

STUDENT DATA POTTSVILLE JR HIGH SCHOOL

SOCIAL SECURITY # _____ FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____
(Optional)

SEX- M F (CIRCLE ONE) YEAR OF GRADUATION _____ DATE OF BIRTH _____ GRADE _____

PREVIOUS SCHOOL _____

SCHOOL ADDRESS _____

CITY, STATE, ZIP _____

ETHNIC CODE (CIRCLE ONE) BLACK ASIAN INDIAN
WHITE HISPANIC OTHER

HOME MAILING ADDRESS _____ HOME PHYSICAL ADDRESS _____

CITY _____ STATE _____ ZIP _____ CITY _____ STATE _____ ZIP _____

HOME PHONE # _____

**I _____ SWEAR THAT MY STUDENT IS A LEGAL STUDENT AT POTTSVILLE
PARENT SIGNATURE
SCHOOL BECAUSE OF BEING _____ A LEGAL TRANSFER OR _____ A RESIDENT OF THE SCHOOL DISTRICT.
ANY PERSON WHO KNOWINGLY GIVES A FALSE RESIDENTIAL ADDRESS FOR PURPOSES OF PUBLIC SCHOOL
ENROLLMENT IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED FIVE HUNDRED
DOLLARS (\$500.00).

HAS THIS STUDENT BEEN EXPELLED FROM HIS/HER PREVIOUS SCHOOL _____
OR CURRENTLY UNDER AN EXPULSION PROCEEDING? YES NO

GUARDIAN/CUSTODIAL INFORMATION

LIVING WITH (CIRCLE ONE)	A-ALONE D-FATHER/STEPMOTHER E-MOTHER/STEFATHER F-FATHER ONLY G-GRANDPARENTS H-HOMELESS	I-INSTITUTION L-LEGAL GUARDIAN M-MOTHER ONLY P-BOTH PARENTS S-SPOUSE T-FOSTER PARENTS	GUARDIAN 1 EMPLOYER _____ GUARDIAN 2 EMPLOYER _____ GUARDIAN 3 EMPLOYER _____
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GUARDIAN CODE (CIRCLE ONE)	1-BOTH PARENTS 2-FATHER 3-MOTHER 4-GUARDIAN	GUARDIAN 2 (CIRCLE ONE)	1-BOTH PARENTS 2-FATHER 3-MOTHER 4-GUARDIAN
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GUARDIAN 1

GUARDIAN 2

NAME _____

NAME _____

TITLE _____

TITLE _____

ADDRESS _____

ADDRESS _____

CITY, STATE, ZIP _____

CITY, STATE, ZIP _____

HOME PHONE _____

HOME PHONE _____

WORK PHONE _____ EXT _____

WORKPHONE _____ EXT _____

EMERGENCY CONTACT PERSON _____
NAME/RELATIONSHIP TO STUDENT PHONE NUMBER

**The school laws of the State of Arkansas
supersede all regulations in this handbook.
Pottsville School District
Parent-Student
Statement of Responsibility**

The statement below must be signed and returned to the principal's office within one week after the student received it.

We have received the Pottsville Handbook for student conduct and discipline and although we may not agree with all regulation we understand that the student must adhere to them while he/she is at school or in attendance at school sponsored activities in the event that we are not entirely certain of some aspect of school policy, we will contact the principal for clarification.

It shall be the policy of the Pottsville School District that the most recently adopted version of the Student Handbook be incorporated by reference into the policies of this district. In the event that there is a conflict between the student handbook and a general board policy or policies, the more recently adopted language will be considered binding and controlling on the matter provided the parent(s) of the student, or the student if 18 year of age or older have acknowledged receipt of the controlling language.

Student
Signature _____

Parent/Guardian
Signature _____

Date _____

Pottsville Jr. High School
250 Apache Drive
Pottsville, AR 72858
Principal: Kenny Bell

Dear Parent or Guardian:

Starting with the 2009-2010 school year every school district in Arkansas is required to report to the Arkansas Dept of Education student data with race and ethnicity categories that are set by the Federal Government. These reports help us to keep track of changes in student enrollments and ensure that all students receive the educational programs and services to which they are entitled.

