



*Please sign one form for each Metro Nashville Public Schools' (MNPS) student in your household and return the form to each student's school.*

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## 2021-2022 STUDENT-PARENT HANDBOOK ACCESS & ACKNOWLEDGEMENT

I understand the 2021-2022 MNPS Student-Parent Handbook is available online at [www.mnps.org/handbook](http://www.mnps.org/handbook).  
The signature below acknowledges that I have read and understand the handbook and related policies.

**Student's Name** (please print): \_\_\_\_\_

**Student's School** (please print): \_\_\_\_\_

**Parent or Guardian Name** (please print): \_\_\_\_\_

**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**NOTE:** Failure to sign and return this form to the school does not relieve the student from the responsibility of complying with the rules and policies referenced in the MNPS Student-Parent Handbook.

## SCHOOL ATTENDANCE & TRUANCY

I understand that my student is subject to compulsory school attendance laws and if my student is unlawfully absent from school or habitually truant, law enforcement personnel may take my student into temporary custody and deliver him/her to the Metro Student Attendance Center (MSAC). (See [bit.ly/mnpsattendance](http://bit.ly/mnpsattendance) for more information.)

**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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## COVID-19 TESTING PERMISSION

MNPS is seeking your consent to test your child for COVID-19 infection. Testing will be conducted by either a school nurse or an MNPS contractor. Provider testing partners will come to every school to test students and staff on a rotating basis. A student will not be selected for random testing more often than once a week. Every effort will be made for testing to occur outside of core instructional time.

Additional testing may be given if the student exhibits one or more symptoms of COVID-19, or if they are a close contact of a student, teacher, or staff person with COVID-19 infection. If you consent, your child will receive a free diagnostic test for the COVID-19 virus. There are two types of tests: a rapid test that will provide results within 15 minutes and a PCR test that will be sent to a lab, with results typically received within 24-48 hours. Collecting a specimen for testing involves inserting a small swab, similar to a Q-Tip, into the front of the nose and/or collecting saliva (spit).

### **AFTER A POSITIVE RAPID TEST, A PARENT/GUARDIAN WILL BE NOTIFIED THROUGH MNPS.**

If your child's test results are positive, please contact your child's doctor immediately to review the test results and discuss what you should do next. You should keep your child at home and inform your child's school. If your child's test results are negative, this means that the virus was not detected in your child's specimen. Tests sometimes produce incorrect negative results (called "false negatives") in people who have COVID-19. If your child tests negative but has symptoms of COVID-19, or if you have concerns about your child's exposure to COVID-19, you should call your child's doctor.

### **NOTIFICATION OF INFORMATION SHARING:**

The law allows some information about the student to be shared with and among certain local and state public health agencies. This information will be shared only for public health purposes, which may include notifying close contacts of the student about possible exposure to COVID-19 and taking other steps to prevent the further spread of COVID-19 in the school community. Information about the student that may be shared with these agencies includes student's name, COVID-19 test results, date of birth/age, gender, race/ethnicity, school name(s), teacher(s), classroom, enrollment and attendance history for the 2021-2022 school year, and afterschool or other program participation, names of other family members or guardians, address, telephone, mobile number, and email address. Additionally, by consenting to COVID-19 testing, you are consenting to MNPS sharing the following student data: student's name and COVID-19 test results, date of birth/age, gender, race/ethnicity, school name(s), teacher(s), classroom, enrollment and attendance history, and afterschool or other program participation, names of other family members or guardians, address, telephone, mobile number, and email address. This information may be shared as soon as consent is given. Sharing of information about your child will only be done so in accordance with applicable law and policies protecting student privacy and the security of your child's data.

I am agreeing to COVID-19 testing and information sharing freely and voluntarily, and I am legally authorized to make decisions for the student named below. I understand that if I am a student age 18 or older, or may otherwise legally consent for my own health care, references to "my student" refer to me and I may sign this form on my own behalf. I understand and consent for my student to be tested for COVID-19 using either a rapid COVID-19 test or a PCR test, beginning on Aug. 10, 2021 and ending on June 30, 2022. I understand and consent for the student to be tested:

- (1) as part of randomized testing, or
- (2) if they exhibit one or more symptoms of COVID-19, or
- (3) if they are a close contact of a student, teacher, or staff person with COVID-19 infection.

