



BACK TO SCHOOL FORMS

WELCOME TO BELL SHOALS ACADEMY

Please review, sign, and return these documents to your teacher at
Back to School Bash, Thursday August 10th.

FORMS TO SIGN AND RETURN TO YOUR TEACHER:

- ☐ Youth Activity Participant Form
 - Form must be notarized. A notary is available at back to school bash.
- ☐ Allergy Action Plan (if needed)
 - Contact Anita.Cabrera@bellshoalsacademy.com with questions.
- ☐ Request for Medication (if needed)
- ☐ Handbook Signature Page
- ☐ Driver Liability Form
- ☐ Carline Pick Up Form
- ☐ iPad Acceptable Use Form
- ☐ Volunteer Form (if interested)

All forms must be turned into your teacher by the first day of school.

FORMS FOR YOUR INFORMATION:

- ☐ Arrival and Dismissal Procedure
- ☐ Carline Map
- ☐ Explorers Club

BELL SHOALS BAPTIST CHURCH OF BRANDON, INC.
BELL SHOALS BAPTIST ACADEMY
YOUTH ACTIVITY PARTICIPANT FORM FOR MINORS UNDER 18 YEARS OF AGE

- (1) PARTICIPANT INFORMATION
- (2) AUTHORIZATION FOR MEDICAL TREATMENT
- (3) PHOTOGRAPHIC AND REPROGRAPHIC RELEASE
- (4) PRE-INJURY WAIVER, RELEASE AND HOLD HARMLESS
- (5) DISPUTE RESOLUTION

PARTICIPANT INFORMATION (PLEASE PRINT LEGIBLY)

Minor's Name (per Passport or DL): (Last) _____ (First) _____ (Middle) _____
Date of Birth: _____ Age: _____ Grade: _____ Sex (check one): _____ Male _____ Female _____
Father's Name: _____ Mother's Name: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Participant/Minor Home Phone: _____
Father's Cell: _____ Work Phone: _____ Ext. _____
Mother's Cell: _____ Work Phone: _____ Ext. _____
Primary Email Address: _____
In Case of Emergency, please contact: _____ Relation to Participant: _____
Home/Cell Phone: _____ Work Phone: _____ Ext. _____
2nd Emergency contact: _____ Relation to Participant: _____
Home/Cell Phone: _____ Work Phone: _____ Ext. _____
We, _____ and _____ are the parents or legal guardians
("Participant's Guardians") of _____, a minor child under 18 years of age ("Participant").

AUTHORIZATION FOR MEDICAL TREATMENT

Participant's Guardians authorize and consent to a member of the Bell Shoals Baptist Church Leadership Team, including a mission team member, camp leader, Bell Shoals Baptist Academy faculty or staff member (hereafter "Bell Shoals Designee"), to administer general first aid treatment for any minor injuries or illnesses experienced by Participant. If the injury or illness is life threatening or in need of emergency treatment, Participant's Guardians authorize the Bell Shoals Designee to summon any and all professional emergency personnel to attend, transport, and treat Participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state or country in which such treatment is to occur. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Bell Shoals Designee in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

Participant's Guardians assume personal responsibility for all medical bills and certifies that they have secured primary medical insurance for Participant. Further, should it be necessary for Participant to return home due to medical reasons, for disciplinary action, or otherwise, Participant's Guardians hereby assume responsibility for all related transportation and/or communication costs.

MEDICAL HISTORY

HOSPITAL INSURANCE: Yes ☐ No ☐ Insurance Company & Policy Number _____

PHYSICIAN'S NAME: _____ PHONE #: _____

ILLNESSES: (Please list all chronic illnesses and give details as needed)

CURRENT MEDICATIONS: (List all dosages and milligrams) _____

ALLERGIES: (i.e. food, penicillin, etc.)

PREVIOUS OPERATIONS/ADDITIONAL MEDICAL INFORMATION: _____

PHOTOGRAPHIC AND REPROGRAPHIC RELEASE

By signing this document Participant's Guardians hereby give Bell Shoals Baptist Church or Bell Shoals Academy the absolute and irrevocable right and permission to use Participant's name and to use, reproduce, edit, exhibit, project, display, copyright, publish photographic images and/or moving pictures and/or videotaped images of Participant with or without Participant's voice, or in which Participant may be included in whole or in part, photographed, taped, videotaped, and/or recorded during any Youth Activity, and therefore to circulate the same in all forms and media for art, advertising, trade, competition, of every description and/or any lawful purpose whatsoever.

