

EATON ACADEMY

**1000 Old Roswell Lakes Parkway
Roswell, Georgia 30076
(770) 645-2673**

Dear Parents,

To simplify the application process, the forms are numbered with form name titles. We hope the list below will help you to keep them organized.

Please remember to include a copy of your child's birth certificate.

<u>FORM NUMBER AND TITLE</u>	<u>PERSON RESPONSIBLE FOR COMPLETING/SIGNING</u>
Form 1: Application Including: Parent Questionnaire Emergency Medical Treatment Form Emergency Dismissal/Transportation Form	Parent
Form 2: Student Health Record	Parent
Form 3: Medical Examination	Student's Physician
Form 4: School Certificate of Immunization	Student's Physician
Form 5: Athletic Participation and Activity Trip Permission Form	Parent
Form 6: Request for Release of School Information (Send to student's previous School – if applicable)	Parent
Form 7: Teacher/Personal Recommendation	Personal Reference
Form 8: Technology Code of Ethics	Parent & Student

The admissions policy of Eaton Academy is non-discriminatory with regard to race, creed, color, sex, or ethnic or national origin.

*Eaton Academy is accredited by the:
Southern Association of Colleges and Schools Council on Accreditation & School Improvement (SACS/CASI)
(A Division of AdvancEd)
Georgia Accrediting Commission (GAC)*

Application

Eaton Academy

INSTRUCTIONS:

1. Application is to be completed by Parent or Guardian. (All information is confidential.)
2. Send to Eaton Academy.
3. Send the applicant's current educational records to Eaton Academy prior to the interview.
4. Both Parents/Guardian must sign the application.
5. Include a copy of the child's birth certificate.

Date of Application _____

Full Legal Name of Applicant _____
Last First Middle

Preferred Name _____ Social Security Number _____ Sex _____

Street Address _____

City _____ State _____ County _____ Zip _____

Date of Birth _____ Age _____ Citizenship _____ Place of Birth _____

Parent _____ Age _____ Check if Deceased _____

Level of Education _____ Degree _____ Institution Name _____

Business _____ Position _____

Home Address _____ Phone H. _____ W. _____

Email: _____ Cell: _____

Parent _____ Age _____ Check if Deceased _____

Level of Education _____ Degree _____ Institution Name _____

Business _____ Position _____

Home Address _____ Phone H. _____ W. _____

Email: _____ Cell: _____

Marital Status: Married _____ Single _____ Separated _____ Divorced _____ Both Parents May Pick-up ___ yes ___ no

Applicant's Legal Guardian(s) Are: _____

Name of Step-Parent (if any) _____ Age _____ Check if Deceased _____

Level of Education _____ Degree _____ Institution Name _____

Business _____ Position _____

Home Address _____ Phone H. _____ W. _____

***Please send financial correspondence to** _____

***Please send school correspondence to** _____

School student now attending _____ Grade _____ Grade(s) Repeated _____

List all schools previously attended (attach extra sheet if necessary):

NAME	ADDRESS	GRADES	DATES ATTENDED

Parent Questionnaire

1. How did you learn of Eaton Academy? _____
2. Write a description of your child. (Use additional sheet if needed.) _____

3. What are your child's chief strengths? _____

4. What are your child's areas of greatest need? _____

5. What are your child's hobbies or interests? In what sports has your child participated? _____

6. Has your child been diagnosed as having any special needs? _____

7. Is your child currently receiving any medication? Yes _____ No _____
Name of medication _____
If YES, describe the condition for and dosage under which it is being given: _____

8. List any medical conditions significant to your child's well-being: _____

9. Is there a history of emotional or behavioral difficulty in relationship to family, peers or academic setting? Yes ___ No ___
Has any evaluation or treatment been conducted in relationship to these problems? Yes ___ No ___
If YES, please briefly describe below and have the psychologist or psychiatrist involved in evaluation or treatment of these problems submit a report to the Director of the Eaton Academy. An application will not be complete until all of this information is provided.

