

WIN Academy

Dr. Ronnie Walker, Principal
Dr. Tina Nelson-Jackson, Assistant Principal
Dr. Ami Lenderman, Assistant Principal
Ms. Lisa Brown, Counselor

215 Scott Blvd. Warner Robins, GA.31088
478-929-7828

WIN Academy enrollment packet 2.

Please print and parent/student must sign as directed on each page.

Return completed and signed packet 2 (Required)

May be sent by e-mail peggi.nall@hcbe.net , or fax to 478-929-7123. Questions please call 478-929-7828 ext. 2

Parent: is your student on the school attendance platform? Yes No
Is your student participating on the school distance learning platform? Yes No
Have you completed the distance learning enrollment on the parent portal?
(Must be Yes, if student is to do distance learning)

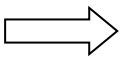
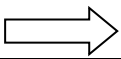
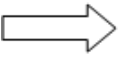
PHOTO, VIDEO AND MEDIA INTERVIEW OPT OUT FORM

The Houston County School System receives numerous requests from the media (newspapers, magazines, television stations and radio stations) to interview, photograph, and/or videotape students. The Houston County School System also often takes pictures and/or video to positively promote the system or a school. For example, the school system may post the photos, videos or comments from honor roll, competitions, family night activities, field day, mentor pictures, and yearbook on the Internet, submit them to the media for publicity, include them in a newsletter, or use them in a brochure.

If you **object** to your child being interviewed by the media and/or the school system to obtain his or her comments, photographs, videotape, this form must be returned to your child's school marked accordingly.



No, I do not want my child to participate in any media or system interviews that would result in photographs, videos or quotes being published, broadcast or posted online. (Check or initial box)

Date:	WIN Academy
Student's Name (please print) 	
Parent/Guardian Name (please print) 	
Parent/Guardian Signature 	

Internet Acceptable Use Agreement and BYOD Understanding

Parent / Guardian Agreement

Please read policy IFBG – Internet Acceptable Use Found in Your Child’s Handbook

As the parent or guardian of this student, I have read the Terms and Conditions for Internet access in policy IFBG in my child’s handbook. I understand that this access is designed for educational purposes and the Houston County School System has taken available precautions to eliminate controversial material. I also recognize that it is impossible for the school system to restrict access to all controversial materials, and I will not hold the school system responsible for materials acquired through the Internet. Further, I accept full responsibility for supervision if and when my child’s use of the Internet is not in a school setting. I hereby give permission for my child to use the Internet on resources provided by the Houston County Board of Education and certify that the information on this form is correct.

I also have read and understand the B.Y.O.D. procedures and furthermore I acknowledge that the school district has the right to collect and examine any device that is suspected of violating school rules and/or procedures.

****NOTE: WIN Academy is NOT a bring your own device school; this agreement is for the use of school electronics.**

Name of Student _____

Name of Parent/Guardian (please print) _____

Signature of Parent/Guardian _____

Date _____

Student Agreement

I understand and will abide by the Terms and Conditions for Internet use as detailed in policy IFBG. I further understand that any violation, of the policy IFBG may be unethical and may constitute a criminal or school system offense. Should I commit any violation, my access privileges may be revoked, other school disciplinary action may be taken, and appropriate legal action may be taken.

I also have read and understand the B.Y.O.D. procedures and furthermore I acknowledge that the school district has the right to collect and examine any device that is suspected of violating school rules and/or procedures.

****NOTE: WIN Academy is NOT a bring your own device school; this agreement is for the use of school electronics.**

Student Signature _____ Date _____

Grade _____ Teacher Name _____

Houston County WIN Academy
215 Scott Blvd.
Warner Robins, GA 31093
Parent/Guardian Contract of Commitment
“Excellence Without Excuses”

The responsibilities of the Parent/Guardian are to:

- Support the student in following all the rules, regulations and procedures outlined in the Houston County Schools’ Code of Student Conduct and the Houston County **WIN Academy** Support the student in fulfilling their commitment to their responsibilities agreed upon in their Student Contract of Commitment.
- Meet with teachers and/or administration when necessary to insure the success of their student.
- Ensure that all emergency and demographic information is provided and current at all times.
- Understand that continued placement at the Houston County **WIN Academy** may be contingent upon their student’s demonstration of commitment to academics and positive behavior.
- Understand that failure to abide by the policies, rules, and procedures of the Houston County **WIN Academy** may result in recommendation for expulsion.