PRE INJURY WAIVER, RELEASE, AND HOLD HARMLESS AGREEMENT

We realize and acknowledge that Participant's participation in a Bell Shoals Baptist Church of Brandon, Inc. and/or the Bell Shoals Baptist Academy ("Bell Shoals") event, mission trip, ministry project, youth camp, field trip, sports activity or activity of any kind (collectively "Youth Activity") anywhere within the United States, in a foreign country and travel to and from a Youth Activity, includes many risks and possible dangers. We further acknowledge that a Youth Activity may expose Participant to accidents, disease, war, political unrest and inherently dangerous activities, including by general description and not by way of limitation, horseback riding, go-cart racing, swimming, water skiing, jet skiing, other water sports, hiking, archery, sports activities and any other activities in which youth may engage (collectively "Risks"). We have measured the Risks against the benefits of Participant participating in a Youth Activity and have determined that the benefits far outweigh the Risks.

In good and valuable consideration, including but not limited to Participant being allowed to participate in a Youth Activity, and to the fullest extent permitted by law, we on behalf of ourselves, heirs, executors, administrators and Participant unconditionally agree to waive, release and hold harmless Bell Shoals, its trustees, officers, directors, employees, agents, volunteers, licensees, successors, legal representatives, Bell Shoals Academy faculty and staff members, and assigns (collectively "Bell Shoals Releasees") from any and all liability, claims, demands and causes of action for personal injury, sickness, disease, death, damages, property damage and expenses of any nature (collectively "Claims"), incurred by us and/or Participant, arising out of or related to in any way to a Youth Activity, including negligence and/or fault, in whole or in part, of the Bell Shoals Releasees. This Pre-injury Waiver, Release, and Hold Harmless Agreement applies to all Claims that exceed insurance coverage payments, if any, actually received by Bell Shoals. If no insurance payments are received by Bell Shoals, then this Bell Shoals Baptist Church of Brandon, Inc./Bell Shoals Baptist Academy Youth Activity Form For Minors Under 18 Years Of Age Authorization For Medical Treatment and Photographic And Reprographic Release And Pre-injury Waiver, Release And Hold Harmless Agreement ("Youth Activity Form") applies to all Claims. However, there is no obligation, express or implied, for Bell Shoals to procure insurance coverage to cover any potential Claim. Bell Shoals will use reasonable efforts to obtain commercially reasonable and available commercial liability insurance. Bell Shoals affirms that the safety and well-being of all Participants is of utmost importance.

Participant's Guardians have considered the ability to obtain independent insurance coverage and certify that we have secured primary medical insurance for Participant or have other means to cover the expense of any loss, damage or injury, as described above, and we accept the risks and associated expense.

To the extent any of the terms or provisions of this Youth Activity Form is deemed unenforceable by a court of competent jurisdiction or arbitration panel, then the terms or provisions that are deemed unenforceable shall be stricken and the remaining terms and provisions shall remain in full force and effect to effectuate the intent of the parties for this Youth Activity Form to be an enforceable non-commercial pre-injury release of a minor under Florida common law.

This form will be effective for participation in any Bell Shoals Baptist Church or Bell Shoals Academy Youth Activity that begins on or after the date this document is signed and notarized and through August 31, 2024. Participant's Guardians acknowledge that they are the parents and/or legal guardians of Participant, have read and understood this Youth Activity Form in its entirety and have signed and delivered it voluntarily.

DISPUTE RESOLUTION

Participant's Guardians believe the Bible commands them to make every effort to live at peace and to resolve disputes in private or within the Christian church (see Matthew 18:15-20; 1 Corinthians 6:1-8). Therefore, Participant's Guardians agree that any Claim or dispute arising from or related to this Youth Activity Form shall be settled by Biblically-based mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for The Institute For Christian Conciliation. All such mediation and arbitration shall take place in Hillsborough County, Florida. Judgment upon an arbitration award may be entered in any court of competent jurisdiction. The Participant's Guardians understand that these methods shall be the sole remedy for any controversy or Claim arising out of this Youth Activity Form and Participant's Guardians and Participant expressly waive their right to file a lawsuit in any civil court against Bell Shoals Baptist Church, its trustees, officers, directors, employees, agents, volunteers, licensees, successors, legal representatives, Bell Shoals Baptist Academy faculty and staff members, Bell Shoals Designees and assigns, for such disputes, except to enforce an arbitration decision. The Participant's Guardians agree that the prevailing party in any dispute will be entitled to attorneys' fees, costs and expense of litigation and that Participant's Guardians will be responsible for such attorneys' fees, costs and expense of litigation should Bell Shoals Baptist Church or Bell shoals Academy, be deemed the prevailing party in any action. The Arbitrator(s) shall determine entitlement and amount of attorneys' fees, costs and expense of litigation. For more information regarding The Institute For Christian Conciliation, please go to their website at www.peacemaker.net.

