

# Baltimore County Public Schools Overlea High School

Annual Student Information Review for School Year 2020-2021

**No Changes for 2020-2021**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Date Of Birth \_\_\_\_\_

To change the address, proof of residency is required. Contact your school for more information.

**Siblings (attending BCPS)**

Name	Relationship	School	Reside with student (yes or no)
			Yes No
			Yes No
			Yes No

**Primary Guardian Contact:** Contact in the event of a student absence, school closing or other emergency.

Primary Guardian Name:	Phone Numbers	Home, Cell, Work	Receive Texts? (Y/N)
Guardian Relationship:			
Resides with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address:			
City, State, Zip Code:			
Email:			

In addition to emergency notifications, the contact listed above may receive calls, emails, texts, and pre-recorded messages regarding non-emergent information. Non-emergent information is that which does not pertain to a school closing, medical or safety emergency. Non-emergent information includes, but it is not limited to: school calendar updates, student testing reminders, Superintendent's messages, school activities, and notifications pertaining to your student's daily activities, school responsibilities or events.

**If you would like non-emergent notifications to be sent to a different number, please specify below:**

Non-Emergent Number: \_\_\_\_\_ Ext: \_\_\_\_\_  Work  Home  Cell Receive Texts?  Yes  No

If you would like to opt out of non-emergent notifications, sign below. **Note:** Your signature confirms that you will not receive calls regarding non-emergent information. Signature: \_\_\_\_\_

Parents/Guardians may submit opt-out preferences for students in BCPS One through September 30th by logging into BCPS One (<https://bcpsone.bcps.org/>) and navigating to the Student Information tile. To change opt-out preferences after September 30th, contact your student's school.

**Secondary Guardian Contact:** Contact to be called if primary guardian contact cannot be reached.

Secondary Guardian Name:	Phone Numbers	Home, Cell, Work	Receive Texts? (Y/N)
Guardian Relationship:			
Resides with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address:			
City, State, Zip Code:			
Email:			

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Student First Name \_\_\_\_\_ Student Last Name \_\_\_\_\_

In case of an incident or serious illness, school staff will contact a parent/guardian. In the event parents/guardians cannot be reached, please list people that may be contacted to pick up your student if necessary. If a parent/guardian or additional contact cannot be reached in a medical emergency, school staff will contact the child's physician/dentist listed on the health form. School staff may also make necessary arrangements including calling an ambulance and transporting your student to the hospital.

**NOTE: All early dismissals must be approved by a parent/guardian in writing.**

**Additional Contacts:** People to whom student can be released from school.

Name	Relationship	Telephone	Home, Work, Cell

Secondary students with cell phones may opt to receive text messages from the automated calling system in a school emergency. If you would like your student to receive emergency text notifications, please list the student's cell phone number below.

**Student Cell Phone Number:** (        ) \_\_\_\_\_

**NOTE:** All parties that provide telephone numbers may receive calls or text messages from the automated calling system in a school emergency. Message and data rates may apply.

Upon notification by school staff, I agree to send my child home by taxicab if necessary. I also agree to be responsible for calling the cab and for payment of the cab.  Yes  No

Does the student have a parent/guardian on full-time duty in the active military services of the United States or on full-time National Guard duty?  Yes  No

Do you want your child to participate in the Maryland Youth Tobacco & Risk Behavior Survey? (See the MYTRBS Fact Sheet, also enclosed, for more information)

DO NOT permit my child to participate in the Maryland Youth Tobacco & Risk Behavior Survey (MYTRBS)

**BCPS One** (<https://bcpsone.bcps.org/>) is a digital ecosystem that supports teaching and learning by providing users the opportunity to engage in the educational process through access to online tools, resources, and student progress. View only access to BCPS One allows a user to view student information such as attendance and report cards, as well as access the Learning Management System. Granting BCPS One view only access does not authorize the person to make any decisions regarding the student's educational program or participate in school conferences. **To grant view only access to people other than parents/legal guardians, list their information below and check by their name to APPROVE.** People that have previously been granted view only access by a parent/guardian will be listed below.

