

CB Watson Primary School



Alicia Conner
Principal

Sheila Kendrick
504 Coordinator

Monique Dawsey
Title IX Coordinator

478-929-6360
61 Martin Luther King Jr. Blvd.
Warner Robins, GA 31088
alicia.conner@hcbe.net



Elementary Student Handbook

Dear Parents and Students:

For the 2019-2020 school year, C.B. Watson Primary School is making the school handbook available electronically for viewing online. We encourage you to access our handbook by going to the following web address: <http://cbwp.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)**
- Personal Body Safety **(required)**
- Household Information Form **(required)**
- Student Prohibition from Extracurricular Activities (optional)
- Photo, Video, and Media Interview Opt Out Form (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 would like to receive a printed, hard copy of the school handbook. Please send one home with my child.

_____ 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 C.B. Watson Primary School. If you have any questions or concerns, please feel free to call us for assistance.

Sincerely,
Alicia Conner
Principal

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.

Name of Student _____

Name of Parent/Guardian (please print) _____

Signature of Parent/Guardian _____

Date _____

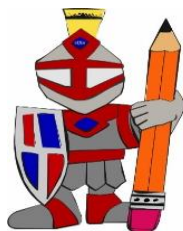
Student Agreement

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.

Student Signature _____ Date _____

Grade _____ Teacher Name _____



CB Watson Primary School

61 Martin Luther King, Jr. Blvd.

Warner Robins, GA 31088

Phone: 478-929-6360 Fax: 478-322-3329

Alicia Conner, Principal

Phyllis Toliver, Assistant Principal of Instruction

Monique Dawsey, Assistant Principal of Discipline

Sheila Kendrick, Counselor

Teacher Name: _____

August 1, 2019

Possession and/or Use of Electronic Cigarette

The possession and/or use of electronic cigarettes (vapes, vaporizers, Juuls, dab pens or other devices used to inhale vapor) is prohibited on Houston County School System campuses, buses and at school related events.

Any student found in violation of the above shall be subject to the disciplinary policies of the school.

I understand my child has violated the above rule concerning possession and/or use of electronic cigarette and has been assigned school level discipline. I further understand that should my child be in violation of this rule again, my child will be assigned additional school level consequences. If my child violates this rule a third time, the school may make a recommendation for placement at Houston County WIN Academy.

Parent Print Name

Parent Signature

Print Student Name

Student Signature

School Official Signature



August 1, 2019

Dear Parents,

It is critical that every student at C B Watson Primary School feels safe when they are at school, at the bus stop, on the bus, or at school-related events. The Houston County Board of Education is committed to the safety of our students and has declared Houston County as a "Bully Free School System".

In accordance with Georgia Law, bullying is defined as:

- (1) Any willful attempt or threat to inflict injury on another person, when accompanied by an apparent present ability to do so: or
- (2) Any intentional display of force such as would give the victim reason to fear or expect immediate bodily harm; or
- (3) Any intentional written, verbal, or physical act, which a reasonable person would perceive as being intended to threaten, harass or intimidate, that
 - a. causes another person substantial physical harm within the meaning of Code Section 16-5-23.1 or visible bodily harm as such term is defined in Code Section 16-5-23.1
 - b. has the effect of substantially interfering with a student's education;
 - c. is so **severe, persistent, or pervasive** that is created an intimidating or threatening educational environment; or
 - d. has the effect of substantially disrupting the orderly operations of the school.

Bullying, as the term is defined in Georgia law, of a student by another student is strictly prohibited. Acts of bullying shall be punished by a range of consequences through the progressive discipline process. Such consequences shall include, at a minimum, counseling and disciplinary action as appropriate under the circumstances. Upon a finding by the disciplinary hearing officer or panel that a student in grades K-5 has committed the offense of bullying for the third time in a school year, the student **may** be assigned to an alternative school. Minimum assignment in an alternative setting for bullying is 30 days.

If you feel your child is experiencing **persistent** threats or a **persistent** fear of being physically harmed, **do not hesitate** to contact the school. Please sign this letter indicating that you are aware of the bullying policy and the consequences associated with the behavior. A copy of the policy is in your child's handbook. If you have any questions or concerns, please contact the school.

Respectfully,

Alicia Conner

Alicia Conner
Principal

Student Name: _____

Parent Signature: _____

Homeroom Teacher: _____

STUDENT PROHIBITION FROM EXTRACURRICULAR ACTIVITIES

Note to Parent/Guardian: Please complete this form ONLY if there are school clubs and/or organizations in which you DO NOT WANT your child to participate.

