2016-2017 School Year

The Maritime Academy of Toledo
Enrollment Packet

Please Return All of the required forms in this Enrollment Packet to
803 Water St, Toledo, OH 43604
Or Fax to 419.244.9898 Phone: 419.244.9999

Congratulations! Welcome to The Maritime Academy of Toledo. We are very excited to know that The Maritime Academy is your school of choice to nurture and support your student's growth, development, and learning. Prior to being officially accepted, this Enrollment Packet and all of the following items must be submitted to the school office:

- ☐ Withdrawal Form from previous school (must have prior school administrators signature)
- ☐ Official High School Transcript and most recent Grade Card
- ☐ Registration Packet forms which must be returned include the following found on : Page #
  - ☐ Student Info Card ½ page card stock
  - ☐ Student Information 2
  - ☐ Family Information 3
  - ☐ Request for Records 4
  - ☐ Emergency Medical Release 5
  - ☐ Student Health History 6
  - ☐ Student Health Assessment & Certificate of Immunizations (this form or copy) 7-10
  - ☐ Medication Dispensing Form (only when and as needed) 11
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  - ☐ Parent Volunteer Form 21
- ☐ Student's Birth Certificate (Copy)
- ☐ Student's Social Security Card (Copy)
- ☐ Student's Proof of Residency (Copy of 2 forms of an official utility bill showing name and address)
- ☐ Custodial Papers **(If student is not living with both parents you must provide a copy of custody papers)**
- ☐ Parent/Guardian Driver Licenses (Copy)
- ☐ **Please remit Fee of $50.00 per cadet (Covers 1 Gym Shirt, 1 Uniform Shirt, Student Planner)**
- ☐ **How did you hear about us:** _____

Please note that your student is not officially enrolled until we receive all of the items listed above. You must mail, fax, or hand deliver the requested records within 24 hours to guarantee your student's enrollment in The Academy. Please call the school office if you have any questions. Thank you for your cooperation in submitting all of your required documents.

The Maritime Academy of Toledo
2016-2017 Student Information

For Office Use Only
SSID # _____
Start Date _____
End Date _____
Withdraw Reason _____

Student's Last Name _____ Student's First Name _____
(as it appears on birth certificate) (as it appears on birth certificate)

Student's Middle Name _____ Gender ☐ Male ☐ Female
(as it appears on birth certificate)

Street Address _____ Apartment # ___ City _____ State __ Zip _____

Home Phone_____ Cell Phone #1 _____ Cell Phone #2 _____

Email Address _____ _____

Date of Birth _____ City of Birth _____ Soc Sec # __ __ __ __ __ __ __ __ __
(Month, Day, Year)

Is the Student a U.S. Citizen ☐Yes ☐ No Language Spoken in the home _____

Is the student of Latino/Hispanic Heritage ☐ Yes ☐ No

Race/Ethnic Group ☐ White, non-Hispanic ☐ Black/African American

☐ American Indian/Alaskan ☐ Hawaiian/Pacific Islander ☐ Asian

Who does the student live with? Please check all that apply.	Who has Legal Custody?	Please Print First Name Last Name	Cell Phone #	Email Address
☐ Father	☐			
☐ Mother	☐			
☐ Step Father	☐			
☐ Step Mother	☐			
☐ Legal Guardian	☐			
☐ Foster Parent	☐			
☐ Grandparent	☐			

PREVIOUS SCHOOL INFORMATION

Last Grade Completed _____ Last School Attended _____

District_____ School Address_____

School Phone # _____ Fax # _____

Check All That Apply:

☐ Students has active IEP (Individual Education Plan) Specify Disability _____

☐ Student has 504 Plan ☐ Student receives Gifted/Talented Services

☐ Student has been suspended/expelled from another school

AFTER SCHOOL ENRICHMENT PROGRAM 3-6 P.M.

☐ I wish to enroll my student in the Monday – Friday After-School Enrichment Program.

FAMILY INFORMATION

Please list all siblings who also attend The Maritime Academy of Toledo or other schools.

Print First & Last Name	Date of Birth (mm/dd/yyyy)	Relationship (brother/Sister)	School Currently Attending

To the best of my knowledge, all of the information provided on this registration form is true:

- ☐ I certify that the student's name is his/her legal name.
- ☐ I certify that I have legal custody.
- ☐ I reside within the Maritime Academy of Toledo school boundaries which includes the entire State of Ohio.
- ☐ I understand that the Maritime Academy of Toledo may use legal means to verify my residence in Ohio.
- ☐ I understand that I must furnish proof of custody and I have attached it to this registration form.
- ☐ I understand that I must notify the school office immediately when a change in custody occurs.

Please Print Parent/Legal Guardian Name _____

Signature of Parent/Legal Guardian _____ Date _____

Confidentiality of this information will be preserved in accordance with FERPA and The Maritime Academy of Toledo Board of Education policies and procedures.

Sec. 3323.64 of Ohio Revised Code requires a student to attend classes in the school district where the parent with court-determined custody resides.

The Maritime Academy of Toledo

Request for Records

If you are a current TMAT student DO NOT complete this form.

I, _____ authorize the release of the records of
Parent/Legal Guardian Name

Student _____ _____ ____ Birth Date _____
Last Name First Name Initial Month Day Year

Grade Last Completed _____ Grade Entering _____

From the Following School/Institution:
Most Recent School my student attended_____
Address_____
City, State, Zip_____
Telephone Number_____ Fax Number_____

The following are all of the records I am requesting to be sent to The Maritime Academy of Toledo:

- ☐ Transcript of subject and grades
- ☐ Attendance Record
- ☐ Psychological or other Individual Test Results
- ☐ IEP and Special Education Records, if applicable
- ☐ SSID #
- ☐ Ohio Assessment Results (OAA/OGT/PARCC, etc.)
- ☐ Standardized Test Results
- ☐ Health Records Including Immunizations
- ☐ Disciplinary Records

The records may be released to: The Maritime Academy of Toledo, 803 Water St., Toledo, OH 43604
Telephone: (419) 244-9999 Fax: (419) 244-9898

I am authorizing the release of these records for these reasons:

- ☐ I am the subject of these records and 18 years of age.
- ☐ I am the parent, guardian, or custodian of the subject of these records and the subject is under 18 years of age.

_____ Date _____ / _____ / _____
Signature of Parent/Legal Guardian Month Day Year

FOR OFFICE USE ONLY

Please send the above records, if available for this student as soon as possible. If records are not available, please return our request indicating the following:

- ☐ No records available. Reason_____
- ☐ Unable to find records. Reason _____

We would appreciate receiving any additional information that would enable us to better meet the individual needs of the student. Thank you for your prompt cooperation.