In addition to the above requirements, the following condition is required:

Attendance at school is key to your student’s academic success. Therefore, you must agree to ensure that your student(s) attends school regularly and provide excuses on days he/she cannot be present. Additionally, you should encourage your student to complete assignments which are available to him/her upon returning to school.

I (print name) understand my responsibilities as a parent of
a

student at the Houston County **WIN Academy** and I commit to fulfill them.

Parent Signature	Date

Houston County WIN Academy
215 Scott Blvd.
Warner Robins, GA 31088
Student Contract of Commitment
“Excellence Without Excuses”

The responsibilities of the students are to:

- Abide by all the student rules, regulations, and procedures assigned by the Houston County Schools’ Code of Student Conduct and Houston County **WIN Academy**.
- Make a personal commitment to become invested in their education as evidenced by attendance, work ethic, respect for others, and pride in self.
- Realize that mistakes are opportunities for growth and that staff members are required to enforce consequences so that students may learn from their mistakes.
- Students are expected to be at school and not leave the building until their group (bus riders, walkers, car riders) is dismissed or their parent/guardian or designee signs them out.
- Understand that your success at the Houston County **WIN Academy** is highly impacted by the demonstration of commitment to academics, positive behavior, school rules/regulations, and the education of others.
- Understand that failure to abide by these policies may result in recommendation for expulsion.

In addition to the above requirements, the following condition is required:

Attendance at school is key to your academic success. Therefore, you must agree to attend school regularly and provided documentation excusing absences on days you cannot be present. Additionally, you should complete make-up assignments when returning to school.

I (print name) understand my responsibilities as a student

at the Houston County **WIN Academy** and I commit to fulfill them.

Student Signature	Date



Note: The WIN Academy does NOT have a med-tech and will use this info and the county guidelines for student care are outlined in the student handbook.

Health Related Services

2020-2021



Houston County Student Health Record

Student's Name: _____ Student's ID #: _____ DOB: _____

School: Houston County WIN Academy Grade: _____ Date: _____

Does this student have any medical concerns? Yes (complete form) **No (stop form here)**

Allergies (medication, food, insect, environment): _____

What kind of reaction occurs with these allergies? _____

Has your student ever had an Anaphylactic Reaction? Y N EMERGENCY Injectable Epinephrine Y N

Student's Current Medical History: **(Check All That Apply)**

- | | | |
|--|---|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Cancer | <input type="checkbox"/> Limb Loss |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Cardiac <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Missing Organs (<i>eye, kidney, etc.</i>) |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Crohns/IBS | <input type="checkbox"/> Pacemaker or <input type="checkbox"/> Defibrillator |
| <input type="checkbox"/> Asthma: <input type="checkbox"/> Y / <input type="checkbox"/> N | <input type="checkbox"/> Convulsions w/Fever | <input type="checkbox"/> Premature Birth (Complications) |
| <input type="checkbox"/> Inhaler | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Seasonal | <input type="checkbox"/> Diabetes: _____ <input type="checkbox"/> Glucagon | <input type="checkbox"/> Seizures: (Type): _____ |
| <input type="checkbox"/> Nebulizer | <input type="checkbox"/> Insulin injection or <input type="checkbox"/> Pump | <input type="checkbox"/> Diastat _____ VNS _____ |
| <input type="checkbox"/> Trigger(s): _____ | <input type="checkbox"/> Fainting Spells/Dizziness | <input type="checkbox"/> Sickle Cell Condition |
| <input type="checkbox"/> Auto Immune Disorder | <input type="checkbox"/> Frequent Headaches/Migraines | <input type="checkbox"/> Skin Condition |
| <input type="checkbox"/> Bleeding Problems/Blood Disorder | <input type="checkbox"/> Frequent Nose Bleeds | <input type="checkbox"/> Speech Difficulty |
| <input type="checkbox"/> Blood Pressure: | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Surgery/Hospitalization |
| <input type="checkbox"/> High | <input type="checkbox"/> Heart Murmurs/ Type: _____ | <input type="checkbox"/> Vision Problems/Contacts |
| <input type="checkbox"/> Low | <input type="checkbox"/> Heat Exhaustion | <input type="checkbox"/> Weight Problems |
| <input type="checkbox"/> Bowel/Bladder Problem | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Bronchitis (<i>Chronic</i>) | | |

Describe how the above checked items affect your student at school (you may use back of form if needed).