Name of Student _____

School _____

Grade _____

Name of Parent/Guardian _____

My child (named above) is prohibited from participating in the following school clubs and organizations:

- | | |
|---------|----------|
| 1 _____ | 6 _____ |
| 2 _____ | 7 _____ |
| 3 _____ | 8 _____ |
| 4 _____ | 9 _____ |
| 5 _____ | 10 _____ |

Signature of Student _____

Signature of Parent/Guardian _____

Date _____

RETURN TO YOUR CHILD'S SCHOOL

PERSONAL BODY SAFETY

Dear Parents:

State law requires that each student be provided with a health and safety education program. The Houston County School System continues to provide its students with a quality health curriculum that includes programs that have been successfully implemented for a number of years. Written parental permission is required for a student to receive programs that are designated courses of study in ***Personal Body Safety***. In grades K-5th Grade, we will be using the following curriculum:

Child Lures Prevention: Think First and Stay Safe *K-5th Grades*

Caring About Me (CAM) Fourth Grade Girls
Fifth Grade Boys and Girls

Each of the above courses is taught or coordinated through the counselor's office. All materials have been approved by the Health Education Review Committee. The committee is composed of parents and educators. The programs listed above will be made available upon request for parent review prior to implementation.

Thank you for your support and cooperation.

.....

_____ Yes, my child has permission to participate in courses of study designated as Personal Body Safety.

_____ No, my child does **NOT** have permission to participate in courses of study designated as Personal Body Safety.

Student's Name _____

Grade _____ Teacher's Name _____

Date _____ Parent's Signature _____

NOTE TO PARENTS: PLEASE SIGN AND RETURN

*Contact the school counselor if you wish to see the *Personal Body Safety* curriculum prior to the lesson.

Personal Body Safety Course Descriptions

K-2 Child Lures Prevention:

Using My Built In Computer: Staying Healthy and Safe
People are like the Weather: Being Kind and Respectful
Child Luring: Treat it Like a Fire Drill
Laws Help Protect Me: Kids Have Rights, Too!
Listening to My Instincts: No Secrets
The Kindness of Strangers: Choosing Safe Strangers
My Dignity: Safe and Healthy Boundaries

Supplemental Materials:

What ta doo?
It's Your Body: You're In Charge

Grades 3 and 4 Child Lures Prevention:

Using My Built In Computer: Staying Healthy and Safe
People are like the Weather: Being Kind and Respectful
Child Luring: Treat it Like a Fire Drill
Laws Help Protect Me: Kids Have Rights, Too!
Listening to My Instincts: Secrets Are Not Safe
The Kindness of Strangers: Choosing Safe Strangers
My Dignity: Everyone is Special

Supplemental Materials:

Now I Can Tell My Secret
Breaking the Silence

Grade 5 Child Lures Prevention:

Using My Built In Computer: An Effective Defense
People are like the Weather: Being Kind and Respectful
Child Luring: Bullying and Other Abusive Behaviors
Laws Help Protect Me: Our Right to Live Abuse Free
Listening to My Instincts: Trusting Your Gut
The Kindness of Strangers: Choosing Who Helps Us
My Dignity: Everyone is Worthy of Respect

Supplemental Materials:

Breaking the Silence

Caring About Me (CAM) – A puberty unit developed to provide 4th and 5th grade girls and 5th grade boys factual information pertaining to their changing bodies. Particular attention has been made to meet state requirements of human growth and development as it relates to adolescence, puberty, emotions, and abstinence in 5th grade. The following videos are shown discussing their changing body:

4th grade girls – Everything You Wanted to Know About Puberty...For Girls

5th grade girls – Just Around the Corner for Girls

5th grade boys – Everything You Wanted to Know About Puberty...For Boys

pubertad... para los niños

Student's Name _____ Grade _____ School Year: 2019-2020

HOUSTON COUNTY SCHOOL SYSTEM

Consent Form

C. B. Watson Primary School

I hereby give consent for the Houston County Board of Education to conduct an inquiry and receive any criminal and/or driver's history record information pertaining to me which; may be contained in the files of any state or local criminal justice agency in Georgia.