PLEASE COMPLETE AND SIGN BELOW

Date

Date

Signature of Parent(s) or Guardian(s)

Signature of Parent(s) or Guardian(s)

Printed Name of Parent(s) or Guardian(s)

Printed Name of Parent(s) or Guardian(s)

NOTARY PUBLIC

STATE OF: FLORIDA

COUNTY OF: HILLSBOROUGH

The foregoing instrument was acknowledged before me this _____ day of _____, 202_____, by

Name of Person(s) Acknowledging

Signature of Notary Public

Printed Name of Notary Public

____ Personally Known or ____ Produced Identification.

Type of Identification Produced: _____

BSA ALLERGY ACTION PLAN

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No

PLACE
PICTURE
HERE

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

- ☐ If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
- ☐ If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING: SEVERE SYMPTOMS



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A
COMBINATION
of symptoms
from different
body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
 2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
- Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy or runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or discomfort

FOR **MILD SYMPTOMS FROM MORE THAN ONE**
SYSTEM AREA, GIVE EPINEPHRINE.

FOR **MILD SYMPTOMS FROM A SINGLE SYSTEM**
AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: ☐ 0.1 mg IM ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: _____

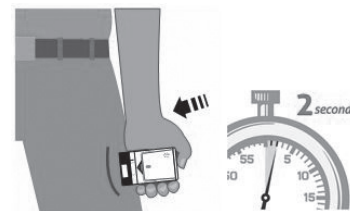
Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
5. Call 911 and get emergency medical help right away.

3



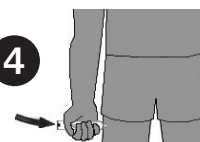
HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.

3



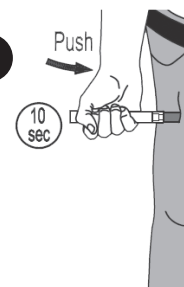
4



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENAClick®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.

5



HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, pull off the blue safety release.
4. Place the orange tip against the middle of the outer thigh (upper leg) at a right angle (perpendicular) to the thigh.
5. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
6. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
7. Remove and massage the injection area for 10 seconds.
8. Call 911 and get emergency medical help right away.

5



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

Bell Shoals Academy
Request for Medication Administration
(to be completed by parent or guardian)

Student's Name _____ Birthdate _____

Address _____ Phone _____

Grade _____ Teacher _____

Parent's Name _____ Daytime Phone _____

Emergency Contact Information _____

Medication to be administered _____

Dosage to be administered _____

Time or interval at which each dose is to be administered _____

Describe the symptoms that would require the medication to be given _____

Name of physician authorizing administration _____

Address _____ Phone _____

Date to begin administration _____ Date to cease administration _____

I request that Bell Shoals Academy administer the above medication to my child in accordance with my request and the physician's statement of need. I agree to notify the school of any changes in my child's condition with respect to the administration of medication or with any changes to the information provided on this form. I understand that it is my responsibility to bring an appropriate supply of medication to the school office in its original container.

Medication provided to the school in any other container other than the original will not be accepted. The school agrees to keep a written log of medication administered to my child in school throughout the current school year. Our complete policies on Health & Safety/ Medication Administration can be found in our Family Handbook.

Signature of parent or guardian

Date

Medication Picked up by: _____

Date: _____

Signature: _____

Bell Shoals Academy

Family Handbook Acknowledgement Form

2023-2024

Please complete and return to the homeroom teacher.

Student Name

Grade

The mission of Bell Shoals Academy is to honor the Lord Jesus Christ by providing students an education based upon academic excellence and Biblical values. We strive to follow Biblical principles in all areas. Cooperation from the home is assumed. By enrolling their child(ren) in BSA, parents agree to support the school in its financial policies, parental support expectations, and the school's student behavior/discipline policies as articulated. BSA reserves the unconditional right to take disciplinary action, suspend, and/or dismiss any student whose progress, conduct and/or whose parent's/guardian's conduct is considered by BSA, in its sole and absolute discretion, to be unsatisfactory and/or in violation of the mission of BSA. As a ministry of Bell Shoals Church, Bell Shoals Academy is governed by the Bylaws of the church. In support of the Articles of Faith, Bell Shoals Academy reserves the right to not admit or retain students and families based on lifestyle choices and sexual immorality. A complete copy of the church by-laws is available in the academy office.

- *Our signatures indicate that we have received, read, and support the 2023-2024 Student Handbook.*
- *We also agree to cooperate with BSA in the enforcement of the rules and regulations of the institution and to meet the terms of the agreement about expenses, business details, and so forth, as outlined by BSA.*
- *I understand that in order to follow my child's growth and development that a variety of observation and assessment tools will be used through the year with my child.*
- *We consent for BSA personnel to have access to our child's records.*
- *We agree with the academy's effort to train our child in the Bible and will encourage our child in this and in all other phases of instruction.*

Parent/Guardian Signature

Date:

Parent/Guardian Signature

Date:

Needs To Be Completed By Each Parent/Guardian. All Field Trip Drivers Must Have This Form On File.

BELL SHOALS ACADEMY

DRIVER LIABILITY FORM

As a driver for the Bell Shoals Academy, I certify that I have liability insurance to cover my automobile and personal injury in the event of an accident. I consent the use of my insurance if necessary.