_____ Date _____ / _____ / _____
Signature of School Registrar Month Day Year

Emergency Medical Release & Liability Waiver

Student's Name_____ Birth date _____
Street Address _____ City _____ Zip_____

Purpose - To enable parent(s)/guardian(s) to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parent(s) or guardian(s) cannot be reached.

EMERGENCY INFORMATION

Father's Full Name _____ Home Phone (___) _____ Cell Phone (___)_____
Bus Phone (___) _____
Mother's Full Name_____ Home Phone (___) _____ Cell Phone (___) _____
Bus Phone (___) _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name_____ Home Phone (___) _____ Cell Phone (___) _____
Name_____ Home Phone (___) _____ Cell Phone (___) _____

PART I OR PART II MUST BE COMPLETED)

PART I - TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone _____

Dentist _____ Phone _____

Med. Specialist _____ Phone _____

Counselor _____ Phone _____

Local Hospital _____ ER Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by above-named doctor, or in the event the designated practitioner is not available, by another licensed physician or dentist, concurring in the necessity for transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

_____ Date _____ / _____ / _____
Signature of Parent/Legal Guardian Month Day Year

NOTE: PLEASE ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.

PART II - REFUSAL TO CONSENT

I DO NOT give my consent for emergency medical treatment of my student. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

_____
_____

_____ Date _____ / _____ / _____
Signature of Parent/Legal Guardian Month Day Year

Student Health History

Student's Name_____ Birth date_____

____ Abnormal Spine Curvature (Scoliosis, etc)
____ ADD/ADHD
____ Allergies
____ Anemia
____ Asthma/RAD
____ Behavior Problems
____ Birth/Congenital Malformations
____ Cancer
____ Chickenpox, Date of the disease
____ Chronic Diarrhea or Constipation
____ Concern about relationship with siblings or friends
____ Cystic Fibrosis
____ Depression
____ Diabetes Type I / Type 2
____ Difficulty sleeping
____ Eczema/Psoriasis
____ Emotional Disorders
____ Frequent Headaches
____ Frequent sore throat/infection
____ Frequent stomach aches
____ Hearing Problems

____ Heart disease
____ Kidney disease or abnormality
____ Measles
____ Meningitis or Encephalitis
____ Menstrual Problems
____ Migraine
____ Nervous twitches/ tics
____ Nutrition/Diet Problems
____ Poisoning
____ Seizure Disorder
____ Sickle Cell Anemia
____ Skin Disease
____ Substance abuse (alcohol/drugs)
____ Suicide Attempt
____ Tendency to Faint
____ Toothaches/ dental problems
____ Urinary Tract Infections
____ Urinary Accidents (night/day)
____ Vision Problems
____ Weight Problem
____ Other chronic health problems

PLEASE EXPLAIN ALL ABOVE CHECKED ITEMS IN THE SPACE BELOW

_____
_____
_____
_____

PLEASE EXPLAIN ALL INJURIES AND SURGERIES

_____
_____
_____
_____

STUDENT HEALTH ASSESSMENT p. 1 of 3

Student Information:

Last Name:	First Name:	Middle Name:
Child's Date of Birth: _____/_____/_____	Home Phone:	Parent/Guardian Name:
Home Address:		
Check Present Grade: 5☐ 6☐ 7☐ 8☐ 9☐ 10☐ 11 ☐ 12☐ Special Education ☐		
RACE/ETHNICITY: ☐ African American (Non-Hispanic) ☐ American Indian / Alaskan Native ☐ Asian / Pacific Islander ☐ Hispanic ☐ Multiracial ☐ White (Non-Hispanic)		

Consent:

I hereby give my consent as the parent/guardian of the above named child to release, discuss or otherwise inform the school of my child's health condition and any health concerns:

Parent/Guardian Signature: _____Date Signed: ____/_____/_____

Health History and Medical Information Pertinent to Routine Care:

Emergency Care: ☐ None ☐ Yes; describe:

Allergies to Food or Medicine: ☐ None ☐ Yes, describe:

Height	Weight	Head Circumference	Blood Pressure
_____IN/CM %of ILE _____	_____LB/KG %of ILE _____	_____IN/CM %of ILE _____	_____/_____

Physical Examination:

Date of Exam: _____/_____/_____

Physical Examination	Normal	Abnormal	Comments
Head/Ears/Eyes/Nose/Throat			
Teeth			
Cardio/Respiratory			
Abdomen/GI			
Genitalia/Breasts			
Extremities/Joints/Back/Chest			
Skin / Lymph Nodes			
Neurological / Tone			
Developmental (E.G. DDST)			

STUDENT HEALTH ASSESSMENT p. 2 of 3

Child's Name: _____

Screening Tests	Normal	Abnormal	Comments
LEAD			
ANEMIA (HGB/HCT)			
URINALYSIS (UA)			
HEARING * required			
VISION * required			
DATE OF DENTIST'S LAST EXAMINATION			

Recommendations/Health Care Provider's Signature is Required:

HEALTH PROBLEMS OR SPECIAL NEEDS ☐ NO Problems ☐ YES, Describe:	***Recommended Treatment – Medication - Special Care*** *(Attach Additional Sheets as Necessary)*
Medical Care Provider:	NEXT APPOINTMENT: (MONTH/YEAR) _____/_____
Address:	
Phone:	

_____ Date: _____/_____/_____ MD
Signature of Attending Physician or CRNP DO
CRNP

NOTE: Age appropriate health services and immunizations must follow the schedule recommended by The American Academy of Pediatrics and prescribed by the State of Ohio Revised Code.

New Immunization Requirements For Incoming 7th Grade Students

Effective with the 2010-2011 school year and for the future, 1 dose of TDAP (Tetanus, diphtheria and acellular pertussis, adolescent and adult formulation) or TD (Tetanus and diphtheria, adult) vaccine shall be required PRIOR TO ENTERING THE SEVENTH (7TH) GRADE. This dose is intended to be administered as a BOOSTER dose for students who have completed the required doses of the initial series of TDAP/DT/TD vaccine.

Any students who completed the original DTP/ TDAP/DT series and later received TD or TDAP for an injury or other reason within 5 years of entering 7th grade will meet this requirement and not need to be re-immunized for entry to 7th grade.

Parents are strongly encouraged by the Ohio Board of Health to get TDAP as a booster for your child rather than only TD vaccine due to the re-emergence of pertussis (whooping cough).

All incoming 7th grade students are required to show proof of having received the TDAP or TD vaccine prior to the beginning of the school year or they will not be permitted to attend until such proof is provided.

Please call your doctor for further questions regarding the vaccine. Please school an appointment now!