Does your student have any potentially life threatening condition(s)? _____ If yes, please explain. _____

List all medication(s) the student takes (if taken at school, see Health Tech for form): _____

Has a doctor ordered any special dietary modifications? (See Health Tech for Meal Modification form, updated annually)

Current Physician: _____ Family Pediatrician: _____ Specialist: _____

Sign if you consent to the exchange of relevant medical information between the student's physician and the school nurse to include diagnosis, prognosis, treatment medical orders and records.

Signature: _____ Relationship to Student: _____

Date: _____





SUPERINTENDENT OF SCHOOLS
DR. MARK SCOTT

BOARD MEMBERS

HELEN HUGHES, VICE CHAIRMAN
LORI JOHNSON
HOKE MORROW

MR. FRED WILSON, CHAIRMAN

DR. RICK UNRUH
DAVE CROCKETT
BRYAN UPSHAW

Sex Education Instruction - Option to Decline

DEAR PARENTS:

The GA DOE regulations require that each local board of education develop and implement a comprehensive health and physical education program that includes sex education and AIDS prevention education. Regulations allow parents/guardians to exercise the option of excluding their child from sex education and AIDS prevention instructional programs.

A Sex Education Review Committee was recently convened by the Houston County Board of Education to review the *Choosing The Best (CTB)* materials in consideration for use. The committee was composed primarily of non-teaching parents of public school children and educators, health professionals and other community representatives. The committee also included male and female 11th-12th grade students. The committee approved of the implementation of the *CTB* curriculum with middle and high school students.

The *Choosing The Best* curriculum is an abstinence-centered, sexual risk avoidance and relationship education program. It is research-based, medically accurate, and universally applicable and inclusive. It supports the **CDC** stance that the **most reliable way to avoid the risk** of STD is to be abstinent until you enter into a long-term, mutually monogamous relationship with an uninfected partner. This type of relationship is most commonly referred to as marriage and may be referenced as such.

The program focuses on the reasons and methods to avoid at-risk behaviors. It includes lessons on making decisions, understanding healthy relationships, identifying risks, understanding consequences, knowing facts and statistics regarding STD's, and dealing with peer pressure.

The Houston County School District has chosen to participate in a Federal Title V grant opportunity that maximizes the resources available with the *Choosing The Best* curriculum. Participation in this grant requires students to complete a Pre- and a Post- Survey that does include questions regarding previous decisions as well as future intent in regards to at-risk sexual behaviors. These results do not include student names but are used to determine if the implementation of the program is linked to improved student (collective) choices (and hopefully outcomes). Data for the results of the surveys are aggregated and are not specific to any individual participant.

Parents may preview all materials, including the survey. See a list of standards on the following page. For more information on *Choosing The Best* go to <http://www.choosingthebest.com/> or contact Blanche Lamb, Coordinator for Special Programs, at blanche.lamb@hcbe.net or at 478-988-6200 ext. 10193.

No action is required at this time if you permit your child to participate. Please look for your child to bring home his/her student workbook at the completion of the unit.

ONLY complete this form if your child will **NOT** be allowed to participate. Return to your child's Health/PE teacher.

No (My child may **not** participate in the *Choosing The Best* sex education instructional unit of study.)

STUDENT'S NAME (print)

PARENT /GUARDIAN SIGNATURE

DATE



Household Information Form

Dear Parent/Guardian:

Please complete this quick form to help your school possibly benefit from state and federal funds. All information will be kept strictly confidential. If you have any questions, please contact the school district at 478-322-3308.

Section 1: Benefit Information

Does *any* member of your household receive SNAP, TANF, or FDPIR? If yes, provide the information below for the person who receives benefits.

If no, please skip to Section 2.

First Name:																				
-------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth:	M	M	D	D	Y	Y
----------------	---	---	---	---	---	---

Last Name:																				
------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Case #:														
---------	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Section 2: Student Information

Please complete this section for each Pre-K through 12th grade student who lives in your household. These students may or may not be family members, but are students who live in the same house.

	Last Name	First Name	Birth Date	Student ID (Lunch #)																
1.			M M D D Y Y																	
2.																				
3.																				
4.																				
5.																				
6.																				
7.																				
8.																				