The Federal Government recently changed the reporting categories for student race data. As a result you have the opportunity to update the student data on your child. With the new reporting categories you may now identify your child by ethnic group. It is important that both questions 1 & 2 are answered for state reporting purposes.

ETHNIC GROUP (Please mark one)

1. Is this student Hispanic or Latino?

No, not Hispanic or Latino

Hispanic Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

STUDENT RACE (Please mark one)

2. What is the student's race?

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

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

Black or African American (A person having origins in any of the black racial groups of Africa.)

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

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

Also, starting with the 2009-2010 school year the Arkansas Dept of Education is requiring the student's physical address to better analyze the transportation requirements of school districts.

Student Name (Print)

Parent Name (Print)

Physical Address

City

State

Zip

If you have any questions regarding this letter, please feel free to call me at 968-6574

Sincerely,



Kenny Bell, Principal
Pottsville Jr. High School

Smart Core Informed Consent Form (GRADUATING CLASS OF 2014 AND AFTER)

Name of Student: _____
Name of Parent/Guardian: _____
Name of District: _____
Name of School: _____

I have been informed of the Smart Core curriculum and the required course of study for graduation as well as the optional Core curriculum and course of study for graduation. This document indicates my choice of curriculum and course of study for graduation for the above named student.

Failure to complete the Smart Core curriculum for graduation *may* result in negative consequences such as conditional admission to college and ineligibility for scholarship programs.

Please mark the selected curriculum choice in the box below:

<p><input type="checkbox"/> I select Smart Core curriculum (22 units)</p> <p>English - 4 units</p> <ul style="list-style-type: none"> ▪ English 9th grade ▪ English 10th grade ▪ English 11th grade ▪ English 12th grade <p>Oral Communications – ½ unit</p> <p>Mathematics - 4 units</p> <ul style="list-style-type: none"> ▪ Algebra I or Algebra A & B (Grades 7-8 or 8-9) ▪ Geometry or Investigating Geometry or Geometry A & B (Grades 8-9 or 9-10) ▪ Algebra II ▪ Fourth Math--Choice of: Transitions to College Math, Pre-Calculus, Calculus, Trigonometry, Statistics, Computer Math, Algebra III or an Advanced Placement mathematics (Comparable concurrent credit college courses may be substituted where applicable.) <p>Natural Science - 3 units with lab experience chosen from:</p> <ul style="list-style-type: none"> ▪ Physical Science ▪ Biology or Applied Biology/Chemistry ▪ Chemistry ▪ Physics or Principles of Technology I & II or PIC Physics <p>Social Studies - 3 units</p> <ul style="list-style-type: none"> ▪ Civics – ½ unit ▪ World History – 1 unit ▪ U.S. History – 1 unit <p>Physical Education – ½ unit</p> <p>Health and Safety – ½ unit</p> <p>Economics – ½ unit (may be counted toward Social Studies or Career Focus)</p> <p>Fine Arts – ½ unit</p> <p>Career Focus – 6 units</p>	<p>If checked please fill out form on back ↓</p> <p><input type="checkbox"/> I select Core curriculum (22 units)</p> <p>English - 4 units</p> <ul style="list-style-type: none"> ▪ English 9th grade ▪ English 10th grade ▪ English 11th grade ▪ English 12th grade <p>Oral Communications – ½ unit</p> <p>Mathematics - 4 units</p> <ul style="list-style-type: none"> ▪ Algebra I or its equivalent* ▪ Geometry or its equivalent* ▪ All math units must build on the base of algebra and geometry knowledge and skills. <p>*A two-year algebra equivalent or a two-year geometry equivalent may each be counted as two units of the four (4) unit requirement.</p> <p>Science – 3 units</p> <ul style="list-style-type: none"> ▪ At least 1 unit of Biology ▪ At least 1 unit of a physical science <p>Social Studies –3 units</p> <ul style="list-style-type: none"> ▪ Civics – ½ unit ▪ World History – 1 unit ▪ U.S. History – 1 unit <p>Physical Education – ½ unit Economics – ½ unit (may be counted toward Social Studies or Career Focus)</p> <p>Health and Safety – ½ unit</p> <p>Fine Arts – ½ unit</p> <p>Career Focus - 6 units</p>
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Parent/Guardian Signature

