

# LOUDOUN COUNTY PUBLIC SCHOOLS

## Signature Form—REQUIRED FOR ALL STUDENTS

The *Student Rights and Responsibilities 2017–2018* is available at [www.lcps.org](http://www.lcps.org) under “Quick Links.” Parents/guardians should access the information and discuss it with their school-aged child(ren). Schools and public libraries can provide Internet access, if needed. If a printed copy of the information is needed, please contact the school and one will be provided.

After reviewing the document, this “Signature Form” must be signed and returned to the student’s homeroom teacher or signed online in ParentVUE found at [www.lcps.org](http://www.lcps.org) under the “Parents” tab by September 1, 2017.

### Acknowledgment of Receipt of *Student Rights and Responsibilities, 2017–2018*

I/We acknowledge that I/we have access to *Student Rights and Responsibilities 2017–2018*, including bus safety rules and the Compulsory School Attendance Law. As evidenced by my/our signature below, I/we acknowledge the requirements of Loudoun County School Board’s standards of student conduct and the Compulsory School Attendance Law. As the parent/guardian, I/we agree to cooperate with school officials in managing my/our child’s conduct while he or she is at school, on the school bus, or in attendance at a school sponsored activity.

By signing the “Acknowledgment of Receipt,” parents/guardians shall not be deemed to waive but to expressly reserve their rights protected by the constitutions or laws of the United States or the Commonwealth. Parents/guardians shall have the right to express disagreement with a school or school division’s policies or decisions.

### Media Release and Photographs *(see details in Students Rights & Responsibilities)*

#### Check one:

- I/We grant permission for my/our child (named below) to be photographed or featured in any videotape, television, audio recording, or broadcast that will be produced by and available to the public from LCPS, or (to the extent that access is within LCPS’s control during school hours) to the media.
- I/We do NOT grant permission for my/our child (named below) to be photographed or featured in any videotape, television, audio recording, or broadcast that will be produced by and available to the public from LCPS, or (to the extent that access is within LCPS’s control during school hours) to the media.

#### Check only if it applies:

- I/We do NOT grant permission for my child to be photographed for the school yearbook or in a classroom photograph.

### Instructions (Return by Friday, September 1, 2017 or sign on ParentVue):

**Elementary School Students:** Parents/Guardians are required to complete and sign this form, and return it to the child’s school. Because of their age, elementary students are not expected to sign but may do so if desired.

**Middle and High School Students:** Parents/guardians and students are required to complete, sign, and return this form.

This form will be filed at your child’s school.

Student’s Name \_\_\_\_\_ Grade \_\_\_\_\_  
*Please Print*

Student’s School ID Number \_\_\_\_\_

Signature of Student \_\_\_\_\_

Parent’s Name \_\_\_\_\_  
*Please Print*

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Homeroom \_\_\_\_\_

**LOUDOUN COUNTY PUBLIC SCHOOLS**  
**STUDENT/PARENT TECHNOLOGY USAGE FORM**  
**(APPLICABLE TO ALL STUDENTS)**



Return *This Form* To The School By September 1, 2017.

Student \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*(Please Print)*                      *Last Name*                      *First Name*                      *Student ID#*                      *Grade Level*

School \_\_\_\_\_ Teacher \_\_\_\_\_

I/We have read the terms and conditions contained in this Acceptable Use Policy (AUP) (Policy §3060). I/We understand that any misuse or abuse of these terms and conditions will result in the suspension or revocation of those privileges, disciplinary actions up to and including expulsion from the Loudoun County Public Schools, and/or appropriate legal action.

**Parental Permission to use LCPS Technology Resources  
and Web-Based Resources**

- I/We agree to the terms and conditions for my child to access LCPS technology and web-based resources.
- I/We DO NOT give permission for my child to access LCPS technology and web-based resources.