Please return proof of immunization to the office prior to the first day of school.

Also:
Students entering grades 7-12 must have the vaccination for Meningococcal disease.

NEW OHIO A, C, W, Y MENINGOCOCCAL VACCINE REQUIREMENTS for 2016-2017 SCHOOL YEAR

The Ohio Department of Health's Director's Entry for immunizations includes requirements for vaccination for school students covering Hepatitis B, Rubella, Measles, Mumps, Polio, and Varicella (Chickenpox).
New requirements for the 2016-17 school year include vaccination for meningococcal disease. The Director's entry section on this new requirement dated 12/3/2015 reads:
"*Beginning with the start of the 2016-17 school year, all pupils* ***entering the 7th and 12 grade are required to be vaccinated against meningococcal (serogroups A, C, W, and Y) disease.*** *One (1) dose of meningococcal (serogroups A, C, W, Y) vaccine is required prior to entry into the 7th grade*
A second (2nd) dose of meningococcal (serogroups A, C, W, and Y) vaccine is required prior to entry into the 12th grade. The second (2nd) dose must be administered on or after the 16th birthday with at least 8 weeks between the first (1st) and second (2nd) dose. If the first dose of meningococcal (serogroups A, C, W, Y) vaccine was administered after the 16th birthday, a second dose is not required. If a pupil is 15 years of age or younger, only one (1) dose is required.
The requirement shall be enforced progressively; therefore, the requirement shall be extended to 7th and 12th grade students in 2016, 7-8 and 12th grade students in 2017, 7-9th and 12th grade students in 2018, 7-11 and 12th grade students in 2020, and 7-12th grade students in

CERTIFICATE OF IMMUNIZATION p. 3 of 3

Last Name:	First Name:	Middle Name:
Child's Date of Birth: ____/____/_____ Mo Day Year	Home Phone:	Parent/Guardian Name:
Home Address: City, State, Zip:		Grade:

VACCINE Circle appropriate item	Enter month, day, and year each immunization was given. DOSES				
Diphtheria and Tetanus **(DtaP, DTP, Td, or DT)**	1) ___/___/___	2) ___/___/___	3) ___/___/___	4) ___/___/___	5) ___/___/___
Polio (OPV or IPV)	1) ___/___/___	2) ___/___/___	3) ___/___/___	4) ___/___/___	
Hepatitis B	1) ___/___/___	2) ___/___/___	3) ___/___/___		
Measles – Mumps – Rubella (MMR)	1) ___/___/___	2) ___/___/___	**Or Measles Serology:** **Date: ___/___/____ titer:**		
Varicella (Vaccine or Disease)	1) ___/___/___	2) ___/___/___	**Rubella Serology:** **Date: ___/____/____ titer:**		
Other	1) ___/___/___	2) ___/___/___	**Mumps disease diagnosed by a physician:** ☐ **Yes** **Date: ____/____/____**		

Doses required by law for new school enterers (K or 1st Grade) are shaded in gray.

Age appropriate dose(s) of varicella vaccine or history of disease and 3 doses Hepatitis B vaccine required for entry into 7th grade.

To the best of my knowledge, this child has received the minimum required immunizations. Source: ☐ **Written** ☐ **Verbal** ☐ **Both**

Signed:_____ **Date:** _____/_____/_____

(PHYSICIAN, PUBLIC HEALTH OFFICIAL, SCHOOL NURSE, OR OTHER DESIGNEE)

Statement For Exemption To Immunization Law (If applicable)

MEDICAL EXEMPTION

The physical condition for the above named child is such that immunization would endanger life of health.

Signed: _____Date: _____/_____/_____

Physician's Signature

Religious Exemption

The parent or guardian of the above named child adheres to a religious belief whose teachings are opposed to such immunizations. State your reasons for requesting religious exemption: _____

_____

Signed: _____ Date: _____/_____/_____

Parent/Guardian Signature

MEDICATION POLICY: NOTICE TO PARENTS/GUARDIANS REGARDING

To protect your student's safety, The Maritime Academy of Toledo will adhere to the following medication policy. Beginning in August, 1996 it is required that **BOTH** parent's **AND** physician's signature are on file before any prescription **OR** non-prescription medication can be administered by The Academy. This includes all medications including such over-the-counter products as Tylenol, Advil, Dimetapp, Aspirin, etc.

Although this may cause you some inconvenience, this policy is best for the continued protection of your child and must be followed. **If we do not have your written permission and the written permission of your physician, the medication will not be given to your child.** Permission forms can be obtained by contacting the school office or on the school's website at www.maritimeacademy.us.

In order for your child to receive any medication at school, please follow these policies and procedures exactly:

1. A written request must be obtained from the doctor and the parent/guardian. This request must include the name of the medication, dosage, time it is given during school hours, and duration.
2. The medication must be in its original container and have a fixed label which indicates the student's name, name of medication, dosage, method of administration and time of administration.
3. When the empty prescription bottle is returned to you, please send the refill to school promptly.
4. The medication and the signed permission forms must be brought to the school by the parent or guardian.
5. Wherever possible, please include a photo of your child with the permission form.
6. New permission forms must be re-submitted each school year, and are necessary for any changes in medication orders.
7. If your child is taken off medication or will no longer receive it at school, please put your request in a dated, written note as soon as possible. If the medication is not picked up from the health aide or school office within 10 days, it will be properly disposed.

THE MARITIME ACADEMY OF TOLEDO
MEDICATION DISPENSING FORM

Complete this form only if and when your student is to receive medication.

Medication will be administered to students during school hours only when such medication is needed by the student to remain in the school. No medication will be administered to any student without proper completion of the Medication Dispensing Form. The form should also be used for non-prescription drugs to be administered and must also have a physician's signature. All medication to be administered by The Maritime Academy of Toledo personnel must be delivered in the original and properly labeled container to a school administrator, along with the Medication Dispensing Form. Prescription and non-prescription medicine will be locked in a secure building location. All controlled medications must be delivered to the school by an adult, counted, and recorded on the student's medication log. Failure of the parent / guardian to provide documentation will require the parent / guardian to be present in the school to dispense the medication personally.

TO BE COMPLETED BY PHYSICIAN / DENTIST

Student's Name_____ Birth date_____

Street Address _____ City _____ Zip _____

Name of Medication_____

Specific Dosage _____Frequency _____

Special Instructions _____

Adverse/Severe Reactions _____

Reason for Medication _____

Effective Dates From _____ To _____

This medication can be safely administered by non-medical personnel: ___ Yes ___ No

It is my understanding that the administration of The Maritime Academy of Toledo is charged with the administration of this treatment procedure and that this person relies on the directions given in this document. I further certify that I am the physician or dentist who prescribed the treatment and that the student named above is under my supervision as a patient.

