social Security Number**, or check the box "I do not have a Social Security Number."

Part 6: Skip this part.

Privacy Act Information: Social Security Number

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Determination of Eligibility for Title I, Part A and Section 31a, At-Risk Funding

Part 1 – Foster Child **YES** **Child’s spending money per month \$ _____ If none available, list \$0.

Use a SEPARATE application for each FOSTER CHILD

Part 2 – Homeless **Migrant** **Runaway**

If the child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call the: District/School Homeless Liaison or Migrant Coordinator at _____

Part 3 – The names of all children in the household in school or the name of ONE Foster Child in school

New Student	Student’s Name	School Name	Grade	Does your child receive Food Stamps/FIP/FDPIR?
<input type="checkbox"/> YES				<input type="checkbox"/> NO <input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO <input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO <input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO <input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO <input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO <input type="checkbox"/> YES _____

If you listed a Food Stamp/FIP/FDPIR case number for EACH child, skip to Part 5.

Part 4 – Total Household Gross Income-You must tell us how much and CIRCLE how often it is received.

	Earnings from work (Before taxes)		Welfare, child support, alimony		Pensions, retirement, Social Security		All other income		Circle if NO Income
	Weekly Every 2 weeks	Twice a Month Monthly	Weekly Every 2 weeks	Twice a Month Monthly	Weekly Every 2 weeks	Twice a Month Monthly	Weekly Every 2 weeks	Twice a Month Monthly	
Example Jane Doe	\$100	Weekly	\$500	Monthly					NO
		Weekly		Monthly					NO
		Weekly		Monthly					NO
		Weekly		Monthly					NO
		Weekly		Monthly					NO
		Weekly		Monthly					NO

Part 5 – Signature and Social Security Number (Adult household member must sign.)

If Part 4 is completed, the adult signing the form must also list the last 4 digits of his or her Social Security Number or check the “I do not have a Social Security Number” box. (See Privacy Act Statement on the Instruction page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, I may be prosecuted.

Sign Here: X _____ **Print Name:** _____ **Date:** _____

Adult Social Security Number (Last 4 digits only): XXX-XX-_____ **I do not have a Social Security Number**

Part 6 – Foster Children: In most cases foster children are eligible for free meals regardless of your household income. Foster home License Number: _____ (optional)

_____ A. The welfare agency or court is legally responsible for the child and the foster home is, in fact, an extension of the welfare agency or court.

_____ B. The child is a resident of a licensed “Group Foster” home or a residential institution.

**Only the foster child’s spending money is counted as income on this application. Do not include money from occasional or part-time jobs like paper routes and babysitting. If you have any questions, please contact the school.

Do not fill out this part. This is for school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Household Size: _____ Total Gross Income: \$ _____ Week _____, Every 2 Weeks _____, Twice a Month _____, Month _____, Annual _____

Foster Child: _____ Categorical Eligibility: _____ Eligibility: Free _____ Reduced _____ Denied _____

Temporary Free _____ Time Period: _____ (expires after _____ days)

Reason for Denial: _____ Income too High _____ Incomplete Application _____ Other (specify) _____

Determining Official’s Signature: _____ Date: _____ Date Withdrawn: _____

Kensington Woods SCHOOLS

Early Release Form

Because the school is responsible for the safety and well-being of your child, s/he will be released prior to the end of the school day only to a parent or a person authorized in writing by the parent to act in his/her behalf.

Please provide the name for each person who is authorized to release your child from school prior to the end of the school day.

Name	Relationship (friend, relative, neighbor, etc.)	Contact Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

The person(s) whose name appears above may authorize the release of my child from school.

Parent's Signature		Date
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Kensington Woods SCHOOLS

Emergency Medical Treatment Authorization

Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I grant to the School Leader or his/her designee the authority to act for me and to provide any required consents and authorizations for the delivery of medical care, diagnoses and treatment including surgical intervention, if necessary on behalf of my minor child listed below and to do all other necessary things as I might or could do to provide for the child's health and safety , if I were present.

This authorization is valid for the current school year or until such time as I withdraw the authorization.