Psychologist and/or Psychiatrist _____
Address _____ Telephone _____
10. Has the applicant ever been subject to major disciplinary action (suspension or dismissal) in any school? Yes ___ No ___ If YES, please give dates and details. (Use additional sheet if needed.) _____

11. Has the applicant ever been involved with law enforcement authorities? Yes ___ No ___ If YES, please give dates and details. (Use additional sheet if needed.) _____

Application

Eaton Academy

Emergency Medical Treatment

Carefully read and complete this page before signing this application

Name _____ Date of Birth _____ Age _____
Student's Full Legal Name

Student's Physician _____ Phone(s) _____

As attested by signing the Enrollment Contract and this document, the parent agrees that in the event of any situation (emergency, sickness, or accident) involving the student at a time and/or place that it is impractical to contact the parent, or for the parent to be present, the parent authorizes Eaton Academy to act *in loco parentis* (in place of parent) to provide whatever care, assistance, management, or services the student may require. The parent agrees to pay for any and all expenses incurred in providing such needs of the student.

Additionally, the parent hereby gives permission for the above named student to receive routine or emergency medical treatment or care by Eaton Academy staff. In the event of a serious emergency, the student will be transported by medical professionals to the nearest hospital emergency room. Routine medical treatment or care includes, but is not limited to, administering non-aspirin pain relievers and use of hydrogen peroxide/anti-bacterial agents on minor cuts and/or abrasions.

If you do not give permission, see below.

By signing this application, the parent, again, is stating that he/she understands and agrees that smoking is not permitted at Eaton Academy; that Eaton Academy maintains a zero tolerance policy with regard to alcohol, illegal drugs (use of, positive talk regarding, and paraphernalia associated with), weapons and violence (verbal and physical), and the inappropriate use of technology; and the parent has discussed these policies with the student applicant.

Insurance Policy Number

Name of Insurance Company

IMPORTANT: If you do *not* give us permission for your child to receive routine (such as but not limited to: non-aspirin pain reliever or bandages) or emergency medical treatment (such as but not limited to CPR), please sign below and give us your reason(s).

Signature of Parent or Guardian

Date

Reason(s) _____

Application

Eaton Academy

Form 1

Page 4 of 4

Emergency Dismissal/Release

In anticipation of the possibility of transportation changes, emergencies, or dismissal due to snow or other causes, we need your cooperation in completing and returning this form. This is particularly important information in the event of a change in your transportation arrangements, serious illness, or accident, and it is also necessary should school need to be dismissed early.

Please be sure that the information you provide is current and correct, and do notify the person you list as an emergency contact. In case of emergency, please contact:

Name: _____ Address: _____

Telephone Numbers: H) _____ W) _____ C) _____

Relationship of party to student: _____

If the above named individual is unavailable and/or if, at the discretion of Eaton Academy, it is more advantageous, I also authorize Eaton Academy to release my child to the following Eaton Academy family(ies):

Please complete this section if the Student is eligible for a Georgia Special Needs Scholarship (SB10)

Student Name: _____ Student Social Security Number: _____

Parent (to whom the checks will be written): _____ and SS#: _____

The Parent must appropriately apply for said funds online: <http://public.doe.k12.ga.us/sb10.aspx>

After completing this entire application, please attach a copy of the child's birth certificate and the completed Student Health Record, and mail to Eaton Academy. In addition, please arrange to have copies of recent educational, psychological, and medical reports mailed to Eaton Academy as quickly as possible.

I certify that I have read, that I agree with, and that I understand this application. Further, I certify that the information I have submitted is complete and correct to the best of my knowledge and belief. I agree to communicate in writing any changes in any matters contained herein even if such changes occur after the student has been enrolled. I understand that upon discovery of any inaccuracy of information contained herein or omission of information requested herein, Eaton Academy reserves the right to revoke any admission to Eaton Academy. I also agree that Eaton Academy may publish my address and telephone number in a private, student directory.

I understand that placement at Eaton Academy is on a year-to-year basis only and that there is no specific or implied guarantee that this applicant can be retained by or in Eaton Academy beyond the one-year period to be specified.