Signature of Physician / Dentist: _____

Printed Name of Physician / Dentist: _____

Address: _____

Telephone: _____ Fax: _____ Today's Date _____

TO BE COMPLETED BY PARENT / GUARDIAN

As parent / guardian of the above named student, I hereby request that the treatment described above be administered to my student. I release The Maritime Academy of Toledo and its employees from liability for any damages my student may suffer as a result of this request.

Signature of Parent or Guardian: _____ Date _____

Home Phone:_____ Work Phone: _____ Cell Telephone: _____

The Maritime Academy of Toledo

803 Water Street, Toledo, OH 43604
Phone: 419-244-9999 Fax: 419-244-9898
Website: www.maritimeacademy.us
Email: info@maritimeacademy.us

FIELD TRIP PERMISSION FORM

I, the parent/guardian of _____, grant permission for my child to attend Maritime Academy field trips provided:

1. I am notified in writing prior to the field trip.
2. I am given an opportunity to sign a specific field trip permission form.

If I fail to sign specific field trip permission form I agree that this generic form may be used in place of the specific field trip form.

I further agree that this form may only be used as a permission form in the event of an emergency for which I am unable to sign.

I authorize any medical treatment in case of an emergency and agree that I am responsible for the cost of such treatment.

The undersigned agrees to release, hold harmless and indemnify The Maritime Academy of Toledo, its agents, representatives and employees from all claims, damages, or other liabilities for injuries to my child which are not the result of gross negligence intentional neglect, or willful conduct by the school or its agents, representatives, or employee.

_____ _____

Signature of Parent/Guardian Date

MEDIA POLICY AND CONSENT

Please read the following paragraph before signing below:

During the year, The Maritime Academy of Toledo often has the opportunity to photograph, audiotape, and/or videotape our students in a variety of school-related activities. Student recognition programs and academic programs are a few examples of these activities. As such, these photographs and/or videotape footage may be used in district communication tools such as the school website, local newspapers, annual reports, and other communication entities. Highlighting the achievements and celebrating the successes in our school is an integral part of responsible reporting to our community as well as a way of sharing the successes of our students and our school. However, it is our goal to respect your privacy as well. Therefore, parents/guardians are requested to indicate their wishes regarding the school's use of student photographs, audiotapes, videotapes, or other electronic images at the beginning of each school year. Photographs, videotapes or images including four or more students in a picture are exempt from this policy (i.e. group or team photos). **Permission can only be revoked by written request.**

CHOOSE AND SIGN ONLY ONE RELEASE BELOW!

PARENT/GUARDIAN CONSENT FOR PARENTAL RELEASE FOR STUDENT PHOTOGRAPH, AUDIOTAPE, AND/OR VIDEOTAPE

I DO PERMIT The Maritime Academy of Toledo to use photographs, audiotapes, videotapes and/or images of my student under the above terms and conditions. Please Note: There is no payment or any other form of compensation for use of your child's image if a photograph and/or video image of your child is used either internally or externally as explained in the examples above.

Signature of Parent/Guardian _____Date: _____

PARENT/GUARDIAN REFUSUAL TO GRANT CONSENT FOR PARENTAL RELEASE FOR STUDENT PHOTOGRAPH, AUDIOTAPE, AND/OR VIDEOTAPE

I **DO NOT PERMIT** The Maritime Academy of Toledo to use photographs, audiotapes, videotapes and/or images of my student under the above terms and conditions.

Signature of Parent/Guardian _____Date: _____

PLEASE PRINT:

Student Name: _____

Grade: _____ Homeroom Teacher's Name: _____

Parent/Guardian Name: _____

KAYAK / CANOE / BOATING PERMISSION FORM

Please read the following paragraph before signing below:

The Maritime Academy of Toledo must have written consent for students to participate in boating related activities. Location of the boating activity sites includes TMAT's swimming pool, the Maumee River and its contiguous creeks and Maumee Bay.

I understand that TMAT has certified lifeguards and/or licensed boating teachers who will, at all times, accompany and supervise my child at boating activity sites including, but not limited to, TMAT's indoor swimming pool and/or public or private swimming pools, lakes, or rivers.

Swimming activities in bodies of water two or more feet in depth will be supervised by TMAT staff who are currently certified as lifeguards or water safety instructors by the American Red Cross, YMCA, or an equivalent water safety program.

TMAT will provide a ratio of 8: 1 certified life guards when children engaged in swimming activities.

Student Name _____

Check One: My child ☐ IS a swimmer ☐ IS NOT a swimmer

I have read and therefore understand the KAYAK / CANOE / BOATING Policies and Procedures.

☐ I grant permission for my child to participate in boating activities.

☐ I do not grant permission for my child to participate in boating activities.

Signature of Parent/Guardian _____ Date: _____

INTERNET USE AND SAFETY POLICY FOR THE COMPUTER NETWORK OF THE MARITIME ACADEMY OF TOLEDO SCHOOL DISTRICT

The Maritime Academy of Toledo School District is pleased to make available to students access to interconnected computer systems within the District and to the Internet, the world-wide network that provides various means of accessing significant educational materials and opportunities. In order for the School District to be able to continue to make its computer network and Internet access available, all students must take responsibility for appropriate and lawful use of this access. Students must understand that one student's misuse of the network and Internet access may jeopardize the ability of all students to enjoy such access. While the School's teachers and other Staff will make reasonable efforts to supervise student use of network and Internet access, they must have student cooperation in exercising and promoting responsible use of this access. Below is the Acceptable Use and Internet Safety Policy ("Policy") of the School District and the Data Acquisition Site that provides Internet access to the School District. Upon reviewing, signing, and returning this Policy as the students have been directed, each student will be given the opportunity to enjoy Internet access at School and is agreeing to follow the Policy. If a student is under 18 years of age, he or she must have his or her parents or guardians read and sign the Policy. The School District cannot provide access to any student who, if 18 or older, fails to sign and submit the Policy to the School as directed or, if under 18, does not return the Policy as directed with the signatures of the student and his/her parents or guardians. Listed below are the provisions of your agreement regarding computer network and Internet use. If you have any questions about these provisions, you should contact the person that your School has designated as the one to whom you can direct your questions. If any user violates this Policy, the student's access will be denied, if not already provided, or withdrawn and he or she may be subject to additional disciplinary action.

I. PERSONAL RESPONSIBILITY: By signing this Policy, you are agreeing not only to follow the rules in this Policy, but are agreeing to report any misuse of the network to the person designated by the School for such reporting. Misuse means any violations of this Policy or any other use that is not included in the Policy, but has the effect of harming another or his or her property.