Date

School Official Signature

Date

**Pottsville Junior High
Special Information Sheet
(Optional)**

Childs Name: _____

Date of Birth: _____

Grade: _____

Dear Parents: The following questions are optional, not mandatory, but will enable us to better serve your child.

1. My child was enrolled in a special program such as:

(Circle any that may apply)

-504

-Resource

-LEP

Other (please specify) _____

2. My child was seeing a speech therapist.

Yes ___

No ___

3. My child needs to wear glasses at school.

Yes ___

No ___

4. My child has a hearing problem.

Yes ___

No ___

5. My child takes medication.

Yes ___

No ___

Name of medication: _____

6. My child has special needs.

Yes ___

No ___

Comments: _____

7. My child was in Gifted and Talented.

Yes ___

No ___

8. My child was seeing the school counselor.

Yes ___

No ___

9. Can child be released to either parent?
(If not, are custody papers on file in your
child's records?)

Yes ___

No ___

Other information:

HOME LANGUAGE SURVEY
Arkansas Department of Education
Equity Assistance Center

Student's Name: _____
Nombre del Estudiante _____

Sex/Sexo
Circle one: M F

Date of Birth: _____
Fecha de Nacimiento _____

Age: _____
Edad _____

School: _____
Escuela _____

Teacher: _____
Maestro/Maestra _____

Grade: _____
Grado _____

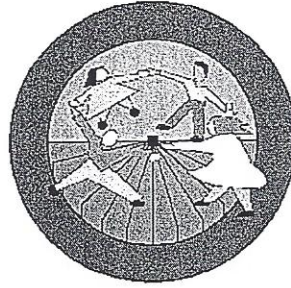
1. What language is spoken in your home most of the time? _____
¿Cuál es el idioma que mas se habla en su casa?
2. What language does the student speak most of the time? _____
¿Cuál es el idioma que habla mas el estudiante?
3. What language do parents speak to the student most of the time? _____
¿Cuál es el idioma que mas le hablan los padres al estudiante?

Signature of Parent/Guardian or Student _____
Firma del Padre/Guardián Legal o Estudiante

Date _____
Fecha

PLEASE INCLUDE THIS
FORM IN ENROLLMENT
PACKETS.

POTTSVILLE SCHOOL DISTRICT



AGRICULTURAL QUESTIONNAIRE FORM

STUDENT'S NAME _____ GRADE _____

PARENT'S NAME (S) _____

PHONE # _____ MESSAGE/CELL PHONE # _____

STREET NAME _____ HOUSE OR APT. # _____

CITY/STATE _____ ZIP CODE _____

YOUR CHILDREN MAY QUALIFY FOR TUTORING, BOOKS, SCHOOL SUPPLIES, PRESCHOOL PACKETS, HIGH SCHOOL CORRESPONDENCE COURSES, SCHOLARSHIPS FOR COLLEGE OR VO-TECH, AND LIMITED HEALTH SERVICES.

HAS YOUR FAMILY MOVED ACROSS A SCHOOL DISTRICT LINE WITHIN THE PAST THREE YEARS TO LOOK FOR OR DO ANY OF THE FOLLOWING JOBS?

YES _____ NO _____

IF YOU CHECKED YES, PLEASE CHECK THE JOB THAT YOU WORK/WORKED OR LOOKED FOR WORK.