**Best Practice Tip:**



*Parents can promote safe Internet use by:*

- monitoring their child's Internet use at home;
- establishing rules for on-line behavior at home; and
- reinforcing Internet safety by discussing the positive and negative aspects of Internet use.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please sign and return this form to your child's school.**

**(No Technology Access Will Be Permitted Without A Signed Form.)**

**This OPTIONAL form  
should be returned to the student's high school  
by September 1, 2017, if you do NOT want the information released.**

**Release of Directory Information to Military Recruiters**

The *Every Student Succeeds Act* requires school districts to release student names, addresses, and telephone numbers to military recruiters upon their request. The law requires the school district to notify students and parents of their right to opt out of having this information released. This notice is posted each year on the Loudoun County Public Schools website in *Student Rights and Responsibilities*, [www.lcps.org](http://www.lcps.org).

**Opt-Out Form for Release of Directory Information to Military Recruiters**

- The Opt-Out Form is for High School Students and their Parents/Guardians.
- This request must be updated at the beginning of each school year.



Please complete this form and sign in ParentVUE or submit to the high school if you do NOT want to have directory information released to military recruiters. If you consent to having the information released, you do not need to submit this form.

School \_\_\_\_\_ Grade \_\_\_\_\_  
*Please print*

Student's Legal Name \_\_\_\_\_ Grade \_\_\_\_\_  
*Please print*

Students School ID Number \_\_\_\_\_

As a student or parent/guardian of a student, you have the right to request that your child's personal information not be released to military recruiters and others.

I/We request that this student's name, address, and telephone number NOT be released to Armed Forces and Military Recruiters or Military Schools.

Signature of Student \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Honor Code Acknowledgment

I have reviewed the Honor Code and by signing below understand that I will be held accountable and responsible for my actions.

Student Name: (Print)

\_\_\_\_\_

Student Signature:

\_\_\_\_\_

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

Input on this honor code came from the following schools: Briar Woods HS, Langley HS, The Landon School, Broad Run HS, Thomas Jefferson HS, Madeira School, and Rice University.

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## Student Handbook Acknowledgement

I have reviewed the student handbook and understand the expectations set forth as well as the disciplinary consequences that are put in place if an infraction occurs. I also know that the Student Handbook in its entirety is located on the school's website for continued review.

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

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

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

## Reminders from the School Health Office

Our school's health clinic specialist/registered nurse is Maggie Heim, RN BSN. She works in the health office each day from 8:30 until 4:30. A health clinic specialist (HCS) works under the direction and supervision of a registered nurse (resource nurse). School staff can contact the school resource nurse at any time for advice or emergencies. HCSs are trained in first aid, cardiopulmonary resuscitation (CPR), use of an external automatic defibrillator (AED), and medication administration. The resource nurse visits the school regularly. Please check the website for the resource nurse for your school. Health office personnel (HCSs and nurses) are not allowed to make a medical diagnosis. If you have an urgent medical concern, please take your child to their personal physician or a medical facility.

