



Taylor County School District

### Registration Form

- Check One**  
 Original Enrollment  
 Reenrollment

Date of Entry \_\_\_\_\_

Grade \_\_\_\_\_

School \_\_\_\_\_ Social Security Number \* \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

Primary Parent/Guardian \*\* \_\_\_\_\_ Relationship \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone (code#) \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Secondary Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone (code#) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Birth Date (Month/Day/Year) \_\_\_\_\_ Verified (Specify Document) \_\_\_\_\_ Birthplace (City/County/State) \_\_\_\_\_

Serious Health Condition(s) : \_\_\_\_\_ Allergies: \_\_\_\_\_

Sex  Male  Female

Previous school attended (please include pre-kindergarten/daycare):

School Name \_\_\_\_\_ City/County/State \_\_\_\_\_ Attendance Dates \_\_\_\_\_

Has the student previously been expelled, arrested and charged, or had any juvenile justice actions?  Yes  No

Did the student participate in an alternative education program at the previous school?  Yes  No

Did the student participate in an exceptional student program at the previous school (including speech/hearing/vision/gifted)?  Yes  No

#### ELL Information

Is a language other than English used in the home?  No  Yes (specify) \_\_\_\_\_

Does the student have a first language other than English?  No  Yes (specify) \_\_\_\_\_

Does the student primarily speak a language other than English?  No  Yes (specify) \_\_\_\_\_

#### Transportation Information

Will student ride the school bus?  No  Yes If yes:  A.M. Bus # \_\_\_\_\_  P.M. Bus # \_\_\_\_\_

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

Homeless  Migrant  A runaway  
Is this child:  
(check all that apply)

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

#### For Office Use Only

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Emergency Medical Form | <input type="checkbox"/> Liability Release | <input type="checkbox"/> Immunizations | <input type="checkbox"/> Birth Verification |
| <input type="checkbox"/> Registration Form      | <input type="checkbox"/> F/R Lunch         | <input type="checkbox"/> Insurance     | <input type="checkbox"/> FERPA Notification |
| <input type="checkbox"/> Other                  | <input type="checkbox"/> Court Order       |  |   |

\* Florida Statute 1008.386 requires school districts to request the Social Security numbers of enrolling students for recordkeeping purposes, and FS 119.071 governs the use of those numbers. You are not, however, required to provide your child's Social Security number as a condition of enrollment.

\*\* With whom the student resides. Students must reside with one parent or legal guardian. Proof of guardianship or custody must be provided (court order).

Did student participate in any special programs:     Gifted     Alternative Ed     Other

Exceptional Education:     No     Yes, please explain: \_\_\_\_\_

Did/does student have any discipline problems? If any, please explain: \_\_\_\_\_

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Has student previously been expelled, arrested, and charged, or had any juvenile justice actions:

\_\_\_\_\_ No    \_\_\_\_\_ Yes

If yes, please give details:

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Any additional information that you would like us to know about this student:



School Data Entry:
Date: _____
Initials: _____

### Student Residency Information

This survey is intended to address the requirements of ESSA (Elementary Student Success Act 2016). The answers to questions below will assist us in determining if your student may qualify for additional educational support services.

**PLEASE PRINT VERY CLEARLY**

List names of your children living with you, even if not enrolled in school. Caregivers list only students being "hosted" in your home.

_____	_____	_____	____/____/____	_____	_____
First Name	MI	Last Name	Birth date	Grade	School
_____	_____	_____	____/____/____	_____	_____
First Name	MI	Last Name	Birth date	Grade	School
_____	_____	_____	____/____/____	_____	_____
First Name	MI	Last Name	Birth date	Grade	School

Print Name of person completing form: \_\_\_\_\_ (Unaccompanied Youth? \_\_\_\_\_)

Circle relation to above student(s): Parent, Legal Guardian, or Caregiver of: \_\_\_\_\_

Parent, Legal Guardian, or Caregiver of which student(s) listed above: \_\_\_\_\_

Street Address (Location of House): \_\_\_\_\_

Best phone#: \_\_\_\_\_ 2<sup>nd</sup> best #: \_\_\_\_\_ 3<sup>rd</sup> best #: \_\_\_\_\_

Length of time at this address: \_\_\_\_\_ Former Address: \_\_\_\_\_

Signature of Parent/Guardian/Caregiver/ or Unaccompanied Youth: \_\_\_\_\_

Place and "X" in the appropriate box to answer "Yes" or "No."