Authorized: _____ Date: _____
Signature of Parent/Guardian

Child's Name: _____

Birth date: _____ Sex: _____ Telephone: _____

Parent/Guardian Name _____

Home Address: _____

Mother's Employer: _____ Telephone: _____

Father's Employer: _____ Telephone: _____

Preferred Doctor: _____ Telephone: _____

Preferred Dentist: _____ Telephone: _____

Insurance Company _____ ID Number: _____

Important Medical Information

Allergies: _____

Current Medications/Treatments: _____

Previous Operations or Hospital Confinements: _____

Other: _____



AUTHORIZATION FOR NON-PRESCRIPTION MEDICATION AT SCHOOL

(MUST BE SIGNED BY PARENT)

A SEPARATE PERMISSION FORM IS REQUIRED FOR EACH MEDICATION TO BE GIVEN

PLEASE PRINT

SCHOOL YEAR: _____

STUDENT'S NAME: _____

BIRTH DATE: _____

LEGAL GUARDIAN: _____

DAYTIME PHONE: _____

NAME OF MEDICATION: _____

REASON FOR GIVEN MEDICATION AT SCHOOL. (PLEASE BE SPECIFIC):

AMOUNT OF MEDICATION TO BE GIVEN: _____

DATE TO **START** MEDICATION: _____

DATE TO **STOP** MEDICATION: _____

TIME OF DAY MEDICATION IS TO BE GIVEN: _____

EXPIRATION DATE OF MEDICATION: _____

POSSIBLE SIDE EFFECTS: _____

STUDENT'S PHYSICIAN: _____

PHONE #: _____

PARENTS: PLEASE READ CAREFULLY:

I understand that all medication will be provided by me in the original container, clearly labeled with my child's name. I will notify the school if the medication is discontinued or the dosage has been changed. Permission is granted to the principal and/or employee to share this information with individuals who have responsibility for my child. The first dose will be given at home so that I can monitor adverse reactions. I give the school employee my permission to contact the Physician's office to request medical information concerning my child. I am responsible for replacing medication before the expiration date.

Legal Guardian

Date

PLEASE NOTE:

- PARENTS ARE RESPONSIBLE FOR NOTING THE EXPIRATION DATE OF ALL MEDICATION. EXPIRED MEDICATIONS WILL NOT BE GIVEN AT SCHOOL .
- ANY MEDICATION NOT PICKED UP BY THE LAST DAY OF SCHOOL WILL BE DESTROYED ACCORDING TO SCHOOL DISTRICT GUIDELINES.
- ANY OVER-THE-COUNTER MEDICATION GIVEN EVERY DAY FOR 10 CONSECUTIVE DAYS MUST HAVE PHYSICIAN'S AUTHORIZATION.



SCHOOL MEDICATION ADMINISTRATION AUTHORIZATION FORM

This order is valid only for school year (current) _____
This form must be completed fully for Kensington Woods Schools to administer the required medication. A new form must be completed at the beginning of each school year, for each medication, and when there is a change in dosage or time of administration of a medication.

- * Prescription medication must be in a container labeled by the pharmacist or prescriber.
- * Non-prescription medication must be in the original container with the label intact.
- * An adult must bring the medication to the school.

PRESCRIBER'S AUTHORIZATION

Name of Student: _____ Date of Birth: _____ Grade: _____

Condition for which medication is being administered: _____

Medication Name: _____ Dose: _____ Route: _____

Time/frequency of administration: _____ If PRN, frequency: _____

If PRN, for what symptoms: _____

Relevant side effects: None expected Specify: _____

Medication shall be administered from: _____ to _____
Month | Day / Year Month | Day | Year

Prescriber's Name/Title: _____

Telephone: _____ FAX: _____

Address: _____

Prescriber's Signature: _____ Date: _____

(Original signature or signature stamp ONLY)

(Use for Prescriber's Address Stamp)

PARENT/GUARDIAN AUTHORIZATION

I request designated school personnel to administer the medication as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I understand that at the end of the school year, an adult must pick up the medication, otherwise it will be discarded. I authorize the school administration to communicate with the health care provider as allowed by HIPAA.

Parent/Guardian Signature: _____ Date: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

SELF CARRY/SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self-carry/self-administration of medication (Epi-Pens and Inhalers) may be authorized by the prescriber and must be approved by the school office according to the Kensington Woods medication policy.