_____ **CHICKEN/TURKEY/BEEF OR FOOD PROCESSING PLANT**
(FOR EXAMPLE : Tyson, Con-Agra, Butterball, Twin Rivers, Simmons, Ozark Mtn., OK Foods, Wayne Farms, Petit Jean Poultry, Allen Canning, Pepper Source, Bryant Preserves)

_____ **FARM WORK**
(For Example: Cattle, Dairy, Chicken, Hog, Fruits, Vegetables, Sod)

_____ **COTTON GIN**

_____ **CUTTING OR PLANTING TREES**

_____ **WORKING ON A FISH FARM**

_____ **HARVESTING FRUITS OR VEGETABLES**

_____ **CANNING FRUITS OR VEGETABLES**

_____ **WORKING AT A GRANARY**

Thank you!

Pottsville Public Schools

Student Network User Policy

Introduction

This policy document has been developed to meet the Pottsville School Board's responsibility for securing its network and computing systems in a reasonable and economically feasible manner. The intent of the policy includes the prevention of unauthorized student user access and/or abuse, while making the system accessible for authorized users. Users are hereby informed of the district's standards of conduct and the consequences for not adhering to them. Violation of certain provisions of this policy will result in the temporary or permanent suspension of user accounts. The Pottsville School Board hereby makes it known that it will use its authority to assist state and federal authorities in enforcing copyright, intellectual property rights, and network abuse laws.

In concert with the release of the Student Network User Policy, school patrons are also informed that the Pottsville Public Schools is making on-line information and communications services accessible to students and staff. The following policy statements are effective on the date provided in Section VI.

Section I: General Principles

The Internet is an unregulated communications environment. The district intends to make only school district K-12 curriculum related educational resources available to authorized users. This shall be accomplished in the following manner:

1. All connections to the Internet, commercial on-line resources, or community access information networks will be through the district's APSCN (Arkansas Public School Computer Network) Gateway provider. It is the district's intent that encountering questionable material occurs only as a result of a conscious choice on the part of the user.
2. All computers from which remote electronic information resources can be accessed will be in supervised areas. School district staff shall monitor student computer use providing assistance or taking corrective action when necessary.
3. Designated district staff shall assist in providing:
 - training for students and other staff in the appropriate and safe use of remote electronic information resources.
 - instruction to students and staff on the responsible use of on-line resources.
 - direction to on-line resources that relate to curriculum, teaching and learning, and related communications priority activities and applications.
 - parents and staff with the opportunity to become aware of the district's policy and make available the Student Network User Policy for review

Student Internet and Computer System Service Account
The following form shall be used to provide a record of the assignment of student user account names.

Student Network Contract Form

I have read the Pottsville Public School's Student Network User Policy document. I take personal responsibility for abiding by the terms and conditions set forth. I further understand that violation and abuse of copyright and intellectual property rights is unethical and may constitute a federal or state offense. I understand that should I commit any violation of the district network user policy, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action may be pursued in the context of general board policy on due process.

Student User Name (Please Print) _____
Student User Signature _____ Date _____

Parent/Guardian (Please Print) _____
Parent/Guardian Signature _____ Date _____

*If the applicant is under the age of 18, a parent/guardian must also sign.

Parent or Guardian Permission Form

As the parent or guardian of this student, I have read the Pottsville Public Schools Student Network User Policy. I understand that the access to and the use of electronic network resources is designed for educational purposes and that the Pottsville School District has taken precautions to eliminate access to controversial material. However, I also recognize it as impossible for the school district to restrict access to all controversial materials and I will not hold the district responsible for material acquired on the network. Further, I accept full responsibility for supervision if and when my child's use of school district network resources are accessed and used in a non-school setting. I have read the Student Network Contract Form and hereby give my permission to issue an account for my child.

Parent/Guardian (Please Print) _____
Parent/Guardian Signature _____ Date _____

Work Phone _____ Home Phone _____

POTTSVILLE JR. HIGH SCHOOL

DEAR PARENT & STUDENT:

I WANT TO TAKE THIS OPPORTUNITY TO WELCOME YOU TO OUR NEW POTTSVILLE JR HIGH SCHOOL. I KNOW WE WILL ALL HAVE A GREAT REST OF THE YEAR. IF I CAN BE OF ANY SERVICE OR ANSWER ANY QUESTIONS, PLEASE FEEL FREE TO CALL ME AT 968-6505 AT PJHS AND 890-4782 AT PHS.