II. TERM OF THE PERMITTED USE: A student who submits to the School, as directed, a properly signed Policy and follows the Policy to which she or he has agreed will have computer network and Internet access during the course of the school year only. Students will be asked to sign a new Policy each year during which they are students in the School District before they are given an access account.

III. ACCEPTABLE USES:

A. Educational Purposes Only. The School District is providing access to its computer networks and the Internet for *only* educational purposes. If you have any doubt about whether a contemplated activity is educational, you may consult with the person(s) designated by the School to help you decide if a use is appropriate.

B. Unacceptable Uses of Network. Among the uses that are considered unacceptable and which constitute a violation of this Policy are the following:

- Uses that violate the law or encourage others to violate the law. Don't transmit offensive or harassing messages; offer for sale or use any substance the possession or use of which is prohibited by the School District's Student Discipline Policy; view, transmit or download pornographic materials or materials that encourage others to violate the law; intrude into the networks or computers of others; and download or transmit confidential, trade secret information, or copyrighted materials. Even if materials on the networks are not marked with the copyright symbol, you should assume that all materials are protected unless there is explicit permission on the materials to use them.
- Uses that cause harm to others or damage to their property. For example, don't engage in defamation (harming another's reputation by lies); employ another's password or some other user identifier that misleads message recipients into believing that someone other than you is communicating or otherwise using his/her access to the network or the Internet; upload a worm, virus, "trojan horse," "time bomb" or other harmful form of programming or vandalism; participate in "hacking" activities or any form of unauthorized access to other computers, networks, or information systems.
- Uses that jeopardize the security of student access and of the computer network or other networks on the Internet. For example, don't disclose or share your password with others; don't impersonate another user; don't connect wireless devices to the computer network or attempt to intercept wireless communications.
- Uses that are commercial transactions. Students and other users may not sell or buy anything over the Internet. You should not give others private information about you or others, including credit card numbers and social security numbers.

C. Netiquette. All users must abide by rules of network etiquette, which include the following:

- Be polite. Use appropriate language. No swearing, vulgarities, suggestive, obscene, belligerent, or threatening language.
- Avoid language and uses which may be offensive to other users. Don't use access to make, distribute, or redistribute jokes, stories, or other material which is based upon slurs or stereotypes relating to race, gender, ethnicity, nationality, religion, or sexual orientation.
- Don't assume that a sender of e-mail is giving his or her permission for you to forward or redistribute the message to third parties or to give his/her e-mail address to third parties. This should only be done with permission or when you know that the individual would have no objection.
- Be considerate when sending attachments with e-mail (where this is permitted). Be sure that the file is not too large to be accommodated by the recipient's system and is in a format which the recipient can open.

IV. INTERNET SAFETY:

A. General Warning; Individual Responsibility of Parents and Users. All users and their parents/guardians are advised that access to the electronic network may include the potential for access to materials inappropriate for school-aged pupils. Every user must take responsibility for his or her use of the computer network and Internet and stay away from these sites. Parents of minors are the best guide to materials to shun. If a student finds that other users are visiting offensive or harmful sites, he or she should report such use to the person designated by the School.

B. Personal Safety. Be safe. In using the computer network and Internet, do not reveal personal information such as your home address or telephone number. Do not use your real last name or any other information which might allow a person to locate you without first obtaining the permission of a supervising teacher. Do not arrange a face-to-face meeting with someone you "meet" on the computer network or Internet without your parent's permission (if you are under 18). Regardless of your age, you should never agree to meet a person you have only communicated with on the Internet in a secluded place or in a private setting.

C. "Hacking" and Other Illegal Activities. It is a violation of this Policy to use the School's computer network or the Internet to gain unauthorized access to other computers or computer systems, or to attempt to gain such unauthorized access. Any use which violates state or federal law relating to copyright, trade secrets, the distribution of obscene or pornographic materials, or which violates any other applicable law or municipal ordinance, is strictly prohibited.

D. Confidentiality of Student Information. Personally identifiable information concerning students may not be disclosed or used in any way on the Internet without the permission of a parent or guardian or, if the student is 18 or over, the permission of the student himself/herself. Users should never give out private or confidential information about themselves or others on the Internet, particularly credit card numbers and Social Security numbers. A supervising teacher or administrator may authorize the release of directory information, as defined by Ohio law, for internal administrative purposes or approved educational projects and activities.

E. Active Restriction Measures. The School, either by itself or in combination with the Data Acquisition Site providing Internet access, will utilize filtering software or other technologies to prevent students from accessing visual depictions that are (1) obscene, (2) child pornography, or(3) harmful to minors. The School will also monitor the online activities of students, through direct observation and/or technological means, to ensure that students are not accessing such depictions or any other material which is inappropriate for minors. Internet filtering software or other technology-based protection systems may be disabled by a supervising teacher or school administrator, as necessary, for purposes of bona fide research or other educational projects being conducted by students age 17 and older. The term "harmful to minors" is defined by the Communications Act of 1934 (47 USC Section 254 [h][7]), as meaning any picture, image, graphic image file, or other visual depiction that –taken as a whole and with respect to minors, appeals to a prurient interest in nudity, sex, or excretion; -depicts, describes, or represents, in a patently offensive way with respect to what is suitable for minors, an actual or simulated sexual act or sexual contact, actual or simulated normal or perverted sexual acts, or a lewd exhibition of the genitals; -taken as a whole, lacks serious literary, artistic, political, or scientific value as to minors.

F. PRIVACY: Network and Internet access is provided as a tool for your education. The School District reserves the right to monitor, inspect, copy, review and store at any time and without prior notice any and all usage of the computer network and Internet access and any and all information transmitted or received in connection with such usage. All such information files shall be and remain the property of the School District and no user shall have any expectation of privacy regarding such materials.

G. FAILURE TO FOLLOW POLICY: The user's use of the computer network and Internet is a privilege, not a right. A user who violates this Policy, shall at a minimum, have his or her access to the computer network and Internet terminated, which the School District may refuse to reinstate for the remainder of the student's enrollment in the School District. A user violates this Policy by his or her own action or by failing to report any violations by other users that come to the attention of the user. Further, a user violates this Policy if he or she permits another to use his or her account or password to access the computer network and Internet, including any user whose access has been denied or terminated. The School District may also take other disciplinary action in such circumstances.