- If your child has any significant medical needs, please notify the HCS/RN even if the school has been notified in previous school years. If your child has asthma, diabetes, seizures, life-threatening allergies, or other medical conditions, you and the physician will need to complete a form so the school can understand and address your child's needs. These forms are available on the Loudoun County Public School (LCPS) website. These forms must be updated each school year.
- **School-Sponsored After-School Activities and Sports**  
If your child has diabetes, an epinephrine auto-injector, an inhaler, or other emergency medication at school, please notify the teacher/sponsor that your child has the health concern. Also notify the health clinic specialist/nurse 2 weeks prior to the event. The clinic is closed after dismissal and the HCS/RN is not in the building. Arrangements need to be made to have medication available and to train staff. It is strongly suggested that middle and high school students carry their own inhaler and/or epinephrine auto-injector for quick access to medication. For students to carry an inhaler, the physician must complete and sign the "Asthma Action Plan" giving his/her permission for the student to carry the inhaler, and the parent and student must sign page 3, the "Parent/Student Agreement for Permission to Carry an Inhaler". For students with an epinephrine auto-injector, the physician will need to sign the bottom of the "Allergy Action Plan" and the parent and student will need to sign page 2 under "Agreement for Permission to Self-Administer and/or Carry Epinephrine." For students with diabetes to carry any of their medical supplies, the diabetes form, Part 4: "Permission to Self-Carry and Self-Administer Diabetes Care," will need to be signed by the physician, parent, and student.
- If your child is ill because of a contagious disease such as the flu, strep throat, chickenpox, etc., it would be helpful to note the reason for the absence when you call the absentee call-line. This will help the school take measures to know the extent of the disease and reduce its spread.
- Students who have fevers should be kept at home until free of fever for 24 hours. Students who do not feel well should stay home. When students come to school ill, they not only are unable to participate fully in class, but they may also infect other students with their illness.
- A parent or guardian must deliver any medication (prescription or non-prescription) to the school office or health office. **Students may not transport any medication to or from school.** Parents are responsible for picking up any unused medication. Medication remaining in the health office at the end of the year will be destroyed according to state law and LCPS guidelines.
- If your child takes a prescription medication and missing a dose would have serious health consequences (seizure medication, insulin, etc.), it is strongly suggested that a 24-hour supply of the medication be left in the school Health Office in case of a prolonged school day. The medication must be in an original pharmacy-labeled bottle and have a physician's order on file in the health office. The order must give the times during the 24-hour period that the medication is to be administered.
- The HCS/RN must have written instructions from the physician in order to administer prescription medications. The instructions should include:
  - student's name;
  - name and purpose of the medication;
  - dosage and time of administration;
  - possible side effects and measures to take if those occur;
  - end date for administering the medication;

- parent/guardian signature giving permission to administer medication and to contact physician, and physician's signature.
  - LCPS will not accept parent/guardian amendments to a physician's order, including any restriction of the principal's designee (HCS/RN) from contacting the physician to clarify the medical order.
  - The "Authorization for Medication Administration" form should be used for physician's orders. Copies of this form as well as other medical forms are available in the school office or at the LCPS website under Student Health Services.
- All prescription medication must be in the original pharmacy bottle with the proper label containing the student's name, medication, dosage, and instructions for administration. Upon request, most pharmacies will provide an extra labeled bottle with the proper amount of medication for school. **Please do not send more than a 60-day supply of medication.**
  - If the HCS/RN needs to administer **non-prescription medication**:
    - it must be provided by the parent/guardian in an original package with the name of the medication and instructions;
    - she must have a note from the parent regarding when and how much medication to administer;
    - she will only give the amount listed on the package for your child's age and weight and for the recommended length of time the student should receive the medication unless she has doctor's orders on the "Authorization for Medication Administration" form to dispense differently; and
    - she cannot administer medication that is not in its original container.
  - For the HCS/RN to give acetaminophen (generic Tylenol) to your child, you must have completed the section on the emergency card that gives permission and sign it. Parents/guardians of elementary students will be contacted before any acetaminophen is given in order to assure that it has not been given at home. Because acetaminophen taken in large amounts over a period of time can cause liver damage, middle and high school students may only receive four doses of acetaminophen in a four-week period. Before a fifth dose is given, the parent/guardian will be contacted.
  - Be sure to keep the "Emergency Information" updated so we can reach you if your child is ill or injured. This can easily be done on-line through the ParentVUE on the LCPS website.
  - All 3<sup>rd</sup>, 7<sup>th</sup>, and 10<sup>th</sup> grade students and students new to LCPS will be screened for vision and hearing during the first 60 days of school. Kindergarten students who did not have distance vision screening or hearing tests within two months of the beginning of school will also be screened.
  - The Commonwealth of Virginia requires that school divisions provide information on scoliosis to parents of students in grades 5-10. The scoliosis flyer on the next two pages is provided by the school at the beginning of each school year.

## Scoliosis

### Curvature of the Spine

Scoliosis is an abnormal curving of the spine from side to side often described as an "S" curve. It affects 2% of Americans, mostly adolescents.