I understand that this consent form will be valid through June 30, 2022, unless I notify the school in writing that I revoke my consent. I understand that my student's test results, and other information may be disclosed as permitted by law and as outlined in this permission form. I understand that MNPS will communicate information about the determined provider and students may opt out/revoke consent at any time. I understand and consent that the following student data: student's name and COVID-19 test results, date of birth/age, gender, race/ethnicity, school name(s), teacher(s), classroom, enrollment and attendance history, and afterschool or other program participation, names of other family members or guardians, address, telephone, mobile number, and email address will be shared with MNPS's contracted testing provider, local public health agencies, and state public health agencies. I understand that a student may opt out/revoke consent at any time.

I hereby release and hold harmless the Metropolitan Government of Nashville and Davidson County from any and all claims of any kind whatsoever that may arise from the testing of my student.

## COVID-19 TESTING PERMISSION (CONT.)

I understand that the student **must** stay home if he/she is feeling unwell. I acknowledge that a positive test result is an indication that the student cannot attend in-person learning or activities sponsored by MNPS, must self-isolate, and continue wearing a mask or face covering as directed in an effort to avoid infecting others.

I understand COVID-19 testing does not replace treatment from a medical provider. I assume complete and full responsibility to take appropriate action with regards to the student's test results.

I agree that I will seek medical advice, care and treatment from a medical provider for the student if I have questions or concerns, or if the student's condition worsens. I understand I am financially responsible for any care received from a healthcare provider.

I, the undersigned, have read and fully understand what I am signing. I have been informed about the COVID- 19 test purpose, procedure, possible benefits and risks, and I have received a copy of this Informed Consent. I have been given the opportunity to ask questions and consult with anyone I choose, including an attorney or physician, before I sign. I have been told that I can ask additional questions at any time. I voluntarily agree to allow the above-mentioned student to be tested for COVID-19 and understand this release of liability.

I am a student who is 18 years of age or older; or the authorized parent or guardian for the named student.

**Student Name (First, Middle, Last):** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**Student's Date of Birth (Month/Day/Year):** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student Signature (18yrs/older)** \_\_\_\_\_ **Date** \_\_\_\_\_



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## FERPA DIRECTORY INFORMATION

Student Name (Printed): \_\_\_\_\_

Student ID: \_\_\_\_\_

### NOTICE OF DIRECTORY INFORMATION OPT OUT:

In accordance with the Federal Educational Rights and Privacy Act of 1974 (FERPA), as amended, a student's education records are maintained as confidential and, except for a limited number of special circumstances listed in that law, will not be released to a third party without the prior written consent of the parent/guardian or student (*if student is 18 or older*). The law, however, does allow schools to release student "directory information" without obtaining the prior consent of the parent/guardian or student. If you **DO NOT** want the release of certain types of directory information without your prior consent, you may choose to "opt-out" of this FERPA exception by signing the form below. Directory information of a student who has opted-out from the release of directory information, in accordance with this policy/procedure for opting out, will remain flagged for the current school year, until the parent/guardian or student requests that the flag be removed by completing and submitting a revocation of the opt-out to the school or MNPS Family Information Center.

I \_\_\_\_\_ (parent/guardian name or student name\*),  
request the withholding of the following personally identifiable information identified as Directory Information under FERPA:

- Student name
- Address
- Photograph
- Date and place of birth
- Major field of study
- Dates of attendance
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Degrees, honors and awards received
- Most recent educational agency or institution attended

I understand that upon submission of this form, the information listed above cannot be released to third parties without my written consent or unless the school is required by law or permitted under FERPA to release such information without my prior written consent; and that directory information will not otherwise be released from the time the school receives this form until my opt-out request is rescinded. I understand that I may not opt out of use of the student ID number because it is necessary identifying information for the school. I further understand that if directory information is released prior to the school receiving my opt-out request, the school may not be able to stop the disclosure of my directory information. I understand that I may request and challenge how my/my student's directory information is used by contacting the school.

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

Student Signature\* \_\_\_\_\_ Date \_\_\_\_\_

*\*If under 18, a parent or guardian must sign to opt the student out.*



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## PERMISSION PREFERENCES

**ONLY SIGN THE FOLLOWING STATEMENTS IF YOU DO NOT WANT YOUR STUDENT TO ACCESS THE SERVICE.**

If you choose one of the Opt-Out Preferences, return the signed form to your student's school.

### HEALTH SCREENINGS

*Only sign if you do not want your student to participate in hearing, vision, height, weight and blood pressure screenings.*

I wish to exclude my student from hearing, vision, height, weight and blood pressure screenings. MNPS does not have my permission for my student to participate in these screenings.