Parent or Guardian: _____

Please Print

Signature: _____ Date: _____

Student Health Record

Eaton Academy

Form 2

Page 1 of 1

Student Health History (To Be Completed by Parent or Guardian)

Instructions: Parents/Guardian, please complete this form and submit it with the application prior to or at the interview. The applicant's physician should complete the Medical Examination, which must be on file prior to the student's admission.

Student's Full Legal Name _____ Birth Date _____

Illnesses: Please check those illnesses the student has had or to which he/she may be subject to having:

- | | | |
|---|--|---|
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Backache | <input type="checkbox"/> Bronchitis |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Colds <input type="checkbox"/> Frequent <input type="checkbox"/> Severe | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Earache |
| <input type="checkbox"/> Epilepsy (grand mal) | <input type="checkbox"/> Epilepsy (petit mal) | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Herpes |
| <input type="checkbox"/> Indigestion | <input type="checkbox"/> Measles | <input type="checkbox"/> Mononucleosis |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Skin Disorder | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Sore Throat | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Whooping Cough |

Has the student experienced or is the student subject to having any type of emotional problems? Yes _____ No _____

Please explain any hospitalizations. _____

Has the student experienced or is the student subject to any type of alcohol or drug use or abuse? Yes _____ No _____

If so, please explain. _____

Does the student smoke? Yes No If yes, please relate to the applicant that Eaton Academy has a no smoking/no tobacco products policy.

Other than any of the typical childhood communicable diseases listed above, has the student ever been diagnosed with any type of communicable disease? Yes _____ No _____ If yes, please explain. _____

Is the student capable of participating in physical education classes and intramural/interscholastic sports? Yes _____ No _____

(Explain) _____

Does the student have any allergies? Yes _____ No _____ If so, please explain. _____

May the student be given over-the-counter medication (such as Tylenol/Advil or their generics) by School personnel? Yes _____ No _____ If yes, please specify if there are any such medications that should not be given _____

Medical Examination

Eaton Academy

Form 3

Page 1 of 2

To be completed by Applicant's Physician

Instructions: The information below must be completed by the applicant's physician and returned promptly to:

Eaton Academy
1000 Old Roswell Lakes Parkway
Roswell, GA 30076
Phone (770) 645-2673

Name of Student _____ **Date of Examination** _____

Physical Characteristics

Height _____ ft., _____ in. Weight _____ lbs. Complexion _____ Color of Hair _____

Color of Eyes _____ Frame _____

Birthmarks or Distinguishing Features _____

General Health

Please place a check by any of the following in which there are abnormalities or areas of concern:

Face Head Eyes/Vision Peripheral Vision Ears Nose Mouth

Blood Pressure Neck Chest Heart Abdomen Back Rectum

GU Hearing Secondary Characteristics Extremities Reflexes

Psychological factors (known or observed) Blood Urinalysis Immune System

Explanation of any of the above items:

Summary and Impressions:

Medical Examination

Eaton Academy

Recommendations:

To the best of your knowledge, is this person physically capable of participating in physical education sessions?

Yes No (Explain) _____

Physician: _____
Please Print

Signature: _____ Date: _____

Street Address _____

City State Zip (_____) Office Phone _____

Georgia Department of Human Resources
School Certificate of Immunization
Eaton Academy

Form 4 Page 1 of 1

Child's Name _____ Date of Birth _____

Parent's Name _____

Please attach Form 3231 to be obtained from the Student's physician.

Athletic Participation & Daily Activity Trip

Eaton Academy

Form 5

Page 1 of 1

Please Read: When signed, this form permits the student applicant to participate in athletic events or physical education activities. The form also provides permission for Eaton Academy to act on your behalf when your son or daughter is participating in an athletic event and medical attention is needed. Eaton Academy encourages each student to participate to the best of his/her ability in the various athletics offered by Eaton Academy.