Driver Name: _____

Student Name: _____

Insurance Company Name: _____

Insurance Policy Number: _____

Driver's License Number: _____

I DO HEREBY CERTIFY THAT I HAVE HAD NO DRIVING TICKETS IN THE PAST THREE (3) YEARS, HAVE NO CHARGEABLE AT-FAULT ACCIDENTS FOR THE PRIOR THREE (3) YEARS AND HAVE A VALID DRIVER'S LICENSE.

Date: _____

Signature of Driver: _____

BELL SHOALS ACADEMY

DRIVER LIABILITY FORM

As a driver for the Bell Shoals Academy, I certify that I have liability insurance to cover my automobile and personal injury in the event of an accident. I consent the use of my insurance if necessary.

Driver Name: _____

Student Name: _____

Insurance Company Name: _____

Insurance Policy Number: _____

Driver's License Number: _____

I DO HEREBY CERTIFY THAT I HAVE HAD NO DRIVING TICKETS IN THE PAST THREE (3) YEARS, HAVE NO CHARGEABLE AT-FAULT ACCIDENTS FOR THE PRIOR THREE (3) YEARS AND HAVE A VALID DRIVER'S LICENSE.

Date: _____

Signature of Driver: _____

CARLINE PICKUP FORM

Dear K-8th Grade Parents,

In order to get your students home safely and most effectively, please fill out the following information about carline options. This form is so that your teacher will know how your child will be picked up from school most days. ***IF YOU HAVE MULTIPLE CHILDREN in the academy***, please fill out and give to each child to turn in to the homeroom teacher at Back to School Bash or the first day of school. *This does not pertain to days they will be doing after school activities.*

Student Name: _____

Grade: _____ Carline Time/Color: _____

Siblings in grades K-8 at the Academy:

<u>Sibling Name</u>	<u>Sibling Grade</u>	<u>Sibling Carline Time/Color</u>

_____ Most often, my child will be going to Explorer's Club after school. He/she will be delivered to Explorer's Club staff from carline. My child's name will be on the Explorer's Club attendance list because I will register them for after school care.

_____ Most often, or if my child is NOT registered for Explorer's Club, my child will be picked up from carline.

- **OPTION 1:** I will pick up my child/children at the SEC carline at the appropriate time(s). I will go through *multiple* carline times if there are multiple carline times. My child will be with his/her class until I pick her/him up.
- **OPTION 2:** I will pick up my child *with* sibling(s) and go through carline *once*. My child will find his/her younger sibling(s) in the SEC concourse waiting with BSA staff, and all children will be picked up together. The younger sibling(s) will wait in the SEC concourse until the later carline time, up to 45 minutes.

Parent Signature Date Parent contact/phone

**** IF YOU HAVE CHILDREN IN THE ELC and THE ACADEMY, you MUST do both carlines. ELC students will not join older siblings in the Academy carline.**



BELL SHOALS ACADEMY

**K- 5th Student iPad
Acceptable Use Policy (AUP)
Bell Shoals Academy - 2023-24**

1. PURPOSE

1.1 Bell Shoals Academy believes that iPads will enable us to better provide all students with a technological tool that will enhance their learning and achievement. This tool will afford them greater opportunities to be productive students and citizens as they enter a global environment that will require greater technology skills, collaboration, and teamwork. All users of the iPad will be required to review this document, as well as sign this agreement with the school to protect the hardware and software native to this technology.

1.2 The goals for Student users are:

- To learn using the iPad in conjunction with the teacher's lesson plans.
- To capitalize on the merging of academic resources such as textbooks (printed and digital), scholarly sources, content rich media, and best practices.
- To use educational materials
- To learn across the school.
- To take ownership in one's own learning by establishing access to educational resources.

2. GENERAL INFORMATION

2.1 The iPad and accompanying accessories remain the property of Bell Shoals Academy. Bell Shoals Academy retains all rights to the device and any applicable accessories. Bell Shoals Academy also retains all rights to transfer the iPad to another eligible student if the student does not, or is unable to, for any reason, fulfill the requirements of this agreement. This device may be requested to be surrendered for inspection, inventory, or updating at any time by the Technology Specialist. If the student cannot produce the iPad within 24 hours of the request then the Head of School will immediately begin procedures for compensation from the student for a new iPad at current market prices. This agreement takes immediate effect upon the receiving of the assigned iPad.

3. PROFESSIONAL ETHICS

3.1 All students are held to the Bell Shoals Academy Student Agreement. This includes the guidelines involving social media interactions. Please make sure you are aware of all implications that come with using mobile device technologies and take extra precautions while following all safety and security measures that deal with private information.

4. MONITORED USE

4.1 Students should have no expectation of privacy when using the iPad. Any and all activity performed on the iPad will be monitored. Access to the Internet in school is monitored through content filtering software and all rules and expectations are applied to the use of the iPad.