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

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

### NAVIGATOR PROGRAM

*Only sign if you DO NOT want your student to participate in the district's Navigator program. The MNPS Navigator program connects students with faculty and staff with supplemental check-ins outside of the school day.*

I wish to exclude my student from Navigator check-ins outside of the school day. Failure to sign the Navigator Opt-Out form will serve as an indication that your student has permission to receive Navigator check-ins outside of the school day through a phone or Microsoft Teams call from your student's assigned Navigator. MNPS does not have my permission for my student to participate in the Navigator program.

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

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

### TECHNOLOGY OPT-OUT

*Only sign if you DO NOT want your student to have permission to access the district's internet.*

I have read the MNPS Technology Acceptable Use Policy. I understand that the internet is a worldwide group of computer networks and that MNPS does not control the content available on, or through, these internet sites. I understand that MNPS will undertake good faith efforts to filter objectionable material available on sites that can be accessed by MNPS students but that filtering efforts may not completely block objectionable content. Therefore, I am restricting my student's access to the district's internet. **MNPS does not have my permission** to give internet access to my student. Failure to complete and sign the technology opt-out form will serve as an indication that your student has permission to access the district's internet.

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

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

## LAPTOP/DEVICE OPT-OUT

*Only sign if you DO NOT want your student to have permission to access laptop or similar device to utilize both on and off campus for digital and remote learning opportunities.*

I have read the MNPS Laptop/Device for Remote/Digital Learning usage guidelines (see full description below). MNPS may issue a laptop or similar device for remote or digital learning opportunities both on campus and off campus. This laptop or similar device will utilize the internet filtering provided by MNPS, as explained in the Acceptable Use Policy. Therefore, I am restricting my student's access to a device for remote and digital learning. **MNPS does not have my permission** to check out a laptop or similar device to my student. Failure to complete and sign the laptop/device opt-out form will serve as an indication that your student has permission to have a device checked out to them for both on and off campus learning.

## LAPTOP/DEVICE FOR REMOTE/DIGITAL LEARNING USAGE GUIDELINES (Full Description)

MNPS students may be issued a laptop or similar device for remote or digital learning for use both on and off campus. Any parents wishing to restrict their student's access to a laptop or similar device are required to complete and sign the Laptop/Device Opt-Out form and return to their student's school.

Failure to complete and sign the Laptop/Device Opt-Out form will serve as an indication that your student has permission to have a laptop/device checked out to them and you agree and acknowledge the following:

1. MNPS retains title to the equipment at all times, unless otherwise transferred. Student, parent, or guardian ("we") will hold no security or ownership interest in the equipment or in licenses to installed software. Equipment includes the following: A) laptop and B) power adapter.
2. We are fiscally responsible for lost, stolen, or damaged devices. Such responsibility will not exceed \$400.
3. The assigned student will have possession of the equipment for the remainder of the school year and must return it no later than June 1, 2022. Devices assigned to graduating seniors must be returned no later than the last day of school.
4. If the device is damaged, we will return the device. We will not attempt to repair the device or contact any other computer repair service facility directly.
5. In the event we install a program or modify the device, which impairs the functionality of the device, we are financially responsible for reimbursing the school system for the monetary cost.
6. If the device is lost, stolen, or damaged, it is our responsibility to immediately notify the school's librarian, teacher, principal, or assistant principal.
7. Upon request of an administrator or teacher, the device and power cord will be returned.
8. If the device is not returned to the school system upon the teacher or school's request or when enrollment is terminated for any reason, we agree to pay the cost of a replacement device within 30 calendar days. Furthermore, we understand and accept that MNPS may file a police report for stolen property should we fail to return or pay for the device and related items within 45 calendar days.
9. All sites used for instruction are evaluated by staff for appropriateness. Families should note that when MNPS devices are connected to a personal home network they are configured to filter the sites students may visit. Families should still discuss the importance of being safe, responsible, and respectful online.
10. Users are responsible for securing and safeguarding data stored on MNPS technology. When using MNPS technology, students should continue to use only approved MNPS digital tools and follow each tool's specific guidelines for using student accounts. If students choose to use digital tools or access online services that are not part of the MNPS approved list, MNPS cannot be responsible for any data privacy or security concerns that may arise.
11. MNPS has the ability to monitor MNPS device usage to ensure compliance with MNPS policies. We understand that, because of MNPS' need to monitor district devices, we have a limited expectation of data privacy while using MNPS technology. We understand that students are to use only MNPS approved digital tools to safeguard student data from unauthorized access. Furthermore, we are aware that the device may be randomly collected, inspected, and searched.
12. The device is to be used exclusively by the assigned student. Parent(s)/guardian(s) may only use the device for purposes of assisting their child with educational studies.
13. MNPS will obtain consent from participants before taking photos, recording audio, or capturing video.
14. The MNPS Technology and Acceptable Use Policy applies to MNPS devices at all times, including before and after school hours and when school is not in session.