Prescriber's authorization for self-carry/self-administration of medication: _____

Signature

Date .

Kensington Woods SCHOOLS

Application to Drive Vehicles on School Property

Name of Student Driver: _____

Address: _____

Home Phone: _____ Parent's Phone: _____

Parent/Guardian Name: _____

Driver's License #: _____ Expiration Date: _____

Vehicle No. 1 License #: _____ Make: _____

Model: _____ Year: _____ Color: _____

Vehicle No. 2 License #: _____ Make: _____

Model: _____ Year: _____ Color: _____

Name and Address of Insurance Company: _____

_____ Phone: _____

Type of Coverage: _____

I hereby authorize my son/daughter to drive the above-described vehicle(s) to and from the school and verify that the information on this form is accurate to the best of my knowledge.

I also understand that if it is determined the driving privilege has been abused, his/her driving permit will be revoked by the School administration.

In connection with this request, I consent to the unlocking, opening and inspecting of the automobile and its contents while on school premises, based on the reasonable suspicion of a school administrator that the vehicle or its contents may violate the law or Kensington Woods Schools rules.

EXCESSIVE TARDINESS, TRUANCY, SKIPPING CLASS AND OTHER INFRACTIONS ARE GROUNDS FOR REVOKING A STUDENTS DRIVING PRIVILEGE. THIS WILL REQUIRE THE STUDENT TO ARRANGE ALTERNATIVE TRANSPORTATION.

Parent/Guardian Signature

Date

Kensington Woods SCHOOLS

OFF-CAMPUS LUNCH

For Juniors and Seniors
Parent Consent Form

Dear Parents and Guardians,

Juniors and seniors at Kensington Woods Schools have the privilege of leaving campus during their lunch break Monday through Thursday with parent consent. Students are expected to conduct themselves respectfully and responsibly during while off campus. Off-campus students are expected to follow all current safety guidelines when off-campus, including mask wearing, hand hygiene and social distancing, including while carpooling.

Without parent consent on this form we will not allow your student to leave the school building during lunch.

Student Name: _____

I give my student permission to leave campus during break.

I **DO NOT** give my student permission to leave campus during break. He/she must stay in the school building.

Parent/Guardian Signature: _____



Student Signature: _____



Date: _____

Kensington Woods

PARENT ORGANIZATION

Welcome to the new school year!

The Kensington Woods Parent Organization is a 501(c)3 organization that fosters academic success of all students by working in partnership with the school's administration and other groups. **Please plan to attend the year's first Parent Organization meeting on Thursday, September 24 at 6:30pm at the pavilion near the soccer fields at Manly Bennett Park.** We plan several events for the school and work to provide volunteers, financial support, supplies and food for events, teacher requests and other school needs. All parents and grandparents are welcome to join.

We ask that each family donate to the Parent Organization each year to support these activities. Your help is needed now more than ever! A donation of any amount is welcome and helps to achieve our goals. Due to the unpredictable nature of this school year due to COVID-19, some of our traditional fundraising events may be difficult or impossible. If you are able to make a donation, please send the form below with a check made out to Kensington Woods Schools Parent Organization to the office. Your donation is greatly appreciated!

There are several ways to stay in touch with the Parent Organization and its activities:

- Attend our meetings; see schedule on back.
- Sign up for the Kensington Woods ENews. If you're not already subscribed, sign up at the bottom of the webpage at www.kwoods.org.
- Request to join the Facebook group for all K Woods families, *Kensington Woods Schools Parent Organization*.
- Respond quickly to Sign-Up Genius emails asking for volunteers and donations for our events.

KWoods Parent Organization Officers

Elections for 2020-2021 officers will be conducted at the September 24 meeting. We encourage you to attend; we will have openings on the Board this year! The current officers are:

President	Nikole Chilcote	chilcote48189@yahoo.com
Vice President	Angie Richardson-Smith	arsmitho313@gmail.com
Treasurer	Holly Lamb	hwardlamb@gmail.com
Secretary	Jenny Phillips	jphillipscpst@hotmail.com
Trustee	Cynthia Fink	cynthia.fink6@gmail.com
Trustee	Tanya Albrecht	mathmom51126@gmail.com

Please join us for our first meeting on September 24 at 6:30pm! We look forward to a great year at K Woods!