Volunteer's Name _____
Last First Middle (Maiden)

Home Phone # _____ Cell # _____

Address _____
Street City State ZIP

Sex _____ Race _____ Date of Birth _____ Social Security Number _____

Driver's License Number/State ID Number

All volunteers with the Houston County School System are considered; child service organization personnel and have an obligation to report suspected child abuse to a school administrator.

Signature Date

Notary _____ **Date:** _____ **Seal/Stamp:** _____

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Georgia CHRI results available.
<input type="checkbox"/>	Georgia CHRI attached/released.

<input type="checkbox"/>	No NCIC/GCIC Warrant results available.
<input type="checkbox"/>	Possible NCIC/GCIC Warrant. Contact Agency listed below.
Wanting Agency Name:	
Agency Telephone:	

Agency Designee Signature and Title

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!



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



Houston County Student Health Record

Health Related Services



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

School: _____ Grade: _____ Home Room Teacher: _____ 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"/> <input type="checkbox"/> Inhaler | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> <input type="checkbox"/> Seasonal | <input type="checkbox"/> Diabetes: _____ <input type="checkbox"/> Glucagon | <input type="checkbox"/> Seizures: (Type): _____ |
| <input type="checkbox"/> <input type="checkbox"/> Nebulizer | <input type="checkbox"/> <input type="checkbox"/> Insulin injection or <input type="checkbox"/> Pump | <input type="checkbox"/> Diastat _____ VNS _____ |
| <input type="checkbox"/> <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"/> <input type="checkbox"/> High | <input type="checkbox"/> Heart Murmurs/ Type: _____ | <input type="checkbox"/> Vision Problems/Contacts |
| <input type="checkbox"/> <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: _____

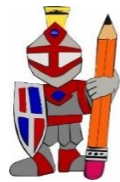
Date: _____

After School Program: _____

After School Daycare: (*Name*) _____

Car Ride: _____

Bus #: _____



CB Watson Primary School

August 1, 2019

Dear Parents / Guardians:

This year, students at C. B. Watson Primary will be allowed to celebrate birthdays at school. Parents are allowed to bring in food items such as cupcakes and/or ice cream for snack time. Birthday snacks will only take place during recess in order to protect classroom instructional time. Please note that our Board Policy does not allow teachers to provide lists of students' names to parents for invitation purposes.

In order for students to participate in a birthday snack, we will need prior approval from parents. Please indicate below if you will allow your child to participate. If your child has any food allergies, please list the allergies in the designated area below.

PLEASE KNOW THAT BALLOONS AND/OR FLOWERS ARE NOT PERMISSABLE.

We look forward to another great school year.

Sincerely,

Alicia Conner

Alicia Conner
Principal

____ Yes, I agree to allow my child to participate in birthday celebrations.

List any food allergies:

____ No, I do not want my child to participate in birthday celebrations.

Child's Name: _____

Parent's Signature: _____



August 1, 2019

Dear Parents / Guardians:

The C. B. Watson Primary School Discipline Committee, Staff and Administration believe it is important to provide students with a safe and nurturing environment in order to promote academic success. We know that each student can achieve success in school and can make responsible choices. To support our students, our school has implemented an incentive program which will allow each child to participate in celebrations as a reward for making good choices.

Please indicate below if you will allow your child to participate. If your child has any food allergies, please list in the designated area below. These celebrations may include the following activities:

- Games
- Crafts
- Face painting
- Bounce houses
- Water based tattoos
- Musical activities
- Art activities
- Food
- Water Games

Sincerely,

Alicia Conner

Alicia Conner
Principal

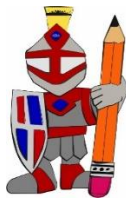
_____ Yes, I agree to allow my child to participate in the celebration.

List any food allergies:

_____ No, I do not want my child to participate in the celebration.

Name of Child: _____

Parent's Signature: _____



CB Watson Primary School

August 1, 2019

Dear Parents / Guardians:

During the 2019-2020 school term C. B. Watson Primary School will be taking photographs and/or videotape children. The photos and/or videos will be used for educational reasons only. These photos and/or videos will be taken by staff. Please indicate below if you will allow your child to participate.

If you have any questions, please call the office at the number listed above.

Sincerely,

Alicia Conner

Alicia Conner
Principal

_____ Yes, I agree to allow my child to be photographed and/or videotaped.

_____ No, I do not want my child to be photographed and/or videotaped.

Name of Child: _____

Parent's Signature: _____