QUESTION	YES	NO	CODE
1. My family lives in an emergency or transitional shelter or FEMA trailer.			A
2. My family is sharing the housing of other persons due to the loss of housing, economic hardship or a similar reason; doubled-up. <b>Name of host:</b> _____			B
3. My family is living in a car, park, temporary trailer park, or campground due to lack of alternative adequate accommodations, public space, abandoned building, substandard housing ( <u>home is not safe, warm(cool) and dry</u> ), bus or train station, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human being or similar settings.			D
4. My family lives in a hotel or motel.			E
5. A child/ youth in my home is an unaccompanied youth (youth not in physical custody of a parent or guardian).			Y or N

If you answered "Yes" to some or all of the questions above, an education representative may contact you to find out whether your child is eligible for additional educational services.

QUESTION	YES	NO
1. Have you moved to a new town to find work within the last 3 years?		
2. Did you find work in agriculture or fishing (e.g., field work, canneries, lumbering, dairy work)?		
3. Is work in agriculture or fishing a major source of income for your family?		

\*If you marked "Yes" to any questions above, please indicate the cause by placing an "X" in the appropriate box.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Mortgage Foreclosure (M)            | <input type="checkbox"/> Natural Disaster-Flooding (F)   | <input type="checkbox"/> Natural Disaster-Hurricane (H)    |
| <input type="checkbox"/> Natural Disaster-Tropical Storm (S) | <input type="checkbox"/> Natural Disaster-Tornado (T)    | <input type="checkbox"/> Natural Disaster-Wildfire or Fire |
| <input type="checkbox"/> Man-made Disaster (Major) (D)       | <input type="checkbox"/> Natural Disaster-Earthquake (E) | <input type="checkbox"/> Other                             |

Directions for school staff: For students with positive responses to questions 1-5, complete data entry in Student System with 3 indicators, complete school data entry box to indicate data entry has been completed, make a copy of the form for your records, and then return survey with any positive responses to Rhonda Brooks.



**Student Data Collection Form**

Student's name: \_\_\_\_\_

Grade: \_\_\_\_\_

Please answer **BOTH** questions 1 and 2.

1. Is your child Hispanic or Latino? *(Please, mark only one.)*

No, my child is not Hispanic or Latino

Yes, my child is Hispanic or Latino -- A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. What is your child's race? *(Please, mark all that apply, however mark at least one.)*

American Indian or Alaska Native -- A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Asian -- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American -- A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

Native Hawaiian or Other Pacific Islander -- A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White -- A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

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

Date \_\_\_\_\_

**TAYLOR COUNTY SCHOOL DISTRICT  
MEDICAL EMERGENCY INFORMATION FORM**

*Dear Parents,*

*It is helpful for school personnel to understand your child's health status. Please fill in this form, answering all questions describing any illness, injuries, or physical restrictions.*

STUDENT'S NAME \_\_\_\_\_

Grade \_\_\_\_\_ Teacher's Name \_\_\_\_\_  
First Middle Last

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_ Race: \_\_\_\_\_ Medicaid # \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Blue Cross/ Blue Shield Medicaid

Name of Parent/Guardian with whom student lives \_\_\_\_\_

Phone number of Parent/Guardian with whom student lives: \_\_\_\_\_

Address of Parent/Guardian with whom student lives: \_\_\_\_\_

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

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Address \_\_\_\_\_ Mother's Address \_\_\_\_\_

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

Father's Home Phone # \_\_\_\_\_ Mother's Home Phone # \_\_\_\_\_

Father's Work Phone # \_\_\_\_\_ Mother's Work Phone # \_\_\_\_\_

Father's Cell Phone # \_\_\_\_\_ Mother's Cell Phone # \_\_\_\_\_

**IF PARENT/GUARDIAN CANNOT BE REACHED PERSON TO CONTACT IN AN EMERGENCY:**

1. NAME \_\_\_\_\_ HOME # \_\_\_\_\_ WORK # \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

2. NAME \_\_\_\_\_ HOME # \_\_\_\_\_ WORK # \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

3. NAME \_\_\_\_\_ HOME # \_\_\_\_\_ WORK # \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

**FAMILY PHYSICIAN** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

*Is your child currently under a physician's care for illness or injury?* Yes \_\_\_\_\_ No \_\_\_\_\_