5. OWNERSHIP AND CARE

5.1 Each iPad and accompanying accessories are the property of the school.

5.2 Students will have an individually assigned and labelled iPad.

5.3 Students should not:

- Attempt to modify the iPad hardware or operating system (jail-breaking) in any way.
- Apply any permanent marks, decorations or modifications to the iPad or the supplied case.
- Remove the school-supplied case.
- Swap iPads with another student.
- Dispose of or sell the iPad.
- Clear or disable browsing history or set additional password protection on the device.

6. MANAGEMENT OF IPAD CONFIGURATION

6.1 The iPads will be managed by the school in the same way that the school's laptop and desktop computers currently are.

6.2 Students should NOT:

- add or remove applications from the iPad.
- change any configuration settings on the iPad, particularly network configuration.
- clear their browser history.

7. HOME USE- In case of Emergency

7.1 Students will be permitted to take the device home in the event of an extended absence or emergency

7.2 Some notes on home use:

- Students are allowed to connect their iPad to other WiFi networks but the school cannot provide any technical support in doing this.
- The iPad will still be monitored from our remote server.
- The iPad is not to be loaned to anyone.
- The iPad is being loaned for student use only. Please do not allow your family or friends to use BSA devices.

8. DAMAGE- In case of Emergency

8.1 Occasionally, unexpected problems do occur with the iPad that are not the fault of the user (computer crashes, software errors, etc.). The school Technology Specialist will take care of any issues.

8.2 Accidental Damage vs. Negligence: Accidents do happen. There is a difference, however, between an accident and negligence. The iPad warranty will cover normal wear and tear along with any defects that may arise during normal use of the device.

8.3 After investigation by the school Technology Specialist and administration and possible determination by Apple, if the iPad is deemed to be intentionally or negligently damaged by the student, student may be subject to discipline and the cost of repair or replacement.

9. LOST AND STOLEN EQUIPMENT- In case of Emergency

9.1 If any equipment is lost during the extended absence, the student must report it to the Technology Specialist immediately.

9.2 The circumstances of each situation involving lost equipment will be investigated individually.

9.3 If any equipment is reported as stolen, a police report must be filed and a copy of the report must be provided to the school by the student. If there is not clear evidence of theft, or the equipment has been lost due to student negligence, the member of student may be responsible for the full cost of replacing the item(s). This includes iPad and accessories.

10. FINANCIAL RESPONSIBILITY

10.1 Any loss or damage may be the responsibility of the student. The actual cost of replacement will be determined by Apple but will not exceed the retail value of like-for-like replacement.

11. ONLINE SAFETY

11.1 In order to support the school's Online Safety initiative, BSA aims to verify compliance with this Acceptable Use Policy, student iPads will be subject to random spot-checks of browser history and iPad content and configuration. Any inappropriate material or unauthorized configuration changes may be deemed as misconduct.

11.2 Any student found to have cleared their browser history will be deemed to have breached this Acceptable Use Policy.

11.3 Students are responsible for all content on their iPad including browser history, emails, documents and audio video content.

11.4 Use of camera and video apps must be appropriate and legal. Photos and videos taken during the school day must be educational in nature and purpose.

11.5 Any inappropriate material received should be reported to the Technology Specialist. If the material has not been reported, the student will be required to explain its presence.

11.6 The student-assigned iPad remains the property of Bell Shoals Academy. I understand and will abide by the above iPad agreement in conjunction with the Bell Shoals Academy Acceptable Use Policy. Should I commit any violation, my access privileges may be revoked and school disciplinary action may be taken. I understand that loss or theft of my assigned iPad is my responsibility as well as any neglect toward the iPad.

Ipap Asset Tag Number: _____

Parent's Name: _____

Parent's Signature: _____

User's Full Name: _____

User Signature: _____

Date: _____

Technology Specialist Signature: _____

Date: _____



BELL SHOALS ACADEMY

6th – 8th Grade Student iPad Acceptable Use Policy (AUP) Bell Shoals Academy - 2023-2024

1. PURPOSE

1.1 Bell Shoals Academy believes that iPads will enable us to better provide all students with a technological tool that will enhance their learning and achievement. This tool will afford them greater opportunities to be productive students and citizens as they enter a global environment that will require greater technology skills, collaboration, and teamwork. All users of the iPad will be required to review this document, as well as sign this agreement with the school to protect the hardware and software native to this technology.

1.2 The goals for Student users are:

- To learn using the iPad in conjunction with the teacher's lesson plans.
- To capitalize on the merging of academic resources such as textbooks (printed and digital), scholarly sources, content rich media, and best practices.
- To use educational materials
- To learn across the school.
- To take ownership in one's own learning by establishing access to educational resources.

2. GENERAL INFORMATION

2.1 The iPad and accompanying accessories remain the property of Bell Shoals Academy until day of unenrollment. Bell Shoals Academy retains all rights to the device and any applicable accessories. Bell Shoals Academy also retains all rights to transfer the iPad to another eligible student if the student does not, or is unable to, for any reason, fulfill the requirements of this agreement. This device may be requested to be surrendered for inspection, inventory, or updating at any time by the Technology Specialist. If the student cannot produce the iPad within 24 hours of the request then the Head of School will immediately begin procedures for compensation from the student for a new iPad at current market prices. This agreement takes immediate effect upon the receiving of the assigned iPad.