**LAPTOP/DEVICE OPT-OUT (CONT.)**

Student Name (First, Middle, Last): \_\_\_\_\_

School Name: \_\_\_\_\_

Parent/Guardian Name (First, Middle, Last): \_\_\_\_\_

Address: \_\_\_\_\_ Apt./Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**SCHOOL SOCIAL WORK SERVICES OPT-OUT**

*Only sign if you DO NOT want your student to have permission to access school social work services.*

I wish to exclude my student from school social work services. My student will not be able to have school social work services. **MNPS does not have my permission** to provide school social work services to my student. Failure to sign the School Social Work Opt-Out form will serve as an indication that your student has permission to access school social work services.

**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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## MEDIA PERMISSIONS

For more information regarding policies related to these permissions, see <https://mnps.org/students-families/student-resources/handbook/handbook-rights-and-responsibilities>.

I confirm or deny my student's participation in the areas identified with a check mark below:

	YES	NO
<b>MEDIA*</b>		
1. MNPS has permission to honor my student publicly, including submitting honors received to the media.		
2. MNPS has permission to interview, photograph or video record my student for use in print, on the internet, and in all other forms of media.		
3. MNPS has permission to allow news media and other non-MNPS media to interview, photograph or video record my student.		
<i>*If MNPS does not receive this permission form with a preference marked, the district will assume permission is granted for options one and two above and that permission is not granted for the third, which is photography or digital recording by news or non-MNPS media.</i>		

Please print:

Student Name (First, Middle, Last): \_\_\_\_\_

School Name: \_\_\_\_\_

Parent/Guardian Name (First, Middle, Last): \_\_\_\_\_

Address: \_\_\_\_\_ Apt./Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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





Please sign one form for each Metro Nashville Public Schools' (MNPS) high school student in your household and return the form to each student's school.

# METRO PUBLIC HEALTH DEPARTMENT YOUTH RISK BEHAVIOR SURVEY

**COMPLETE AND RETURN THIS FORM BY SEPT. 17, 2021, IF YOU DO NOT WANT TO GRANT PERMISSION FOR YOUR HIGH SCHOOL STUDENT TO TAKE THIS SURVEY.**

Our school district is participating in the 2021 Davidson County High School Youth Risk Behavior Survey (YRBS). This survey is administered through the Metro Public Health Department. The survey will ask about the health and wellbeing of students in grades 9-12. YRBS questions will ask about nutritional practices, crime victimization, physical activity, injuries, tobacco, alcohol, and other drug use, exposure to adverse childhood experiences, and sexual behaviors that could lead to pregnancy and sexually transmitted diseases, including HIV.

The YRBS will be administered electronically and should take approximately 30 minutes to complete. The survey has been designed to protect your child's privacy. *Students will not put their names or other identifying information on the survey. Also, no school or student will ever be mentioned by name in a report of the results.*

Participating in the survey will cause little or no risk to your child. The only potential risk is that some students might find certain questions sensitive. Therefore, students may skip any questions they do not wish to answer. In addition, students may stop taking the survey at any point, without penalty.

Your child will get no immediate benefit from taking part in the survey, although the results of this survey may help your child and other children in the future. While we hope all randomly selected students to take part in the survey, the survey is voluntary. No action will be taken against the school, you, or your child if your child does not take the survey.

If you would like to see the survey, a copy is available in the front office of your child's school and online at [www.nashville.gov](http://www.nashville.gov) by searching "Youth Risk Behavior Survey." A copy is also available in the Student Services Department at the MNPS Support Hub, 2601 Bransford Avenue, Nashville, TN 37204.

You may opt-out your child from survey participation by:

1. Calling 615.340.8608
2. Emailing [YRBSInfo@nashville.gov](mailto:YRBSInfo@nashville.gov), or
3. Completing the section below and mailing it to Latissa Hall, Program Manager-Adolescent Programs, Metro Public Health Department, 2500 Charlotte Avenue, Nashville, TN 37209 no later than Sept. 17, 2021.

Please complete this section of the form only if you **DO NOT** want your child to participate in the survey. If you want your child **TO** participate, there is no action needed with this form. If you have additional questions about the survey that your child's teacher or principal cannot answer, please call 615.340.8608.