PLEASE EXPLAIN \_\_\_\_\_

*Does your child wear eye glasses?* Yes \_\_\_\_\_ No \_\_\_\_\_

Sibling's Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Sibling's Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Sibling's Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Sibling's Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

TCSB Form# TCSB1213-21

PLEASE COMPLETE FRONT AND BACK OF FORM



**TAYLOR COUNTY SCHOOL DISTRICT  
MEDICAL EMERGENCY INFORMATION FORM**

PLEASE check any CHRONIC OR RECURRING ILLNESSES OR CONDITIONS:

- Add/ADHD     Diabetes     Nosebleeds     Use of Prosthesis  
 Asthma     Eczema     Orthopedic disorder     Other Psychiatric  
 Bipolar disorder     Hearing loss     Seizures/Epilepsy Disorders  
 Bleeding disorder     Heart condition     Sickle Cell disorder  
 History of Cancer     Kidney disorder     Sickle Cell trait  
 Cystic Fibrosis     Migraine headaches     Ulcers

List other conditions: \_\_\_\_\_

List drug allergies: \_\_\_\_\_

List food allergies: \_\_\_\_\_

List of other allergies: \_\_\_\_\_

List any other diagnoses: \_\_\_\_\_

List any previous surgeries: \_\_\_\_\_

**PLEASE give details or history of above that might be helpful information:**

\_\_\_\_\_

\_\_\_\_\_

**Does your child have any conditions which could be a school emergency?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Is physical activity limited?** Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, please explain:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**A PHYSICIAN'S STATEMENT MUST BE SUBMITTED TO THE SCHOOL IN WRITING IF**

**PHYSICAL ACTIVITY IS LIMITED OR RESTRICTED.**

\*\*\*\*\*

In case of EMERGENCY and school officials are unable to contact the parents/guardians of the above named child; you have

permission to take this student to a doctor or hospital for EMERGENCY care. This consent shall continue until revoked in

writing by a parent or legal guardian of the student. These contact persons listed above are the only ones allowed to sign out

my child, unless I otherwise notify the school in writing.

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**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

*Thank you for taking the time to fill out this form. If you have further questions or need to update your child's health information please give us a call. You may contact the Registered Nurse or the Health Support Aides at your child's School.*



Taylor County School District

### Field Trip Activity Participation Form Medical and Liability Release

The undersigned \_\_\_\_\_ of \_\_\_\_\_  
(Parent/Legal Guardian) (Address)

Parent or Guardian of \_\_\_\_\_, a student in the Taylor County School District agrees that:

1. The above named student has my permission to participate in all educational fieldtrips during the \_\_\_\_\_ school year, as approved by the principal. I understand that I will be notified in writing in advance of the dates and locations of these field trips.
2. I agree to release the District School Board of Taylor County, Florida and its representatives from any claim for personal injury or damages resulting from my student's participation in educational field trip activities.
3. I understand the activity and give my permission to my child's participation.
4. I give permission for my child to travel by the means of school transportation.
5. In the event of emergency or medical need, I give permission for medical treatment. I release the following information about my child:
  - A. Physical problems or limitations \_\_\_\_\_
  - B. Current Medication \_\_\_\_\_
  - C. Drugs or other allergies \_\_\_\_\_
  - D. Name and phone # of physician \_\_\_\_\_
  - E. Name and phone # where I may be reached \_\_\_\_\_
6. The above named student is covered by medial/liability insurance \_\_\_\_\_
7. As the parent or legal guardian of the above named student, I am authorized to sign this permission form.

I HAVE READ AND UNDERSTAND THIS PERMISSION FORM AND UNDERSTAND THAT THE DISTRICT SCHOOL BOARD OF TAYLOR COUNTY IS RELEASED FROM LIABILITY AS A RESULT OF ANY INJURY OR DAMAGES FROM MY CHILD'S PARTICIPATION IN THE FIELD TRIP ACTIVITY. I ALSO UNDERSTAND THAT IN THE EVENT OF EMERGENCY OR MEDICAL NEED, I HAVE GIVEN MY PERMISSION TO HAVE MY CHILD RECEIVE MEDICAL TREATMENT BY THE BEST MEANS AVAILABLE.