Kensington Woods Parent Organization Donation

Suggested Donation: Any amount you can give

Make checks payable to Kensington Woods Parent Organization

Parent Name:

Email:

Ways I would like to help:

Amount Enclosed:

Student(s):

Grade(s):

2020-2021 Kensington Woods Parent Organization Meeting Schedule

**Meeting locations after September are TBD based on COVID-19 requirements.*

September 24	Parent Organization Meeting, 6:30-8 pm (Officer elections) <i>Meeting Location: Manly Bennett Park, pavilion by soccer fields</i>
November 12	Parent Organization Meeting, 6:30-8 pm, location TBD
January 28	Parent Organization Meeting, 6:30-8 pm, location TBD
March 25	Parent Organization Meeting, 6:30-8 pm, location TBD
April 22	Parent Organization Meeting, 6:30-8 pm, location TBD
May 27	Parent Organization Meeting, 6:30-8 pm, location TBD
August 12	Parent Organization Meeting, 6:30-8 pm, location TBD

The Kensington Woods Parent Organization supports Kensington Woods students and faculty in a variety of ways, through volunteer time, financial support and planning:

- Water bottle filling station
- Fall Fest/Homecoming Dance
- Winter Luncheon
- Student organizations and activities
- Graduation
- Prom
- Senior Farewell Picnic
- Sports Participation/Project Term Scholarships
- Teacher Appreciation Week
- Teachers' Wish Fund/Classroom grants
- Howell Melon Fest
- Seek Community Donations
- Student Enrollment
- New Building Fund

The Kensington Woods Parent Organization is looking for a wide variety of talents and volunteers! Can't attend a meeting? That's okay – keep in touch and let us know how you can help!



Kensington Woods Schools Parent Organization

*This Facebook group is for **all K Woods families**, not only for those active in the parent organization.*

Kensington Woods *Commitment* SCHOOLS *to Education*



SCHOOL – PARENT – STUDENT COMPACT

Kensington Woods Schools is not just a school; it is your partner in helping your student achieve academically. This compact will describe our commitment to education, which is rooted in the philosophies at Kensington Woods Schools, the expectations of the State of Michigan and the Every Student Succeeds Act (ESSA). It is the means by which we will build and develop partnerships to help students achieve, at a minimum, the State's high standards for success and find success in college, career and life.

Although the learning environment may look different during the 2020-2021 school year, these commitments remain, regardless of the location or format in which students learn.

SCHOOL COMMITMENT

The school understands the importance of the school experience to every student and their role as educators and models. Therefore, the school and staff agree to carry out the following responsibilities to the best of their ability:

- We will be punctual and prepared.
- We will attend and participate in all staff meetings and professional development.
- We will provide a safe, positive and healthy learning environment.
- We will provide high-quality curriculum along with necessary support that enables the children to meet the State academic standards, graduate from high school and plan for their future.
- We will teach students in the best way we know how, and we will do **WHATEVER IT TAKES** for our students to learn.
- We will make ourselves available to work with students and parents, and we will acknowledge and address any concerns they might have.
- We will treat each child with dignity and respect.
- We will strive to get to know each student as an individual.
- We acknowledge that parents are vital to the success of child and school.
- We will address the importance of communication between teachers, parents and students on an ongoing basis through, at a minimum—
 - parent-teacher conferences, during which this compact shall be discussed as it relates to the individual child's achievement.
 - keeping the electronic record book up to date within at least a week of graded assignments.
 - reasonable access to staff, opportunities to volunteer and participate in their child's class, and observation of classroom activities.
 - ensuring regular two-way, meaningful communication between family members and school staff and, to the extent practicable, in a language that family members can understand
 - responding promptly to communications from students and parents within 24 hours of a workday.