3. PROFESSIONAL ETHICS

3.1 All students are held to the Bell Shoals Academy Student Agreement. This includes the guidelines involving social media interactions. Please make sure you are aware of all implications that come with using mobile device technologies and take extra precautions while following all safety and security measures that deal with private information.

4. MONITORED USE

4.1 Students should have no expectation of privacy when using the iPad. Any and all activity performed on the iPad can and will be monitored. Access to the Internet in school is monitored

through content filtering software and all rules and expectations are applied to the use of the iPad.

4.2 All Files stored on the device are property of the school and are subject to regular reviewing and monitoring.

5. OWNERSHIP AND CARE

5.1 Each iPad and accompanying accessories are the property of the school.

5.2 Students will have an individually assigned and labelled iPad which will be theirs for the duration of their enrollment.

5.3 Students should:

- Bring the iPad to school every day, fully charged.
- Be encouraged to take the iPad home to use for school-related activities.
- Keep the iPad with them or in a secured (locked) area at all times.
- Bring the iPad with them to all classes.
- Immediately report to the Technology Specialist any loss, theft or damage to the iPad.
- Be responsible for any loss and damage that is occurred in regards to the iPad and accompanying accessories.
- Remember that the iPad is for educational purposes.
- Follow this Bell Shoals Academy Acceptable Use Policy at all times.
- Upgrade the iPad immediately as directed by Technology Specialist.

5.4 Students should not:

- Attempt to modify the iPad hardware or operating system (jail-breaking) in any way.
- Apply any permanent marks, decorations or modifications to the iPad or the supplied case.
- Remove the school-supplied case.
- Swap iPads with another student.
- Dispose of or sell the iPad.
- Clear or disable browsing history or set additional password protection on the device.

5.5 Use of the iPad will require a few necessary tasks to keep the device performing well:

- Clean the screen with approved cleaning fluid and cloths.
- Make sure hands are clean before using.
- Keep away from food and drink.
- Charge the iPad only with the included Apple charger and box.
- Keep the iPad in a well-protected temperature-controlled environment when not used.
- Do not leave the iPad in a vehicle or location that is not temperature controlled.

6. MANAGEMENT OF IPAD CONFIGURATION

6.1 The iPads will be managed by the school in the same way that the school's laptop and desktop computers currently are.

6.2 Students should NOT:

- add or remove applications from the iPad. If there is an app you would like to have on your iPad, please send a request to the Technology Specialist.
- change any configuration settings on the iPad, particularly network configuration.
- erase the iPad on another computer.
- synchronize the iPad with a computer outside of school.
- clear their browser history, except as directed to by the Head of School.

7. HOME USE

7.1 Students who have completed this iPad AUP will be allowed to take the devices home. Note that this privilege may be revoked by the school at any time.

7.2 Some notes on home use:

- Students should charge iPads at home and bring them to school charged.
- Students are allowed to connect their iPad to other WiFi networks but the school cannot provide any technical support in doing this. Connection to the internet should not be by wireless router unless the wireless connection signal is fully encrypted and password protected.
- Students are responsible for providing any content filtering or restrictions on their own networks.
- The iPad is not to be loaned to anyone.
- The iPad is being loaned for student use only. Please do not allow your family or friends to use BSA devices.

7.3 In case of school closure, or student extended absence, the students will continue classwork from home on their assigned iPad while following the policies within this document.

8. DAMAGE

8.1 Occasionally, unexpected problems do occur with the iPad that are not the fault of the user (computer crashes, software errors, etc.). The school Technology Specialist will assist student with having these issues fixed. These issues will be remedied at no cost.

8.2 Accidental Damage vs. Negligence: Accidents do happen. There is a difference, however, between an accident and negligence. The iPad warranty will cover normal wear and tear along with any defects that may arise during normal use of the device.

8.3 After investigation by the school Technology Specialist and administration and possible determination by Apple, if the iPad is deemed to be intentionally or negligently damaged by the student, student may be subject to discipline and the cost of repair or replacement.

9. LOST AND STOLEN EQUIPMENT

9.1 If any equipment is lost, the student must report it to the Technology Specialist immediately.

9.2 The circumstances of each situation involving lost equipment will be investigated individually.

9.3 If any equipment is reported as stolen, a police report must be filed and a copy of the report must be provided to the school by the student. If there is not clear evidence of theft, or the equipment has been lost due to student negligence, the member of student may be responsible for the full cost of replacing the item(s). This includes iPad and accessories.

10. FINANCIAL RESPONSIBILITY

10.1 Any loss or damage may be the responsibility of the student. The actual cost of replacement will be determined by Apple but will not exceed the retail value of like-for-like replacement.