Print Student's Full Legal Name _____ Date of Birth _____

Adherence to Rules and Regulations/Authorization and Agreement

Please read (Parent and Student):

As attested by the signature/s below, I/we understand and agree to conform to all the rules and regulations governing students of Eaton Academy while on an activity, trip, or weekday activity. I/we understand that the breach of any of these regulations may result in disciplinary action up to and including dismissal from Eaton Academy.

Understanding that my child may need emergency medical treatment during the hours when he/she attends or participates in Eaton Academy activity trips and school-sponsored weekday trips, I authorize Eaton Academy personnel to administer such first aid or other minor medical treatment as such person shall deem best under the circumstances. I further authorize Eaton Academy and its employees or agents to seek further medical treatment for my child should such employee or agent deem it necessary under the circumstances. *I consent to all such medical treatment and agree to be financially responsible for the same.*

I also understand that medical insurance is not provided by Eaton Academy and the responsibility for providing such coverage rests with me as parent or legal guardian for my child. To my knowledge, my son/daughter has no injuries or illnesses that will hinder his/her participation in these activities. If so, I am providing the information on the back of this form. In the event there is an injury or illness that would restrict my child's participation in an activity or trip, I will immediately notify Eaton Academy personnel in writing.

I also give my child permission to participate in all daily activity trips while at Eaton Academy, including walking about the Old Roswell Lakes campus whether with a teacher or alone to change class. I allow my child to be transported by myself or another parent. I understand that teachers are not to provide transportation at any time.

My son/daughter and I further agree to release Eaton Academy and its employees and agents from all liability for injury to person or property sustained by my child from participation in Eaton Academy's physical education, intramural, interscholastic, school-sponsored trips, or extracurricular activity programs.

I hereby state that I have read, understand, and will comply with all of the foregoing requirements and regulations.

Signature of Parent/Legal Guardian _____ Date _____

Signature of Student _____ Date _____

Request for Release of School Information

Eaton Academy

Form 6

Page 1 of 1

Note to Parents or Guardian: Please fill out this form and send it directly to the last school attended by your child. **(Do not return this form to Eaton Academy.)**

I hereby authorize _____
(Name of School)
to release information from the record of _____
(Full name of Child)
to Eaton Academy.

It is understood that the information released will remain confidential.

Parent's or Guardian's Signature: _____

Date: _____

Note to School: A request has been made to Eaton Academy to provide educational services for the above-named child. We would appreciate having from your files all material that might be helpful in working with this student.

Please send copies of such materials to the following:

Eaton Academy
1000 Old Roswell Lakes Parkway
Roswell, Georgia 30076
(770) 645-2673

School Information Requested:

1. Report Card or Transcript
2. A copy of all psychological evaluations
3. Individual Education Plan (if applicable)
4. Teacher, Counselor, or other staff comments: use AAIS recommendation form
5. Health Record
6. Attendance Record
7. Transfer Records
8. Disciplinary Report

Atlanta Area Association of Independent Schools (AAAIS)
Confidential Common Teacher Evaluation Form

- ENGLISH/LANGUAGE ARTS TEACHER (Required)
 MATH TEACHER (Required)
 OTHER – (Optional)

Applicant's Name: _____
 (First) (Middle) (Last)

Applying for grade _____ **Age Level:** _____ **Male** **Female**

Applicant's Current School: _____

Address of Current School: _____

 _____ **Telephone** _____
 (City) (State) (Zip)

To Parent/LegalGuardian: Please print or type this section and deliver this form to your child's teacher. The evaluator will mail these forms directly to the Admission Office. By submitting this evaluation form and in consideration of having this evaluation and your application considered by the member of the Atlanta Area Association of Independent Schools (AAAIS), you hereby release said member, its employees and representatives, the evaluator and the evaluator's employer from any and all claims and liability that may arise from the providing, obtaining or using of the form and the substance of the information provided by the evaluator. All information provided on the attached evaluation form will be held in strictest confidence and will not be shared with students, parents, or guardians. This will remain confidential and not become part of the student's permanent academic record.