I certify that all information on this form is true. I understand that school representatives may verify the information.

Signature of Parent/Guardian: _____ Date: _____

Thank you!



Houston County WIN Academy
An Innovative Educational Center
215 Scott Blvd.
Warner Robins, Georgia 31088
478-929-7828
 Fax 478-929-7118



Middle/High School AP
 Dr. Tina Nelson-Jackson
 Counselor
 Ms. Lisa Brown

Middle/High School API
 Dr. Ami Lenderman

Principal
Dr. Ronnie Walker

PARENT’S SIGNATURE PAGE

Please sign and return this page to your child’s school.

Student Name (please print)

I have read the information in the **Houston County WIN Academy School Student Handbook** and understand that the school must operate in accordance with the stated policies and procedures. I have paid particular attention to the following subjects:

- **Attendance Policy**
- **Bus Conduct Policy**
- **Family Educational Rights and Privacy Act (FERPA)**
- **Grievance Procedures for Title IX, Title I, Title II, Section 504 and General Complaints**
- **ESSA “Right to Know Professional Qualifications of Teachers and Paraprofessionals”**
- **School Clubs/Activities** available at the school and have completed the Student Prohibition from Extracurricular Activities form for any clubs or activities I prohibit my child from participating
- **Student Code of Conduct** which includes information about **Bullying** and **Sexual Harassment ****
- **Attendance and Behavior Criteria for successful completion of assignment at WIN Academy.**
- **Orientation Power-Point for Enrollment ****

Signature of Student:

Signature of Parent:

Date:

Houston County WIN Academy Student Handbook

Dear Parents and Students:

For the 2020-2021 school year, we are making our school handbook available electronically for viewing online. We encourage you to access our handbook by going to the following web address: <http://hccc.hcbe.net/>. The purpose of this handbook is to serve as a guide for students and to inform parents about the policies and procedures of our school. Please read this handbook carefully; lack of knowledge of these rules is no excuse for breaking them and does not exempt a student from receiving consequences for inappropriate behavior.

After reading the handbook, please complete the attached pages and return the forms marked as required.

- Parent Signature Page **(required)**
- Internet Acceptable Use and B.Y.O.D Agreement **(required)**
- GA DOE Parent Occupational Survey **(required)**
- Health Related Services Medical Questionnaire **(required)**
- Household Information Form **(required)**
- Military Recruitment Provision Opt Out Form (optional)
- ~~Student Prohibition from Extracurricular Activities (optional)~~
- Photo, Video, and Media Interview Opt Out Form (optional)
- Sex Education Instruction - Option to Decline (optional)

If you would prefer to have a printed copy of the handbook, please indicate in the space provided below. We will be glad to send you a hard copy of the handbook where you can refer to policies and procedures. Indicate your request below.

I was offered a chance to pick-up a hard copy of the school handbook during my student's orientation.

I do not wish to have a printed, hard copy of the school handbook. I will access the one provided on the school's webpage.

Signature of Student:

Date:

Signature of Parent:

Date:

We look forward to a great year at the **Houston County WIN Academy**. If you have any questions or concerns, please feel free to call us for assistance.

Sincerely,
Dr. Ronnie Walker
Principal



Richard Woods, Georgia's School Superintendent
"Educating Georgia's Future"

School District: _____

Date Completed: _____

Parent Occupational Survey

Please complete this form to determine if your child(ren) qualify to receive additional services under Title I, Part C

Has your family moved in order to work in another city, county, or state, in the last three (3) years? Yes No

If so, what is the date your family arrived in the city/town you reside? _____

Has anyone in your immediate family been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years? (Check all that apply)

- 1) Agriculture; planting/picking vegetables or fruits such as tomatoes, squash, grapes, onions, strawberries, blueberries, etc.
- 2) Planting, growing, or cutting trees (pulpwood)/raking pine straw
- 3) Processing/packing agricultural products
- 4) Dairy/Poultry/Livestock
- 5) Meatpacking/Meat processing/Seafood
- 6) Fishing or fish farms
- 7) Other (Please specify occupation): _____

Name of Student(s)	Name of School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names of Parent(s) or Legal Guardian(s) _____

Current Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Thank You!

Please return this form to the school

The answers to this survey will help determine if your child(ren) are eligible to receive supplemental services from the Title I, Part C Program.