11. ONLINE SAFETY

11.1 In order to support the school's Online Safety initiative, BSA aims to verify compliance with this Acceptable Use Policy, student iPads will be subject to random spot-checks of browser history and iPad content and configuration. Any inappropriate material or unauthorized configuration changes may be deemed as misconduct.

11.2 Any student found to have cleared their browser history will be deemed to have breached this Acceptable Use Policy.

11.3 Students are responsible for all content on their iPad including browser history, emails, documents and audio video content.

11.4 Use of camera and video apps must be appropriate and legal. Photos and videos taken during the school day must be educational in nature and purpose.

11.5 Any inappropriate material received should be reported to the Technology Specialist. If the material has not been reported, the student will be required to explain its presence.

11.6 The student-assigned iPad remains the property of Bell Shoals Academy. I understand and will abide by the above iPad agreement in conjunction with the Bell Shoals Academy Acceptable Use Policy. Should I commit any violation, my access privileges may be revoked and school disciplinary action may be taken. I understand that loss or theft of my assigned iPad is my responsibility as well as any neglect toward the iPad.

Parent's Name: _____

Parent's Signature: _____

User's Full Name: _____

User Signature: _____

Ipad Asset Tag Number: _____

Date: _____

ITEMS	ITEMS	Condition	Initial
Ipad	Yes - No	New - Used	
Apple Power Supply with cable	Yes - No	New - Used	
Ipad Case	Yes - No	New - Used	

Technology Specialist Signature: _____

Date: _____

WE heart OUR VOLUNTEERS



During the year we will be calling on volunteers to help out in and around the classroom. There are a variety of needs. We ask that you would pray about the following areas and check all that you would be able to do. We know that there are areas that we may have missed, so if you have any ideas, please feel free to list them under "Other". Your child's teacher will be in contact with you regarding the areas you have checked.

Thank you for your support and commitment!
It's going to be a great year!

STUDENT NAME: _____

TEACHER/GRADE: _____

PARENT NAME: _____

PHONE NUMBER: _____

EMAIL: _____

Positions

- ___ ROOM PARENT
- ___ ASSISTANT ROOM PARENT
- ___ PRAYER COORDINATOR
- ___ TEACHER APPRECIATION COORDINATOR
- ___ CLASS PHOTOGRAPHER
- ___ LUNCH ROOM VOLUNTEER
- ___ CHRISTMAS GIFT SHOP VOLUNTEER
- ___ PANTHER PARTNER * ANSWERS QUESTIONS FOR NEW FAMILIES AT ACADEMY
- ___ OTHER: _____





ARRIVAL AND DISMISSAL

ARRIVAL

- **Carline: 7:50 - 8:15 am**
 - 2s - 1st Grade will enter off Bell Shoals Road to Preschool Carline.
 - 2nd - 8th Grades will enter off Brooker Road to SEC Carline.
 - Families with multiple children drop off location will be with the youngest child.
 - Students may not be dropped off prior to 7:50 AM.
- **Park and Walk: 8:00 - 8:15 am**
 - All parents of ELC-8th grade may park and walk in only using the south doors. Please view carline map.
 - Parents are welcome to walk students to their classrooms doors on the first floor.
 - After the first day of school, parents are not permitted on the second floor for students 2nd-8th grade. You are welcome to walk them to the stairway.
- Before Care is available through our Explorers Club Program.

DISMISSAL

- All parents will be given car tags of the student(s) you will be picking up.
- All students are dismissed using Carline. Park and walk up options are not available.
- If you need to sign your student out earlier than dismissal, you must do so before 2:00 pm.
- All students that are not picked up on time will be taken to Explorers Club. A charge of \$1.00 per minute to a maximum of \$30.00 for each student will be assessed on the family statement.

Jr.K-Kindergarten:	2:30 pm - 2:45 pm
1st Grade:	2:30 pm - 2:45 pm
2nd Grade:	2:45 pm - 3:00 pm
3rd Grade:	2:45 pm - 3:00 pm
4th Grade:	2:45 pm - 3:00 pm
5th Grade:	3:00 pm - 3:15 pm
6th - 8th Grade:	3:00 pm - 3:15 pm

- *Jr.K - 8th Grade students will be picked up on SEC carline side*
- *ELC students please use the preschool carline side (blue awning)*



carline:



Pick Up: K - 1st, 5th-8th

- K - 1st: 2:30 - 2:45
- 5th - 8th: 3:00 - 3:15



BLUE CARLINE

Pick Up: 2nd - 4th

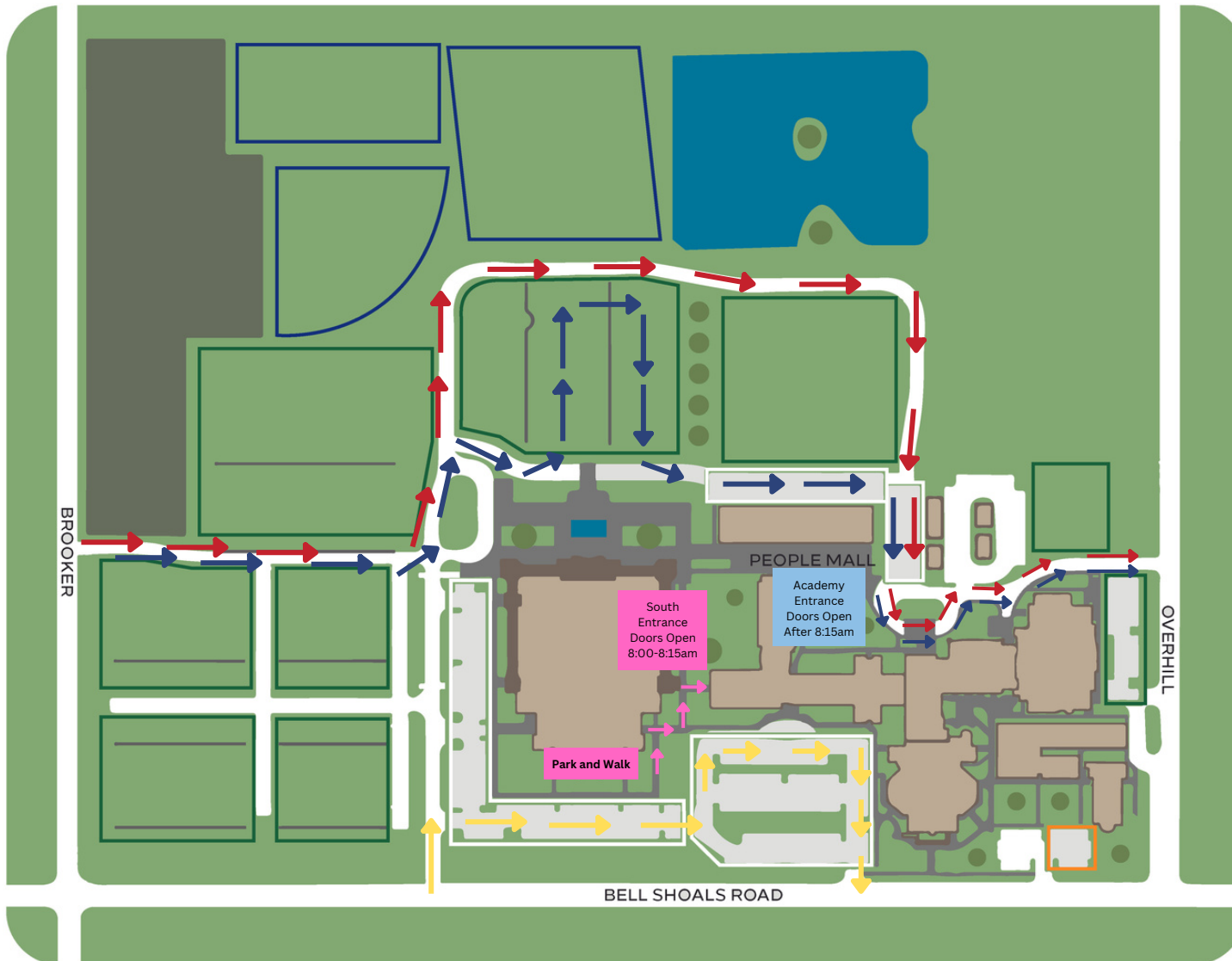
- 2nd - 4th: 2:45 - 3:00

 PRESCHOOL YELLOW CARLINE

Drop Off: ELC - 1st

Pick Up: ELC

****Please view ELC pick up times online***





EXPLORERS CLUB

BEFORE AND AFTER CARE

SCHOOL HOURS

8:15 AM – 2:30 PM for Preschool through 1st Grade

8:15 AM – 2:45 PM for 2nd – 4th Grade

8:15 AM – 3:00 PM for 5th – 8th Grade

BEFORE AND AFTER SCHOOL

Explorers Club is a program at Bell Shoals Academy designed to help parents who need care for their children on a regular basis beyond the hours of the school day. Explorers Club offers supervision and a variety of enrichment activities for children from our Early Learning Center through 8th grade. Families may choose part time care (1 to 3 days per week) or full time care (4 to 5 days per week). Daily activities include homework time, snack time, supervised free play, crafts, and organized games. For safety and staffing requirements, all enrollment intentions must be pre-scheduled.

HOURS OF OPERATION

Before School Session opens at 6:30 AM

After School Session closes at 6:00 PM

The program operates every day that school is in regular session. When school is closed, Explorers Club is closed unless otherwise noted. Explorers Club is available on early release days from dismissal until 6pm.

COURTESY CARE

For your convenience, we offer care for those times when families need just one day of before or after school care instead of an entire month. Courtesy Care must be scheduled and paid for 24 hours prior to the date care is needed.