Signature of Parent or Legal Guardian **Date**

How long and in what capacity have you known this applicant? _____

Please give explanations to any of the following categories or questions in the "Comments" section located on the reverse of this form:

Academic Characteristics and Qualities

CATEGORIES	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGMENT
ENGLISH/LANGUAGE ARTS:					
Reading Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Expression: Grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Names of textbooks and publishers: _____

MATH:	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGMENT
Knowledge of basic skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to grasp new concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Math Series: _____

CATEGORIES	EXCELLENT	GOOD	FAIR	POOR/LIMITED	NO BASIS FOR JUDGMENT
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical/Abstract Thinking Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | | |
|--|---|--|---|---|
| Class Participation | <input type="checkbox"/> Joins in readily | <input type="checkbox"/> Contributes occasionally | <input type="checkbox"/> Wants to dominate | <input type="checkbox"/> Rarely contributes |
| Ability to work in a group | <input type="checkbox"/> Always works well | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Has difficulty | <input type="checkbox"/> Has great difficulty |
| Ability to work independently | <input type="checkbox"/> Always works well | <input type="checkbox"/> Needs help occasionally | <input type="checkbox"/> Needs help frequently | <input type="checkbox"/> Needs constant help |
| Ability to complete assignments on time | <input type="checkbox"/> Always completes on time | <input type="checkbox"/> Usually completes on time | <input type="checkbox"/> Needs additional time | <input type="checkbox"/> Has difficulty |
| Follows directions | <input type="checkbox"/> Easily and accurately | <input type="checkbox"/> Occasionally needs help | <input type="checkbox"/> Needs much explanation | <input type="checkbox"/> Rarely |
| Takes Initiative | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |

Has the applicant ever been a recipient of a special services program, i.e. gifted, learning disability resource center etc.? If yes, please explain: _____ Yes No

Is the applicant currently involved with extracurricular activities? If yes, please explain: _____ Yes No

Would the applicant take advantage of such activities in the future if offered? _____ Yes No

Do you have any reason to question the applicant's academic or personal integrity? If yes, please explain _____ Yes No

Areas in which the applicant has the greatest strengths _____

Areas in which the applicant has the greatest needs: _____

Describe the ways the applicant contributes to your school community: (character, citizenship, leadership) _____

Please describe parental support/involvement: _____

Personal Characteristics and Qualities

- | | | | | |
|--------------------------------|---|--|--|--|
| Peer Relations | <input type="checkbox"/> role model | <input type="checkbox"/> healthy relationships | <input type="checkbox"/> occasional problems | <input type="checkbox"/> relates poorly |
| Relationships with adults | <input type="checkbox"/> courteous | <input type="checkbox"/> usually positive | <input type="checkbox"/> occasional problems | <input type="checkbox"/> shows little respect |
| Displays appropriate conduct | <input type="checkbox"/> good conduct | <input type="checkbox"/> usually good conduct | <input type="checkbox"/> occasional misconduct | <input type="checkbox"/> poor conduct |
| Integrity | <input type="checkbox"/> highly trustworthy | <input type="checkbox"/> trustworthy | <input type="checkbox"/> usually trustworthy | <input type="checkbox"/> questionable |
| Concern for others | <input type="checkbox"/> very considerate | <input type="checkbox"/> considerate | <input type="checkbox"/> usually considerate | <input type="checkbox"/> rarely considerate |
| Warmth of personality | <input type="checkbox"/> always friendly | <input type="checkbox"/> usually friendly | <input type="checkbox"/> occasionally friendly | <input type="checkbox"/> rarely friendly |
| Sense of humor | <input type="checkbox"/> highly developed | <input type="checkbox"/> good | <input type="checkbox"/> fair humor | <input type="checkbox"/> poorly developed |
| Spirit of cooperation | <input type="checkbox"/> always cooperates | <input type="checkbox"/> cooperates | <input type="checkbox"/> occasionally cooperates | <input type="checkbox"/> poor cooperation |
| Citizenship | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor |
| Attitude toward school | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor |
| Leadership potential | <input type="checkbox"/> leader | <input type="checkbox"/> can follow or lead | <input type="checkbox"/> leads on occasion | <input type="checkbox"/> rarely leads |
| Self Confidence | <input type="checkbox"/> healthy self-image | <input type="checkbox"/> needs some support | <input type="checkbox"/> seems over confident | <input type="checkbox"/> poor self-image |
| Reaction to criticism/setbacks | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor |
| Responsible | <input type="checkbox"/> very responsible | <input type="checkbox"/> usually responsible | <input type="checkbox"/> sometimes responsible | <input type="checkbox"/> rarely responsible |
| Emotional maturity | <input type="checkbox"/> very mature | <input type="checkbox"/> age appropriate | <input type="checkbox"/> sometimes immature | <input type="checkbox"/> very immature |
| Attention span | <input type="checkbox"/> actively engaged | <input type="checkbox"/> attentive | <input type="checkbox"/> variable attention | <input type="checkbox"/> requires frequent redirection |