Note for the school/district: When both "yes" and one or more of the boxes from 1 to 7 is/are checked, please give this form to the migrant liaison or migrant contact for your school/district. Please file original in student's records. Non-funded (consortium) systems should fax occupational parent surveys to the regional MEP office serving their district. For additional questions regarding this form, please call the MEP office serving your district:

GaDOE Region 1 MEP, P.O. Box 780, 201 West Lee Street Brooklet, GA 30415
 Toll Free (800) 621-5217 Fax (912) 842-5440
 GaDOE Region 2 MEP, 221 N. Robinson Street, Lenox, GA 31637
 Toll Free (866) 505-3182 Fax (229) 546-3251



Richard Woods, Georgia's School Superintendent
"Educating Georgia's Future"

School District: _____

Date Completed: _____

Encuesta Ocupacional para Padres

Por favor llene este formulario para determinar si sus hijos califican para recibir servicios a través del Programa de Título I, Parte C

¿Ustedes se han movido para trabajar en otra ciudad, condado, o estado, en los últimos tres (3) años? Sí No

Si su respuesta es "Sí", ¿en qué fecha llegaron a la ciudad/pueblo donde viven actualmente? _____

¿Alguien de su familia trabaja, ha trabajado, o tiene la intención de trabajar, en una de las siguientes actividades en forma permanente o temporal o ha hecho este tipo de trabajo en los últimos tres años? (Marque todos los que apliquen)

- 1) Agricultura; plantando/cosechando vegetales o frutas como tomates, calabazas, uvas, cebollas, fresas, arándanos, etc.
- 2) Plantando o cortando árboles/juntando agujas de pino (*pine straw*)
- 3) Procesando /empacando productos agrícolas
- 4) Lechería o ganadería
- 5) Empacadoras o procesadoras de carne/pollo o mariscos
- 6) Pescando o criando pescado
- 7) Otra actividad. Por Favor especifique en cuál: _____

Nombre de los Estudiantes	Nombre de la Escuela	Grado
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Nombre de los padres o guardianes legales: _____

Dirección donde vive: _____

Ciudad: _____ Estado: _____ Código Postal: _____ Teléfono: _____

¡Muchas Gracias!

Por favor regrese este formulario a la escuela

Las respuestas a este formulario van a ayudar a determinar si sus hijos califican para recibir servicios a través del programa de Título I, Parte C.

Note for the school/district: When both (Yes) "Si" and one or more of the boxes from 1 to 7 is/are checked, please give this form to the migrant liaison or migrant contact for your school/district. Please file original in student's records. Non-funded (consortium) systems should fax occupational parent surveys to the regional MEP office serving their district. For additional questions regarding this form, please call the MEP office serving your district:

GaDOE Region 1 MEP, P.O. Box 780, 201 West Lee Street Brooklet, GA 30415
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Middle/High School AP
 Dr. Tina Nelson-Jackson
 Counselor
 Ms. Lisa Brown

Principal
Dr. Ronnie Walker

Middle/High School API
 Dr. Ami Lenderman

Title I Handbook and Grade Level Compact Acknowledgement Form
WIN Academy

Dear Parents and Students,
 For the 2020-2021 school year, our Title I Handbook and Grade Level Compacts are available for your viewing on our school website at : <http://hccc.hcbe.net/> under the **family engagement tab**.

The purpose of the Title I Handbook is to provide our families with detailed information regarding what it means to be a part of a Title I school. The handbook is also a critical component in helping to build a strong relationship between home and school. The documents included in the handbook are the *Parent's Guide to Title I, Family Engagement Plan, Grade Level Compact(s), Right to Know Teacher and Paraprofessional Qualifications, Copyright Piracy Awareness and Complaint Procedure*.

If you prefer a printed copy of the handbook, please indicate in the space provided below and we will gladly provide one for you.

Additionally, we ask that you sign and date acknowledging access and agreement to the School-Parent Compact.

Please choose one of the following options:

_____ I will access the Title I Handbook on the school's webpage. I do not wish to receive a printed copy.

_____ I would like to receive a printed, hard copy of the Title I Handbook. Please send one home with my child.

School-Parent Compact Signatures:

School Representative Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Student Signature: _____

Date: _____ Grade: _____

To be completed by school personnel only	
Hard copy of Title I Handbook given to _____	Student Name
Date _____	By: _____ School Personnel