H. WARRANTIES/INDEMNIFICATION: The School District makes no warranties of any kind, either express or implied, in connection with its provision of access to and use of its computer networks and the Internet provided under this Policy. It shall not be responsible for any claims, losses, damages or costs (including attorney's fees) of any kind suffered, directly or indirectly, by any user or his or her parent(s) or guardian(s) arising out of the user's use of its computer networks or the Internet under this Policy. By signing this Policy, users are taking full responsibility for his or her use, and the user who is 18 or older or, in the case of a user under 18, the parent(s) or guardian(s) are agreeing to indemnify and hold the School, the School District, the Data Acquisition Site that provides the computer and Internet access opportunity to the School District and all of their administrators, teachers, and staff harmless from any and all loss, costs, claims or damages resulting from the user's access to its computer network and the Internet, including but not limited to any fees or charges incurred through purchases of goods or services by the user. The user or, if the user is a minor, the user's parent(s) or guardian(s) agree to cooperate with the School in the event of the School's initiating an investigation of a user's use of his or her access to its computer network and the Internet, whether that use is on a School computer or on another computer outside the School District's network.

I. UPDATES: Users, and if appropriate, the user's parents/guardians, may be asked from time to time to provide new or additional registration and account information or to sign a new Policy, for example, to reflect developments in the law or technology. Such information must be provided by the user (or his/her parents or guardian) or such new Policy must be signed if the user wishes to continue to receive service. If after you have provided your account information, some or all of the information changes, you must notify the person designated by the School to receive such information.

PARENT/GUARDIAN AGREEMENT

As the parent or legal guardian of the above student, I have read, understand and agree that my child or ward shall comply with the terms of the School District's Acceptable Use and Internet Safety Policy for the student's access to the School District's computer network and the Internet. I understand that access is being provided to the students for educational purposes only. However, I also understand that it is impossible for the School to restrict access to all offensive and controversial materials and understand my child's or ward's responsibility for abiding by the Policy. I am therefore signing this Policy and agree to indemnify and hold harmless the School, the School District and the Data Acquisition Site that provides the opportunity to the School District for computer network and Internet access against all claims, damages, losses and costs, of whatever kind, that may result from my child's or ward's use of his or her access to such networks or ids or her violation of the foregoing Policy. Further, I accept full responsibility for supervision of my child's or ward's use of his or her access account if and when such access is not in the School setting.

I hereby give permission for my child or ward to use the building-approved account to access the School District's computer network and the Internet.

Please PRINT clearly. Parent/Guardian Name _____ **Home Phone**_____

Parent/Guardian Signature(s) _____ **Date**_____

STUDENT AGREEMENT

As a student of The Maritime Academy of Toledo, I have read, understand and agree to abide by the terms of the foregoing Acceptable Use and Internet Safety Policy. Should I commit any violation or in any way misuse my access to the School District's computer network and the Internet, I understand and agree that my access privilege may be revoked and School disciplinary action may be taken against me.

Check One of the following: ☐ I am under 18 ☐ I am 18 or older

Student Signature _____ **Date** _____

Notice to Parents Regarding the Protection of Pupil Rights Amendment

The Protection of Pupil Rights Amendment (PPRA) (20 U.S.C. §1232h) affords parents and students who are 18 or emancipated minors ("eligible students") certain rights regarding our conduct of surveys, collection and use of information for marketing purposes, and certain physical exams. These include the right to:

A. ***Consent*** before students are required to submit to a survey that concerns one or more of the following protected areas ("protected information survey") if the survey is part of any program funded in whole or in part by a program of the U.S. Department of Education (ED):
   1. Political affiliations or beliefs of the student or student's parent;
   2. Mental or psychological problems of the student or student's family;
   3. Sex behavior or attitudes;
   4. Illegal, anti-social, self-incriminating, or demeaning behavior;
   5. Critical approvals of others with whom respondents have close family relationships;
   6. Legally recognized privileged relationships, such as with lawyers, doctors, or ministers;
   7. Religious practices, affiliations, or beliefs of the student or parents; or
   8. Income, other than as required by law to determine program eligibility.

B. ***Receive*** notice and an opportunity to opt a student out of
   1. Any other protected information survey, regardless of funding;
   2. Any non-emergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent, and not necessary to protect the immediate health and safety of a student, except for hearing, vision, or scoliosis screening, or any physical exam or screening permitted or required under State law; and
   3. Activities involving collection, disclosure, or use of personal information obtained from students for marketing or to sell or otherwise distribute the information to others.

C. ***Inspect,*** upon request and before administration or use
   1. Protected information surveys of students;
   2. Instruments used to collect personal information from students for any of the above marketing sales, or other distribution purposes; and
   3. Instructional material used as part of the educational curriculum.

The School has developed policies, in consultation with parents, regarding these rights, as well as arrangements to protect student privacy in the administration of protected surveys and the collection, disclosure, or use of personal information for marketing, sales, or other distribution purposes. The School will directly notify parents and eligible students of these policies at least annually at the start of each school year and after any substantive changes. The School will also directly notify parents and eligible students, such as through U.S. Mail or email, at least annually at the start of each school year of the specific or approximate dates of the following activities and provide an opportunity to opt a student out of participating in:

A. Collection, disclosure, or use of personal information for marketing, sales or other distribution.
B. Administration of any protected information survey.
C. Any non-emergency, invasive physical examination or screening as described above.

Parents who believe their rights have been violated may file a complaint with:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202-4605

PARENT / GUARDIAN INVOLVEMENT POLICY

It is the policy of The Maritime Academy of Toledo to provide parents and guardians of students who are eligible for Title I programs with adequate opportunities to participate in the design and implementation of the Title I program. The Maritime Academy of Toledo ensures that parents are able to contribute to and participate in the Title 1 program through the following activities:

1. Annual Information Meetings to discuss the Title 1 Program
2. Parent Meetings and Parent Education events to inform and educate parents
3. Open and effective home-school communications through email, notes, automated phone calls, and the website.
4. Parent notification of student selection and reason for selection in the Title 1 Program
5. Student progress reports that detail student's progress in achieving State outcomes.
6. Quarterly reports of Title 1 instructional data and amount of time spent with the student and the specific activities performed with the student
7. Parent Questionnaires to assess and improve Title 1 program goals, objectives, and activities.
8. Opportunities for parents to volunteer and receive parent training in preparation for volunteering.
9. Classroom visitations

ZERO TOLERANCE

The Maritime Academy of Toledo has established strong safety policies, including zero tolerance for furnishing controlled substances, possession of weapons, threatening and/or causing physical injury to others and to our property, and using profanities. This zero tolerance applies to actions by staff, students, parents, and the community. Parents, visitors, and employees may be terminated and/or issued restraining orders for any of the above violations. Consequences for students include up to ten days suspension and /or immediate expulsion.

Students, employees, parents and the community are urged to contact the school immediately if there is any information about: real or fake weapons carried by students; drug use or drug trafficking on our campus; threats of violence made by students or adults; stolen equipment; destruction of property, or continual bullying. All calls remain anonymous.