#### Cause

- The cause is unknown in most cases.
- Girls are affected more often than boys.
- Untreated, severe scoliosis can lead to lung and heart damage, back problems, and distressing cosmetic changes.

#### Normal Spine

Has a slight outward curve in the upper back and an inward curve at the waist.

If scoliosis is detected early, then treatment can be started before it becomes a physical or emotional disability.

#### Signs

- One shoulder higher than the other
- Scapula (shoulder blade) on one side of the body is higher or more prominent
- One-sided fullness at the waist
- One hip higher than the other
- Unequal rib prominence

### Normal View from Back

Shoulder blades and spine appear straight



### Abnormal View from Back

The spine curves abnormally to the side



### Abnormal View Bending Forward

Shoulders and/or hips appear uneven



### Symptoms

- Backache or low back pain
- Fatigue
- Maybe none

### How to Check Your Child's Spine

- Stand behind the child.
- Ask child to stand with feet together and bend forward to touch the toes.
- Check that the shoulders and the top of the hips are at the same height, the head is centered, and the rib cage is symmetrical. Note that the waist is even and that the body does not lean to one side.
- It may be helpful to run your hands along the spine to detect any abnormalities.
- Ask the child to stand up, turn around to face you, and to bend down again.
- Repeat the assessment.
- If any lateral curvature is noted, your child needs further evaluation.

What should be done if any of the signs and symptoms are present?

Contact your primary care physician for an appointment to have your child's back evaluated.



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Covering Children With  
Affordable Health Insurance

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Contact your local Department of Social Services

FAMIS must be renewed every 12 months.



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# Loudoun County Public Schools

## Business & Financial Services

21000 Education Court, Suite 301

Ashburn, VA 20148

(571) 252-1270\*\* (571) 252-1432 fax

E-mail: [LCPS-BUS-RISKMGMT@LCPS.ORG](mailto:LCPS-BUS-RISKMGMT@LCPS.ORG)



### **ATTENTION: STUDENTS, PARENTS, FACULTY & STAFF**

**Loudoun County Public Schools' Insurance Does Not Provide Coverage for Students' and Employees' Personal Property Brought to School.**

Each year the LCPS Procurement/Risk Management Office receives claims where school students and employees have lost valuable personal property brought to school. Every type of personal property is subject to loss by accident, theft, or vandalism.

Examples of personal property include:

**iPods, iPads, cell phones, smart phones, cameras, tablets, lap top computers, etc.**

The *Worth Avenue Group* has been providing insurance programs to thousands of students and staff across the country since 1971. Their personal property insurance plans have been utilized by many colleges and universities and have been made available to public school students, faculty, and staff nationwide.

**Losses Covered:** The plans cover loss or damage, occurring during the policy period, to personal property, which you own or have leased. See policy for items excluded from coverage. Coverage may be purchased on a "cash value or replacement cost" basis with a deductible as low as **\$50 per occurrence**.

**What about Coverage Under Your Homeowners Policy?** If you have questions about your homeowner's policy, ask your agent to go to the *Worth Avenue Group* website for more information and then to give you advice. These plans are typically **primary** to the homeowner's coverage and can be used to cover high insurance deductibles.

For further information on this coverage please call **1-800-620-2885** or visit **<http://www.worthavegroup.com/>** and read about the **various available coverages**.



## Insuring Personal Property Since 1971

Application valid for 2017-2018 school year

### About Us

Worth Ave. Group is affiliated with National Student Services, Inc. Since 1971, WAG has been the leader in providing personal property insurance designed specifically for students, faculty and staff of colleges and universities. Our expertise has now expanded to include K-12 education, businesses and individuals. Our corporate Headquarters is located in Stillwater, Oklahoma. We are licensed in all states, including Alaska and Hawaii. Our underwriter, Hanover Insurance Company in Worcester, Massachusetts, has an Excellent rating of A from A.M. Best Company, an organization rating insurance companies based on operating performance and financial strength.