☐ **NO, my child may not take part in this survey.**

Student Name (First, Middle, Last): \_\_\_\_\_

Student Grade \_\_\_\_\_

School Name: \_\_\_\_\_

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



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## SCHOOL CLIMATE SURVEY

**ONLY COMPLETE THIS FORM IF YOU DO NOT GRANT PERMISSION FOR YOUR STUDENT (3<sup>RD</sup> GRADE OR HIGHER) TO TAKE SURVEYS CONDUCTED BY MNPS IN 2021-2022.**

During the 2021-22 school year, MNPS is conducting two to three short (10-20 minute) surveys for students in third grade and above. These surveys will help us to learn more about our students and their perceptions of school. Your student's participation in these surveys is voluntary. You may exempt your student from participating in these surveys at any time prior to survey administration. In addition, your student can choose whether to take the survey or to answer any particular question. There will be NO penalty if you or your student choose not to participate.

- **School Climate Survey(s)** : The purpose of the School Climate Survey(s) is to help us improve school climate and culture. The survey(s) will ask your student about experiences at school, including relationships with teachers, connection to school, perceptions of safety, and overall school climate. Completing the survey(s) does not involve any risk to your student.

These surveys will be administered securely online by Panorama Education. Your student's responses will be linked to his/her student ID and will be kept secure and confidential by the MNPS research office and Panorama Education. Although we do not ask, if a student reports harm to self, harm to others, or someone harming them in a survey, confidentiality will be breached solely for the purpose of protecting students or others from harm. Panorama Education's Privacy Policy is available at [www.panoramaed.com/privacy](http://www.panoramaed.com/privacy).

MNPS will share survey results grouped at the school level without any identifying information with school and district staff, and may share this aggregated data publicly. MNPS may provide individual survey responses without any identifying information to external researchers.

You will receive phone notifications prior to each survey administration. You will have the opportunity to review each survey online or at your student's school before the survey begins.

If for any reason you do not wish your student to participate in MNPS School Climate surveys, please check the box(es) below and return a signed form to your student's school.

☐ By checking this box, I indicate **my student may not** take part in the MNPS School Climate Survey(s).

*Please note that you only need to fill out and send in this form if your student is not allowed to take the surveys described above.*

Student Name (First, Middle, Last): \_\_\_\_\_

School Name: \_\_\_\_\_

Student's Date of Birth (Month/Day/Year): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

***This form only applies to the specific MNPS-administered surveys listed above for the 2021-22 school year. Researchers and program evaluators from inside or outside the district must ask for separate permission for any other surveys that the district or school approves.***



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# MILITARY STATUS OF PARENTS AND LEGAL GUARDIANS

**ONLY COMPLETE THIS FORM IF YOUR STUDENT'S PARENT OR LEGAL GUARDIAN CURRENTLY SERVES IN THE MILITARY.**

State and federal policymakers seek to help school districts assess the performance of students whose parent(s) or legal guardian(s) serve in the military to better understand the relationship between military life and child development. State legislation requires districts to identify students whose parent(s)/legal guardian(s) serve in the military. Every Student Succeeds Act (ESSA) defines students with parent(s) or legal guardian(s) on active duty military service as a subgroup for assessment reporting. Students are identified whose parent(s)/legal guardian(s) fall within the three military-related classifications:

**4 - Active Duty Military** – Parent/guardian on National Guard duty or Active Guard Reserve (full-time Reserve duty) or Active duty.

**5 - National Guard Military** – Parent/guardian who participates in the National Guard on a part-time basis.

**6 - Reserve Military** – Parent/guardian who participates on a part-time basis in the Reserves of a branch of the armed forces.

Classifications are only collected for parent(s)/legal guardian(s) of students, not for students enlisting in the military. **To collect this data for reporting purposes, the Military Connections Survey must be completed for each Metro Nashville Public Schools (MNPS) student in your household and returned to each student's school.**

For more information about USED commitment and services for military families visit [www.ed.gov/veterans-and-military-families](http://www.ed.gov/veterans-and-military-families).

## MILITARY CONNECTIONS SURVEY

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student #: \_\_\_\_\_ Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent(s)/legal guardian(s) of students must match guardian information contained in MNPS student records.

NAME OF PARENT OR LEGAL GUARDIAN	START DATE OF CURRENT MILITARY SERVICE	CLASSIFICATION: 4 (Active Duty), 5 (National Guard) or 6 (Reserve)	BRANCH: Army, Navy, Air Force, Marine Corps or Coast Guard

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