*For the whole time you are members of the Kensington Woods Schools community, we will do **WHATEVER IT TAKES** to help your students succeed.*

PARENT/GUARDIAN COMMITMENT

The parent understands that participation in their student's education will help their achievement and attitude. Therefore, the parent will commit to carry out the following responsibilities to the best of their ability:

- We will do our best to make sure our child arrives to K Woods on time, well-fed and well-rested and remains for the entirety of their scheduled time.
- We will provide or arrange transportation to KWS, picking up and dropping off our student on time.
- In the case that our child is absent, we will call the school that day to notify the school of the absence.
- We will support our child's learning and always help in the best way we know how, and we will do **WHATEVER IT TAKES** for him/her to learn.
- We will participate, as appropriate, in decisions relating to the education of our child and positive use of extracurricular time.
- We will create a home atmosphere that supports learning.
- We will attend school functions and conferences.
- Review all school communications and respond promptly.
- We will make sure our child adheres to the Kensington Woods Schools behavior code and encourage our child to show respect for all members of the school community and school property.
- We understand that our child must follow all the K Woods rules in the handbook in order to protect the safety, interests and rights of all individuals on the Kensington Woods Schools campus.

*For the whole time my child is a student at Kensington Woods Schools, I will do **WHATEVER IT TAKES** to help my child to be a successful student.*

STUDENT COMMITMENT

The student realizes education is important. They are the one responsible for their own success. Therefore, they agree to carry out the following responsibilities to the best of their ability:

- I will attend regularly, arrive at school on time and will remain for the entirety of my scheduled time.
- If there is something I do not understand I will ask for support from teachers and be proactive to get support.
- I will be responsible in maintaining my ability to use the computers and technology at K Woods by remembering my password(s), seeking assistance appropriately when I encounter technical difficulties, and by using the computers and technology solely for school work according to the technology use agreement.
- I will remain on top of my progress, doing what is necessary to be successful in my classes, graduate on time and prepare myself for my future.
- Participate in all state and local assessments, giving it my best effort.
- I will always behave in a way that protects the safety, interest, and rights of all individuals at K Woods. This means that I will always listen to the staff of K Woods and respect everyone in the K Woods family.
- I will adhere to the K Woods behavior code.
- I understand that I have control over and am responsible for my choices and actions.
- I will always work, think, speak and behave in the best way I know how, and I will act in ways that help myself and my fellow students learn.

*For the whole time I am a student at Kensington Woods Schools, I commit to doing **WHATEVER IT TAKES** in order to succeed.*

Parent/Guardian Name

Student Name

Date

Parent/Guardian Signature

Student Signature



Jessie MacGonigal Pratt, Principal

Kensington Woods
SCHOOLS

Kensington Woods *Commitment* SCHOOLS *to Remote Learning*

Remote learning experiences allow great possibilities for students, but also require a commitment to learning in a way that is different from an in-person learning environment. All students this year at Kensington Woods will have some level of experience in a remote learning environment and we ask that they make a commitment to making it a quality learning experience through their thinking, actions and dedication to learning.

While engaged in remote learning, especially while logged into remote classes and meetings or on remote learning platforms like Google Classroom, all Student Code of Conduct expectations apply.

Attendance & Participation

- I agree to attend all of my classes and scheduled meetings, logging in at the correct time and participating for the duration of the class.
- I agree to have my microphone and camera on when logged into remote meetings and classes, allowing for full participation in remote meetings and classes. I, however, will mute myself when appropriate to allow for better facilitation of remote meetings and classes. If this is not possible, I, or my parents, will reach out to my teachers to find a solution.
- I agree to put in the amount of time and effort required of me to be successful in my classes.

Ethics/Plagiarism

- I agree to do my own work at all times.
- I agree to not do the work of others.
- I agree to acknowledge all sources.
- I agree to behave and act appropriately at all times in all situations.

Use of Technology

- I agree to use my technology (both devices and software) responsibly and respectfully.
- I agree to treat my and the school devices with care.
- I agree to abide by the technology expectations set forth by the school.

Communication

- I agree to regularly check my email and other sources of communication from my teachers and the school.
- I agree to self-advocate and reach out when I have questions or need help.

As a parent, I agree to help my student meet this agreement and will reach out to teachers when I have questions. I agree to educate myself about the technology my student will use through school provided orientations.

Parent/Guardian Name

Parent/Guardian Signature

Date

As a student, I agree to abide by these conditions and do whatever it takes to succeed! In return, I know that my teachers will also do whatever it takes to help me succeed!

Student Name

Student Signature

Date