Worth Ave. Group is offering a special discount to students and faculty of Loudoun County Public Schools (Ashburn, VA) to insure the devices purchased for use as part of the school's BYOD technology program. Insurance with Worth Ave. Group will protect the device against: *Accidental Damage, Theft, Fire, Flood, Natural Disasters, Power Surge and Vandalism*. This insurance policy will provide full replacement cost coverage and will protect the item worldwide (on and off school grounds). The policy is also transferable to a replacement unit.

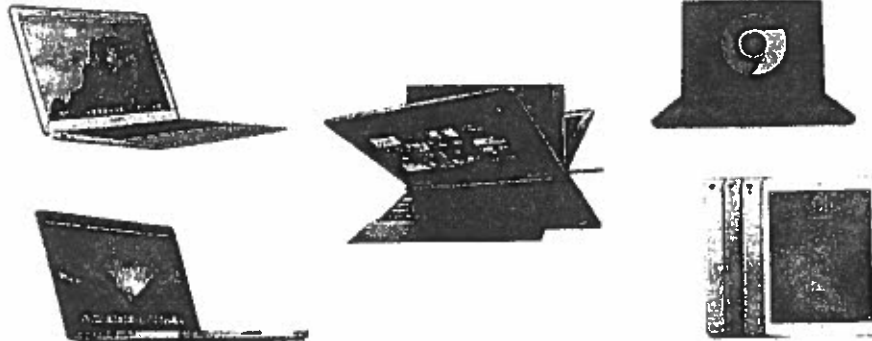
Worth Ave. Group Coverage	Covered	Not Covered
Accidental Damage (drops & spills)	✓	
Cracked Screens	✓	
Liquid Submersion	✓	
Flood	✓	
Natural Disasters	✓	
Power Surge by Lightning	✓	
Theft	✓	
Manufacture Defect		✓
Mechanical Failure		✓
Standard Wear & Tear		✓
Cosmetic Damage		✓
Unexplained Loss		✓



Model	Coverage *	Term	Deductible	Premium
Acer Chromebook	\$250	1 Year	\$0	\$40.70
32GB Apple iPad	\$329			\$44.10
Lenovo Yoga Thinkpad 11e	\$500			\$57.80
13" MacBook Pro	\$1,300			\$111.80

Additional coverage options available online

\* Coverage is based on the replacement cost which can vary depending on device and features. When selecting coverage, please select the actual cost of the device you purchased.



To Purchase



Buy Online:

<https://my.worthavegroup.com/lcps>

Note: Initial quote online will not include processing fees.



Call:

1 (800) 620-2885 use promo code **LCPS**

# ALL NIGHT GRAD PARTY

(FORMERLY KNOWN AS  
PROJECT GRADUATION)



## WHEN

Thursday, June 14th  
11:30 pm — 5:00 am

## WHERE

Stone Bridge High School

FEATURING • Prize Hall, Magic Show, Casino Night, Food, D.J.,  
Karaoke, Games, and so much more.

[SB.PG.ANGP@GMAIL.COM](mailto:SB.PG.ANGP@GMAIL.COM)

FOR QUESTIONS AND ADDITIONAL INFORMATION.

FIRST MEETING OF  
THE YEAR, SEPT 5TH AT SBHS

## CLASS OF 2018

(ALL PARENTS OF  
SBHS STUDENTS,  
PLEASE READ)

## TICKETS AVAILABLE NOW

\$50/Nov-Jan 1, 2018

\$75/Jan 2-June 1, 2018

\$90/June 2-14, 2018

(Tickets will be distributed at  
the door)

## 2017 HOLIDAY ornament sale

\$20

Great for gifts, home,  
Collectors,

Normally sell for \$25-\$30!

## YARD SIGNS

Celebrate your Senior by  
announcing him/her in  
your front yard with a fun  
SBHS Yard Sign.