Comments: _____

Evaluator's Signature

Evaluator's Title

Date

Technology Code of Ethics Agreement

Eaton Academy

Form 8

Page 1 of 1

Computers and other forms of technology are an important part of the academic environment at Eaton Academy. Students must use technology in a responsible manner. In order to ensure that all students and parents understand our policies, we ask that parents review the following Technology Code of Ethics with their children. After this form has been signed and returned to Eaton Academy, students will be permitted to use computers/technology at Eaton Academy.

Technology Code of Ethics

1. It is Eaton Academy's policy that students shall not alter or attempt to alter company or private property including technology hardware and software. Students shall not:
 - a) change desktop settings or control panels on computers
 - b) remove or damage mouse tracking balls, keyboard keys, cables, connectors, network jacks or any other hardware
 - c) modify computer software
 - d) damage computer disks, CD-ROMs, video tapes, DVDs, or other media.
2. It is Eaton Academy's policy that students shall not bring computer software, disks, or drives to Eaton Academy to be used on company computers without the prior approval of a Director or an instructor. Eaton Academy discourages bringing software from home. In many cases, such usage would be a violation of copyright laws. We also intend to prevent the spread of computer viruses.
3. Students will not violate the copyright laws concerning computer software and the use of digital images, sounds, or other data. Students will not make or use illegal copies of software. Students will be asked to provide bibliographic references when using digital information.
4. Students will not attempt to learn or use any computer security passwords.
5. Students may be asked to provide new, blank flash drives to store their work. They are responsible for the care of their drives and are not allowed to share drives with other students.
6. Students are not permitted to make derogatory, inflammatory, threatening, violent, or any similarly offensive posts about Eaton Academy, its administration, staff, or any of its students on the Internet in any form.
7. Students are not to send personal/instant messages while at School, including texting *via* cell phones.
8. The consequences for violating the above code of ethics are listed in the Parent/Student Handbook. Eaton Academy considers any violation of this code to be a serious offense.

By reading the above statements and signing below, parents are giving their permission for their children to have access to Internet resources while enrolled in Eaton Academy programs. By reading the above statements and signing below, students are agreeing to abide by these guidelines. Additionally, both parents and students acknowledge that violation of this Technology Code of Ethics in any form as determined by Eaton Academy can result in severe disciplinary consequences.

Students are permitted to use the Internet only for educational purposes and only under direct supervision by Eaton Academy staff. Some material on the Internet may not be of educational value. Families need to be cognizant that some material obtained via the Internet may be controversial, offensive, or inappropriate for children. We firmly believe, however, that the benefits to students from Internet use far outweigh the possible risks of accessing inappropriate material.

The use of the Internet is a privilege, not a right. Inappropriate behavior may lead to the revocation of this privilege as well as to possible disciplinary action. The decision of what is appropriate will be made by the Eaton Academy employee/instructor.

Student Name: _____

Parent: _____ I hereby give my permission for my child named above to access information on the Internet. I understand that misuse of this privilege will result in termination of Internet privileges and/or disciplinary action.
_____ I do not want my child to have access to the Internet with Eaton Academy.

Parent signature and date

Student signature and date