AS A COURTESY TO OUR STUDENTS AND A CONVENIENCE TO OUR PARENTS, WE ALLOW STUDENTS TO TAKE MEDICATION AT SCHOOL. WE HOPE TO ENABLE STUDENTS TO STAY IN SCHOOL DURING SCHOOL HOURS WITH MILD HEADACHES, ALLERGIES, ECT. HOWEVER, THIS PRIVILEGE IS NOT INTENDED FOR SICK STUDENTS. SICK CHILDREN WILL BE SENT HOME.

IN ORDER TO PROVIDE THIS SERVICE TO YOUR STUDENT, WE NEED THE FOLLOWING THINGS PROVIDED TO US.

1. MEDICATION RELEASE FORM SIGNED BY PARENT/GUARDIAN.
2. A PHYSICIAN'S PRESCRIPTION/STATEMENT THAT OVER-THE-COUNTER MEDICATION CAN BE GIVEN AT SCHOOL TO YOUR CHILD.
3. MEDICATION IS SUPPLIED TO SCHOOL IN THE SMALL ORIGINAL BOTTLE WITH DOSAGE INSTRUCTION AND EXPIRATION DATE INTACT.

THE PARENT CONSENT AND THE PHYSICIAN'S STATEMENT WILL NOT EXPIRE. ROUTINE OR DAILY MEDICATIONS WILL REQUIRE CONSENT FORMS RENEWED EVERY SCHOOL YEAR. IF YOU WOULD LIKE ME TO GIVE YOUR CHILD MEDICATION AT SCHOOL THIS YEAR PLEASE COMPLY WITH OUR POLICY.

AS ALWAYS, THANK YOU FOR YOUR SUPPORT! !

CATHY HEFLIN
SCHOOL NURSE

POTTSVILLE JR. HIGH SCHOOL

250 APACHE DRIVE, POTTSVILLE AR 72858

PHONE - 479-968-6574

FAX - 479-498-2345

CONTACT PERSON - CATHY HEFLIN

PHYSICIAN'S ORDER

DATE _____

My patient _____ may take

Asprin-free OVER-THE-COUNTER MEDICATIONS as needed during the school day.

This patient is allergic to _____.

Physician's Signature

Physician's Clinic

Clinic phone #

POTTSVILLE JR. HIGH SCHOOL

STUDENT MEDICAL INFORMATION

PLEASE COMPLETE THE STATE MANDATORY INFORMATION AND RETURN IT TO SCHOOL TOMORROW. THANK YOU.

STUDENT'S NAME _____

S.S.# _____ BIRTHDATE _____ SEX _____ GRADE _____

ETHNIC CODE (CIRCLE ONE) ASIAN BLACK HISPANIC INDIAN WHITE OTHER _____

MAILING ADDRESS _____ CITY _____ ZIP _____

PARENT / GUARDIAN _____ HOME PHONE _____

FATHER'S WORK _____ PHONE _____ CELL# _____

MOTHER'S WORK _____ PHONE _____ CELL# _____

(OPTIONAL) E-MAIL ADDRESS _____

LOCAL PERSON WITH TRANSPORTATION TO CONTACT IF ABOVE CANNOT BE REACHED:
LISTED PERSONS WILL BE ALLOWED TO PICK UP YOUR CHILD.

NAME _____ ADDRESS/CITY _____

HOME PHONE _____ WORK PHONE _____ CELL# _____

FAMILY DOCTOR _____ CLINIC _____ PHONE _____

NAME GRADE AND AGES OF ALL SIBLINGS _____

DOES STUDENT TAKE ANY MEDICATION? YES ___ NO ___

IF YES, INDICATE TYPE OF MEDICATION. _____ LIST ANY SIDE EI
_____ ANY DRUG ALLERGY _____

HAS A LICENSED PROFESSIONAL DIAGNOSED STUDENT WITH ADD/ADHD? YES ___ NO ___
(IF YES, PLEASE ATTACH A COPY OF EVALUATION CONFIRMING ADD/ADHD.)