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
(Date)

STATE OF FLORIDA  
COUNTY OF TAYLOR

The forgoing instrument was acknowledged and signed before me this

\_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

**Taylor County School District**  
**Sign-Out Authorization Form**

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

The following people have my permission to sign my SON/DAUGHTER out of school without prior notification.

1. \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

2. \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

3. \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

4. \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

5. \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
(Date)

State of Florida  
County of Taylor

The foregoing instrument was acknowledged and signed before me this \_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_





**CONSENT FORM**  
**STUDENT RANDOM EXTRACURRICULAR DRUG TESTING**  
**TAYLOR COUNTY SCHOOL DISTRICT**

I have received a copy of the Taylor County School Board Policy entitled *STUDENT RANDOM DRUG TESTING*. I understand that submission to testing for the presence of drugs and alcohol is a condition of participation in extracurricular activities in Taylor County Public Schools. I further understand that if I fail to report for a drug test without a verified excuse acceptable to my school principal or the principal's designee, or if a drug test establishes a positive test result, I will face consequences as set forth in the *STUDENT RANDOM DRUG TESTING* policy established by the School Board.

By signing and dating this form I understand that random drug testing will be conducted quarterly, or as deemed necessary by the school principal, throughout the calendar year. I understand that in the event of an initial positive test result, a request that the remainder of the sample be tested will be at the expense of the student and/or his/her parent/guardian/custodian.

I further consent to the confidential release of all information and records, including drug test results that are generated or obtained pursuant to the Policy to the persons so indicated in the Policy, including but not limited to the principal or the principal's designee, and drug counseling program in which I enroll and to my parent/guardian/custodian.

I hereby consent to the administration of drug testing and the conditions listed in this consent.

STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

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Notary Public

State of Florida

Parent/Guardian/Custodian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian/Custodian Signature: \_\_\_\_\_

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Notary Public

State of Florida



NETWORK APPLICATION: STUDENT

PLEASE PRINT ALL INFORMATION:

Student's Full Name: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_

**STUDENT AGREEMENT:**

I understand and will abide by the Taylor County School District Information Technology Acceptable Use Policy. I further understand that any violation of the terms and conditions of the Agreement or District Policies may constitute a criminal offense. Violations may result in the loss of my access privileges, school disciplinary action, and/or appropriate legal action.

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

**PARENT OR GUARDIAN AGREEMENT (Also required if applicant is under the age of 18)**

As the parent or guardian of this student, I have read the Taylor County School District Information Technology Acceptable Use Policy. I understand that this access is designed solely for educational purposes and the Taylor County School District has taken reasonable precautions to supervise Internet usage. However, I also recognize that it is impossible for the district to restrict access to all information or materials and I will not hold them responsible for materials acquired on the network. I also accept full responsibility for supervision of my child or ward outside of the school setting and at home. I hereby give permission to establish to establish to establish an account for my child and certify that the information contained on this application is true and correct to the best of my knowledge and belief.

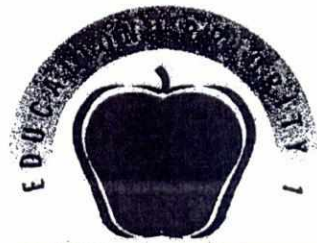
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The School Board of Taylor County

**Information Technology  
Acceptable Use Policy**

**&**

**Procedures**



Taylor County School District



# Information Technology Acceptable Use Policy

## The School Board of Taylor County

### Introduction

The Taylor County School District provides an exciting opportunity to expand learning for students and teaching for educators with the use of information technology. With this opportunity comes the responsibility for appropriate use.

### Overview

With access to computers and people all over the world comes the availability of material that may not be considered to be of educational value in the context of the school setting. The District supports resources that will enhance the learning environment with *directed guidance* from the faculty and staff. The School Board does employ filtering technology that in most cases will block obscene, pornographic, harmful and other material inappropriate. It is impossible to control all materials on a global network, and a user may discover inappropriate information even with special controls in place, and even with close adult supervision in effect.