Name	Relationship	Email Address	Check here to APPROVE BCPS One View Only Access	Check here to REMOVE BCPS One View Only Access
			<input type="checkbox"/>	NA
			<input type="checkbox"/>	NA
			<input type="checkbox"/>	NA

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Student First Name \_\_\_\_\_ Student Last Name \_\_\_\_\_

By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the child, UNLESS a parent has a court order that indicates otherwise. The school MUST HAVE A COPY OF THE CURRENT COURT ORDER on file.

I have provided the school with legal papers for the student.

NOTE: *Legal papers include custody papers, protective and/or peace orders, and other court orders.*

I certify all information on this form is correct and up-to-date. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Parent/Guardian Signature Date

## MARYLAND YOUTH TOBACCO & RISK BEHAVIOR SURVEY

# PARENTAL “OPT OUT”

Our school may be taking part in the Maryland Youth Tobacco and Risk Behavior Survey (MYTRBS), conducted by the Maryland Department of Health and Mental Hygiene (DHMH) in collaboration with the Maryland State Department of Education (MSDE) and the Centers for Disease Control and Prevention (CDC). The survey was designed by the CDC to identify risk behaviors that may include safety behaviors such as use of helmets and seat belts, depression and mental health, use of tobacco, alcohol, or other drugs, nutrition and physical activity, and sexual behavior. The survey takes one class period (45 minutes) to complete.

The survey has been designed to protect your child’s privacy. The survey is confidential and **students will not put their names on the survey**. Also, no school or student will ever be mentioned by name in a report of the results. Although your child may not benefit immediately from taking part in the survey, all children will ultimately benefit from the information collected that will guide the development and implementation of State and local programs designed to increase their health.

We would like all selected students to take part in the survey. However, the survey is voluntary. Doing this paper and pencil survey will cause little or no risk to your child. The only potential risk is that some students might find certain questions to be sensitive. **If your child is not comfortable answering a question, he or she may skip it.** No action will be taken against the school, you, or your child, if your child does not take part. In addition, students may stop participating in the survey at any point without penalty. The survey takes one 45 minute class period to complete. A copy of the questionnaire is available for your review at the school and on the website listed below.

A review board has approved the survey. If you have any questions about your child’s rights as a participant in this survey, or if you feel your child will be harmed in any way by taking part, please call toll-free 1-877-878-3935, leave a message including your name and phone number, and someone will call you back as soon as possible. For more information about the survey, please visit <http://fha.dhmm.maryland.gov/ohpetup/SitePages/YTRBS.aspx> or [www.cdc.gov/HealthyYouth](http://www.cdc.gov/HealthyYouth).

**If you do not want your child to take part in the survey, (1) check the box and sign where indicated on your child’s contact information form and (2) return your child’s emergency contact information by **October 1, 2019**.**

### FREQUENTLY ASKED QUESTIONS

#### **Q. Why is the *Maryland Youth Tobacco and Risk Behavior Survey (MYTRBS)* conducted?**

A. The Maryland Department of Health and Mental Hygiene and the Maryland State Department of Education will use the results from the MYTRBS to (1) monitor how priority health risk behaviors among middle and high school students change over time; (2) evaluate the impact of broad state and local efforts to prevent health risk behaviors; and (3) improve school health education policies and programs.

#### **Q. Are sensitive questions asked?**

A. Some questions may be considered sensitive by some districts, schools, or parents. All such questions are presented in a straightforward and sensitive manner and were designed by the CDC. Topic areas covered include use of helmets and seat belts, depression and mental health, use of tobacco, alcohol, other drugs, nutrition and physical activity, and sexual behavior.

#### **Q. Will student names be used or linked to the surveys?**

A. No. The survey is designed to protect your child’s privacy. The survey is administered by specially trained field staff. Students do not put their name on the survey. When students finish the survey, they place the completed survey in a large box or envelope.

#### **Q. Are students tracked over time to see how their behavior changes?**

A. No. Students who participated cannot be tracked because no identifying information is collected.

#### **Q. How are students picked to be in the survey?**

A. Statewide, approximately 360 schools and 85,000 students are picked to take part. First, schools are randomly picked, and then classrooms in selected schools are randomly picked. Every student in a selected class may participate.