DOES STUDENT HAVE ANY HEALTH PROBLEMS THAT THE TEACHER AND SCHOOL NURSE
SHOULD KNOW ABOUT (DIABETES, ASTHMA, EPILEPSY, HEARING PROBLEMS, ALLERGY TO BEE
OR WASP STINGS, ECT.)? YES ___ NO ___ IF YES, PLEASE EXPLAIN ON BACK & SEND EMERGENCY MED

MAY THIS INFORMATION BE SHARED WITH PERSONS INVOLVED WITH YOUR CHILD? YES ___ NO ___

DOES STUDENT HAVE AN ARKIDS 1st CARD? YES ___ NO ___ ARKIDS# _____

DATE

SIGNATURE OF PARENT OR GUARDIAN

SEE MEDICATION GUIDELINES FOR MEDICATION PRIVILEGES WHILE AT SCHOOL.

Pottsville Jr. High School

MEDICATION ADMINISTRATION RELEASE FORM

STUDENT'S NAME _____ GRADE _____ DATE _____

I request that you give medication to my child during the school day in accordance with the Pottsville School Board Policy as printed in the handbook. You are authorized to delegate this authority to another person if desired. I understand that the nurse or designated staff member, instructed in the procedures for medication administration, may give this medicine. I will not hold the school staff responsible for any undesired reaction which may occur from the medication.

Medication Policy Guidelines: It is the policy of the Board that no drug medicinal preparation will be administered to a student on any school premises by school personnel unless a current valid doctor's prescription and instructions, as well as a written request from the child's parents, are received by the school. Prescription medication must be in a current prescription bottle with the pharmacy label. Non-Prescription medication must be in original container with student's name and prescribed dosage on it. Mixing of medications or dosages in the same container will not be allowed and no loose pills in baggies or envelopes will be accepted or given.

If there are any questions regarding the medication, the school nurse may contact the prescribing physician and/or pharmacist.

Parent's signature

Physician's Name _____ Phone _____ Clinic _____

Name of Medication _____ Dosage _____ Times Prescribed: _____

(Home) _____ (School hours) _____ (check one) Prescription _____ Non-Prescription _____

Reason for Medication _____

In case of emergency, name of person to call:

1st _____ Day-time Phone _____

2nd _____ Day-time Phone _____

Hospital choice _____ Phone _____

2nd choice Physician _____ Phone _____

For office use only - Instructions Given To Personnel yes _____ No _____

INSTRUCTIONS FOR APPLYING

If your household receives benefits from the Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program, follow these instructions:

Part 1: List all child(ren)'s attending this district by name, school, grade.

Part 2: Complete the name of the household member receiving SNAP benefits and the SNAP case number.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

Part 5: Answer this question if you choose to. Mark one box for racial identity and one box for ethnic.

Part 6: If the household does not want the student's eligibility information shared with Medicaid or ARKids 1st then check this box.

If NO ONE in your household receives SNAP benefits AND if all child(ren) in your household is/are foster child(ren):

Part 1: List all the child(ren) in the household attending school at this district by name, school, and grade. Check the box for each child(ren) that is the legal responsibility of welfare agency or court.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

Part 5: Answer this question if you choose to. Mark one box for racial identity and one box for ethnic.

Part 6: If the household does not want the student's eligibility information shared with Medicaid or ARKids 1st then check this box.

ALL OTHER HOUSEHOLDS, including households with both foster and non-foster children in the same household and WIC households, follow these instructions:

Part 1: List each child's name, school, and grade. Check the box for each child(ren) that is the legal responsibility of welfare agency or court.

Part 2: If the household does not have a SNAP case number skip this part. If a SNAP case number is listed skip to Part 4 of this form.

Part 3: Follow these instructions to report total household income from last month.

Column 1: Name: List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children who live with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.