### Guidelines

Access to information technology is a privilege, not a right. If a user violates any of the acceptable use provisions outlined in this document, access to the network may be revoked. Some violations may also constitute a criminal offense and may result in school disciplinary or legal action.

#### 1) Acceptable Use

- Must be in support of education and research consistent with district policy
- Must be consistent with the rules appropriate to any network being used/accessed

School and district administrators will make the final determination as to what constitutes acceptable use and their decision is final.

#### 2) Netiquette

- Be polite.
- Do not use vulgar or obscene language.
- Use caution when revealing personal information.
- Electronic mail is not guaranteed to be private, and is subject to Florida's Public Records Law.

### Policy Highlights

This policy will provide guidelines for the use of information technology in the Taylor County School District. Acceptable uses of the network are activities which support learning and teaching.

(1) All use of information technology services shall be consistent with the mission, goals, policies, and priorities of the District. Successful participation in a network requires that its users regard it as a shared resource and that members conduct themselves in a professional, responsible, ethical, and legal manner while using the network.

- (a) Network accounts shall be used only by the authorized users of the accounts for the purposes specified. All communications and information accessible via the networks are the property of the School Board. Misuse shall result in the removal of participant access rights and authorization. Authorized users shall be ultimately responsible for all activity under their account and password.
- (b) Any use of the District's information technology for illegal, inappropriate, or obscene purposes, or in support of such activities, shall be prohibited. Illegal activities shall be defined as a violation of local, state, and/or federal laws. Inappropriate use shall be defined as a violation of the intended use of the District's mission, goals, policies or procedures.
- (c) Any use of the District's information technology for commercial purposes, product advertisement or political lobbying shall be prohibited.
- (d) No guarantee can be made for the privacy of any communication on the network.
- (e) All network users shall adhere to the rules of copyright regarding software, information and the attribution of authorship.
- (f) The District cannot completely eliminate the possibility of unwanted access to users, nor can users be completely prevented from accessing services or information that is offensive to or inappropriate for certain groups of users. Individual users must be responsible for their own access and conduct in using District information technology.
- (g) Student use of the network shall be properly supervised.
- (h) Use of the network shall require a signed agreement to adhere to the acceptable use policy.

- Do not intentionally disrupt the network or other users.
- Abide by generally accepted rules of network etiquette.

### 3) Security

- If you identify a security problem, notify a system administrator immediately.
- Do not show or identify a security problem to others.
- Do not reveal your account password or allow another person to use your account.
- Do not use another individual's account. Attempts to log on as another user may result in cancellation of privileges.
- Any user identified as a security risk or having a history of problems with other computer systems may be denied access.
- Users may not connect computer equipment that is not School Board property to the network without prior authorization from the MIS Department.

### 4) Penalties

- Any user violating these provisions, applicable state and federal laws, or posted classroom and district rules is subject to loss of network privileges and any other District disciplinary options, including criminal prosecution.

### 7) Unacceptable use

Unacceptable uses of electronic facilities include but are not limited to:

- Violating the conditions of the Florida State Board of Education's Administrative Rules dealing with students' rights to privacy
- Using profanity, obscenity or other language which may be offensive to another user
- Violating copyright law
- Using the network for personal financial gain or for any commercial or illegal activity
- Activities that do not adhere to the District's mission, such as chain letters
- Partisan political activity, political or religious advocacy, or activities on behalf of organizations having no affiliation with Taylor County Schools
- Unauthorized fundraising or similar activities, whether for commercial, personal or charitable purposes, unless specifically authorized by the Superintendent or his/her designee
- Accessing, storing, processing, displaying, possessing, printing, or distributing offensive or obscene material such as pornography, hate literature, sexually offensive or other inappropriate information
- Annoying or harassing another person, such as by sending undesirable e-mail or displaying uninvited web sites or by using lewd or offensive language in an e-mail message.
- Making racist or sexist comments or any other statements which demean a person because of his/her race, sex, sexual orientation, national origin, age, disability, color, or religion
- Any other usage that may create a potential legal liability for the district or compromise the school district in any way

All terms and conditions as stated in this document are applicable to all users of the network. These provisions reflect an agreement of the parties and shall be governed and interpreted in accordance with the laws of the State of Florida and the United States of America.