PARENT-STUDENT-SCHOOL COMPACT

The Maritime Academy of Toledo Academy of Toledo and All Parents/Guardians and Students including the parents/guardians of students participating in any school activity, service, and/or program funded by Title I, Part A of the Elementary and Secondary Education Act (ESEA), agree that this compact/agreement outlines how parents/guardians, the entire school staff, and the students will share the responsibility for improved student academic achievement and it further outlines the means by which the school and parents will build and develop a partnership that will help students achieve the State's high standards. This school-parent compact is in effect during the school year.

School Responsibilities

The School will:

1. Provide high quality curriculum and instruction in a supportive and effective learning environment that enables the participating student to meet the State's academic standards.
2. Hold parent-teacher conferences at least annually during which this compact will be discussed as it relates to the individual student's achievement.
3. Provide parents with frequent reports on their student's progress. Specifically, the school will provide reports as follows: mid-term progress reports; quarterly progress reports; and when excessive or severe codes of conduct violations exist.
4. Provide parents reasonable access to staff. Specifically, staff will be available for consultation before and after school.
5. Provide parents opportunities to volunteer and participate in their student's class and to observe classroom activities.
6. Treat all members of the School's family with respect and dignity.
7. Know the curriculum and state standards.
8. Establish clear rules for acceptable behavior, class participation, grades and assignments.
9. Enforce the School Code of Conduct in a consistent and fair manner.

Parent/Guardian Responsibilities:

I, as parent/guardian, will support my student's learning in the following ways:

1. I will treat all members of the School family with respect and dignity.
2. I will know and understand school rules and cooperate with school personnel in the enforcement of school rules.
3. I will support the school's zero tolerance policy toward any physical, verbal, gestured aggression, and play fighting.
4. I will communicate my comments, questions, and concerns to the appropriate staff members.
5. I will ensure that my student is properly attired for school in accordance with the school dress code.
6. I will attend meetings related to the welfare of my student including parent conferences, IEP meetings, discipline hearings, and other relevant meetings.
7. I will send my student to school on time and every day as required by Ohio law.
8. I will inform the school of any change of phone numbers and/or residence.
9. I will ensure that my student completes all homework.
10. I will monitor the amount of television my child watches and ensure that my student reads 15 minutes each day.
11. I will participate in decisions relating to my student's education.
12. I will stay informed about my child's education and communicate with the school by promptly reading and responding to all notices from the school.
13. I will offer to serve on the Parent Teacher Organization or other school related committees.
14. I will encourage my student to participate in the 21st Century Enrichment Program.
15. I will ensure that my student attends the mandatory Ohio Assessment Tutoring Program for the required days if my students has not passed the Ohio Assessments.
16. I have read and agree to support the policies and procedures as stated in the Parent-Cadet Handbook and The Maritime Academy of Toledo Code of Conduct.

Student Responsibilities

I, as a student, will improve my academic achievement and achieve the State's highest standards by doing the following:

1. Abide by The Maritime Academy of Toledo's Code of Conduct and Cadet Handbook Policies and Procedures.
2. Attend school every day it is in session.
3. Arrive to school on time and not leave school early.
4. Show respect for myself, peers, teachers, administrators, and the school environment at all times.
5. Do my homework every day and ask for help when I need it.
6. Read at least fifteen minutes every day outside of school time.
7. Give my parents all notices and information received by me from my school every day.

The Maritime Academy of Toledo _____ _____

School *Parent/Guardian Signature* *Student Signature* *Date*

PARENT VOLUNTEER FORM

Volunteers may be involved in monitoring student drop-off and pick-up and crosswalks as well as assisting with school events. In addition, parents are encouraged to contribute their time and talent to organizing extracurricular activities and community outreach projects. It is expected that every student will have at least one adult family member volunteer. Any family member, a parent, adult sibling, grandparent, or family friend may participate in volunteering. A number of volunteer options are available both in the school, from home, or from work. Contact the school administrative team for volunteer suggestions. The following is a partial list of ways to fulfill your volunteer commitment.

Please check as many boxes that fit your particular interests and availability.

During School Hours Volunteers May . . .

- ☐ Assist with small reading groups *
- ☐ Assist with small math groups *
- ☐ Help teachers with classroom décor -- posters, boards, hallway art displays
- ☐ Disinfect school furniture/equipment
- ☐ Volunteer on field trips *
- ☐ Volunteer in the After-School Enrichment Program *
- ☐ Tutor students during or after school *
- ☐ Serve as crossing guard before and after school
- ☐ Assist with the school website
- ☐ Help with fundraisers
- ☐ Provide general grounds maintenance
- ☐ Secure donations for the school such as pencils, pens, paper, binders, computers, printers, copiers, etc.
- ☐ Make request for donations
- ☐ Assist with school-sponsored events
- ☐ Assist with school sports program

After Regular School Hours Or From Work Or Home

Volunteers May . . .

* The types of volunteer service noted with an asterisk require successful completion of a criminal background check.

I understand that Volunteering is a requirement.

All volunteers who interact with students must complete an Application and must be fingerprinted (for federal and state clearance). These volunteers will receive structured training, and must follow all policies and procedures noted in the Staff Handbook. If activity occurs that is not in keeping with the School policies and procedures, the administration reserves the right to relieve the volunteer of his or her responsibilities.

_____ _____/_____/_____

Parent/Guardian Signature *Date*

ATTENDANCE /TARDINESS POLICIES

Expectation for Student Attendance at School: The Maritime Academy and the State of Ohio considers truancy to be a very serious matter and in fact, The State of Ohio will exact certain penalties on The Academy if we fail to enforce strict attendance policies and procedures**.** In the rare event that your student must be absent from school, arrive late to school, or leave school early you must follow these policies:

1. Call the Main Office during the morning of the absence. The Main Office phone number is (419) 244-9999.
2. Send in a note signed by a parent(s)/guardian(s) to the Main Office the following day which includes:
   a. Student's first and last name
   b. Date(s) of the absence
   c. Explanation/reason for the absence
   d. Phone number where the parent(s)/guardian(s) can be contacted

Absenteeism Consequences

Students with unexcused absences are considered truant. Truancy is grounds for referral to the Dean of Discipline for action covered under Sections 3321.18 through 3321.22 of the Ohio Revised Code. The following consequences will result from unexcused absences:

1. More Than Five Days Absent: A student with more than five (5) days of unexcused absences in a quarter will not receive a passing grade for quarter. The school will attempt to notify the student's parent, guardian, or custodian when the student's absences reach three in a quarter. This quarter limit also applies to absences in individual class periods. Tardiness and leaving school early will count as absences in individual classes. Should the student reach six (6) unexcused absences in any class period, the student will not receive a passing grade for the quarter in the class/courses in question.