Will be available in the fall  
at

[WWW.LCPS.ORG/SBHS](http://WWW.LCPS.ORG/SBHS)

(go to link on left of home  
page)

## VOLUNTEERS

RIGHT NEEDS OVER 100  
HOURS FOR SERVICE  
PROJECTS THROUGHOUT  
THE YEAR TO HELP US  
KEEP OUR COMMUNITY  
SHINING



## STONE BRIDGE BOOSTER CLUB 2017-2018 MEMBERSHIP REGISTRATION

Return this registration with payment to:  
Stone Bridge Athletic Boosters, 43100 Hay Road, Ashburn, VA 20147.  
Make checks payable to "SBBC", or pay online  
[www.StoneBridgeHS.RSchoolTeams.com](http://www.StoneBridgeHS.RSchoolTeams.com)

### PERSONAL INFORMATION

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

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

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

Name(s) of current SBHS Students: \_\_\_\_\_

### MEMBERSHIP LEVELS

**NEW SWAG! Pictures and Descriptions on Page Two**

			Window Decal	Key Ring	Bulldog Bucks	Fall Sports Program	Canvas Tote	VIP Concession Pass	VIP Parking Pass	Brick
\$25	White		✓							
\$50	Blue		✓	✓	\$20					
\$100	Silver		✓	✓	\$35	✓				
\$200	Bulldog		✓	✓	\$50	✓	✓			
\$300	Legacy		✓	✓	\$60	✓	✓	✓	✓	✓

### VOLUNTEER

**Check the opportunities in which you are interested**

Events		Leadership		Committee Members	
	Concessions		Membership Chair		Scholarship
	Spirit Wear		Fundraising Chair		Fundraising
	Tickets		Concession Chair		Social Media
	Fundraising		Concession Manager (Fall, Winter, or Spring)		

### FOR BOOSTER USE ONLY

Date Received:

Check #:

Amount \$:



# Stone Bridge PTSO



## Stone Bridge High School Parent Teacher Student Organization Membership Form 2017-2018

**MEMBERSHIP DUES:** \$30 per family. Checks should be made payable to SBHS/PTSO.

*Additional contributions are welcome and appreciated. 😊 All donations are tax deductible!*

Enclosed is my Membership fee \$ 30 Donation \$ \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

Please print clearly:

Parent/Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

\*Email #1 \_\_\_\_\_

Please print Clearly

\*Email #2 \_\_\_\_\_

Please print Clearly

\*Notices of all PTSO meetings, announcements, and volunteer opportunities will be sent via email.  
Email addresses will NOT be shared with outside parties.

### Get Involved in Activities!

*Whether you have a little time or a lot, there are plenty of ways to get involved at Stone Bridge! Not all of the programs/projects are listed below; sometimes we need volunteers for special events. Most PTSO events are short-term and/or one-time. Please check your area(s) of interest.*

\_\_\_\_\_ Hospitality Committee

\_\_\_\_\_ Scholarship Committee

\_\_\_\_\_ Membership Committee

\_\_\_\_\_ Homecoming

\_\_\_\_\_ Project Graduation

\_\_\_\_\_ Communication/Media

\_\_\_\_\_ Library Help

\_\_\_\_\_ Assemblies/Activities

\_\_\_\_\_ Fund Raising

\_\_\_\_\_ MSAAC

\_\_\_\_\_ LEAP

\_\_\_\_\_ SEAC

(Minority Student Achievement Advisory)

(Loudoun Edu. Alliance of Parents)

(Special Ed Advisory Committee)

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

Grade \_\_\_\_\_

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

Grade \_\_\_\_\_

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

Grade \_\_\_\_\_

If you have any questions or concerns, please feel free to contact [StonebridgePTSO.vp@gmail.com](mailto:StonebridgePTSO.vp@gmail.com)

You pay by Check or by using **PAY PAL** at [StonebridgePTSO.treas@gmail.com](mailto:StonebridgePTSO.treas@gmail.com)

email your form to [StonebridgePTSO.vp@gmail.com](mailto:StonebridgePTSO.vp@gmail.com)

THANK YOU FOR YOUR BULLDOG SUPPORT!!!