2. More Than Ten Days Absent: Any student absent more than ten (10) unexcused days in a semester will fail the semester and will be reported to a juvenile truancy officer.

3. More Than Fifteen Days Absent: Any student absent more than fifteen (15) unexcused days within a school year, will fail the entire school year and will be reported to the Registrar of Motor Vehicles, State of Ohio, and to the county juvenile judge in which the student resides, for suspension of a temporary driving permit/driving license, or the revocation of the student's right to apply for a permit/license. The school shall notify the student and the student's parent, guardian, or custodian, in writing, that the truancy/attendance information has been provided to the superintendent, and that as a result of that information the student's temporary instruction permit or driver's license can be suspended or the opportunity to obtain such a permit or license in the future will be denied by the Ohio Department of Motor Vehicles.

Tardiness To School Or Class

4. Any student who misses more than fifteen minutes of a class/course, either at the beginning or the end of the day, will be considered absent from the class. Any student missing more than 5 unexcused absences in a quarter, ten unexcused absences in a semester, and fifteen unexcused absences in the school year will fail the class/course. Student performance in the class does not alter this policy. The parent/guardian of a student who must leave school early must sign out at the helm before leaving the building.

5. A student arriving tardy to school after 8:00 a.m. must check in at the Helm. After signing in, the student will receive a hall pass. This pass must be presented to the teacher. Additionally, students arriving to school after 8:00 a.m. must present a note signed by their parent(s)/guardian(s) explaining the reason for the tardiness (or a parent may telephone the Helm). After fifteen minutes tardy to a class, the student will be considered absent from the class and this will count toward the student's allowable absent days.

6. Make-Up Work: It is the responsibility of the student to contact his/her teachers and obtain the make-up assignments. Students who know in advance when they will be out of school for an extended period of time should, if possible, obtain assignments from their teachers before being absent. Students may receive credit for work missed during an absence as long as the work is made up in a timely fashion as prescribed by the teacher.

7. Appeal Process: The parent/guardian and student may appeal the failing grade/loss of credit to the Superintendent/Principal in situations of excused absences due to hospitalization or court subpoena. The appeal may be granted at the discretion of the Superintendent/Principal.

5. Withdrawal Due to Excessive Absenteeism: A student will be automatically withdrawn from the school if the student misses 105 consecutive hours of learning opportunities as per the Ohio Revised Code.

The Maritime Academy Of Toledo Dress Code

Cadets MUST be in FULL UNIFORM the first day of school

Uniform Clothing

1. Pants Must be Regulation Dress or Docker-Style Only.
   a. Pants must be worn at waist level and NEVER lower than the top of hip bone.
   b. Pants must be properly fitted for length and waist- no more than 1 size larger than the correct size.
   c. Pants may not be gathered in the front or back when belted and may not sag.
   d. TMAT reserves the right to regulate the fit of the pants.
   e. Pants may not be modified or altered in any way, except to in regards to waist size or length.
2. Shirts for Boys and Girls in Grades 5-12.
   a. Logo Polo Shirt must be completely tucked in at all times. Shirts may not be pulled out – covering belts.
   b. Belt must be visible at all times. Shirts may not be pulled over belts.
3. Gym/Dress Down Shirts, Sweaters & Sweatshirts must be regulation and issued by Ship's Store.
   a. One Grey/Blue Trim Gym/Dress Down.
   b. Navy or White (Maritime Logo sweaters only)
   c. Hooded garments of any type are never permitted inside or on field trips!
5. Belt and Tie: Belt must be navy or black.
6. ID Badge Lanyard is included with Registration Fee.
   a. Additional ID's Badges and Lanyards are $5.00 each.
   b. School ID, TARTA bus pass, and/or house key are the only items permitted to be attached to the lanyard.
7. Shoes
   a. Regulation shoes must be all black Athletic, Tennis, or Oxford.
   b. Laces must be ALL black.
   c. Shoes may NOT have any patterns or stripe designs of any kind in a different color.
   d. Shoes must be laced to the top eyelets and tied or Velcro'd at all times.
8. Socks & Undershirts
   a. Socks must be BLACK and must be worn at all times.
   b. Undershirts must be white, grey, navy, or black.
   c. If an undershirt is worn, it must be plain with NO DESIGNS, logos, or words on it.
9. Hair
   a. Unnatural hair color or streaking color is NEVER permitted. This includes unnatural reds and oranges, blues, greens purples, and any other unnatural color.
   b. Long hair or bangs may NEVER cover the eyes. Long hair MUST be tied back so the full face is visible.
   c. Hair clips and bands may only be worn by girls and MUST be navy blue or white. Hair beads are NOT permitted.
   d. Male Cadet hair MUST be tied back, off of the face at all times
11. Jewelry: Non regulation jewelry may be confiscated. Jewelry will only be returned to the parent/guardian.
   a. One wrist watch may be worn on the wrist.
   b. Bracelets, elastic or rubber, MAY NEVER be worn.
   c. One ring per hand may be worn.
   d. For Female Cadets Only: One simple post earring per ear may be worn. Hoops are NOT permitted.
   e. One purse no larger than 8½" x 11" may be carried to class.
   f. Body piercing rings of any nature may NEVER be worn.
   g. Tattoos MUST be covered at all times.
12. Boy Scout, Sea Scout, and Leadership Corps Cadet Uniforms may be worn at designated times and with admin approval.

THE MARITIME ACADEMY UNIFORM REQUIREMENTS

TMAT Boys and Girls Logo Polo Shirt

Gym Shirt in limited sizes

Dress or Docker-style pants with a "proper fit" that must not exceed one (1) size beyond the correct size; No jeans or cargo pants. Pants may be purchased from the following stores or on-line: JC Penny, Old Navy, Sears, Kohl's, French Toast, Schoolbelles and Land's End which has a terrific return policy – for any reason, wear, tear, etc. **Must be Navy or Khaki only**.

Black Socks ONLY

ALL Black Dress, Oxford, or Tennis Shoes ONLY
Color in any amount is NOT permitted on shoes.
Black shoe laces only.

The following U.S. Coast Guard Uniform Clothing may only be worn by those cadets who have earned rank above their assigned grade-level rank. This clothing may be purchased or borrowed from The Academy. Please contact the Principal to determine your eligibility and receive the Leadership Uniform Order Form.

US Coast Guard Girl's Shirt

US Coast Guard Boy's Shirt

Girl's Ascot	**Boy's Tie**	**Garrison Hat**	**Gloves**