Column 2: Gross income last month and how often it was received. Next to each person's name list each type of income received for the month, and how often the money is received. For example, *Earnings from work*: List the **gross income** (not take home pay) each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person receives the income (for example: weekly, every other week, twice a month, or monthly).

Column 3: List the amount each person got last month from welfare, child support, alimony,

Column 4: List the amount each person got last month from pensions, retirement, Social Security Supplemental Security Income (SSI), Veteran's benefits (VA benefits),

Column 5: List the amount each person got last month from ALL OTHER INCOME SOURCES. Do not include the Department of Defense's Family and Subsistence Supplemental Allowance (FSSA) as income. Include disability benefits, Worker's Compensation, unemployment, strike benefits and regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column 6—Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and list the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have a Social Security Number.

Part 5: Answer this question if you choose to. Mark one box for racial identity and one box for ethnic.

Part 6: If the household does not want the student's eligibility information shared with Medicaid or ARKids 1st then check this box.

Part 1. Children in School at this District

Names of all children in school at this district (First, Middle Initial, Last)	School Name	Grade	Check if a foster child (legal responsibility of welfare agency or court). If all children listed below are foster children, skip to part 4 of this form.
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Part 2. SNAP Benefits: If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) benefits, provide the name and case number for any household member that receives benefits and skip to Part 4. If no one receives SNAP benefits, skip to Part 3.

Name: _____ Case Number: _____ - _____ - _____

Part 3. Total Household Gross Income — You must tell us how much and how often

A. Name (List everyone in household)	B. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				C. Check if NO income
	Earnings from work before deductions Income / How often	Welfare, child support, alimony Income / How often	Pensions, Retirement, Social Security, SSI, VA benefits Income / How often	All Other Income / How often	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Part 4. Signature and Last Four Digits of Social Security Number (Adult Must Sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this form.) *I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.*

Sign here: X _____ Social Security Number: xxx-xx-____ (last 4 digits only)
 Print Name: _____ I do not have a Social Security Number
 Phone Number: _____ Address: _____
 Date: _____ City, State, Zip: _____

Part 5. Children's racial and ethnic identities. Mark one box in each category (optional).

Choose one or more (regardless of ethnicity):
 Asian American Indian or Alaska Native
 White Native Hawaiian or Other Pacific Islander
 Black or African American

Choose one ethnicity:
 Hispanic or Latino
 Not Hispanic or Latin

Part 6. Disclosure (Optional)

I do not want school officials to share information from my free and reduced price meal application with Medicaid or the State Children's Health Insurance Program (ARKids 1st).

Don't fill out this part. This is for school use only. Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12
 Total Income: _____ Per: _____ Week, _____ Every 2 Weeks, _____ Twice a Month, _____ Month, _____ Year
 Household size: _____ SNAP* (food stamps): _____ Categorically Eligible: _____ Date Withdrawn: _____
 Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____
 Determining Official's Signature: _____ Date: _____

Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.

FEDERAL INCOME CHART For School Year 2012-2013			
Household size	Yearly	Monthly	Weekly
1	\$ 20,665	\$1,723	\$ 398
2	\$ 27,991	\$2,333	\$ 539
3	\$ 35,317	\$2,944	\$ 680
4	\$ 42,643	\$3,554	\$ 821
5	\$ 49,969	\$4,165	\$ 961
6	\$ 57,295	\$4,775	\$1,102
7	\$ 64,621	\$5,386	\$1,243
8	\$ 71,947	\$5,996	\$1,384
Each additional person:	\$ 7,326	\$ 611	\$ 141

***SNAP: Supplemental Nutrition Assistance Program (formerly the Food Stamp Program)**

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), case for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

Pottsville Junior High School

250 Apache Drive
Pottsville, AR 72858
Principal: Kenny Bell

CONSENT FORM A DRUG POLICY (OPTIONAL)

I understand that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules and regulations set forth by the Pottsville School District and the sponsors for the activities in which I participate.

I authorize the Pottsville School District to conduct a test for drugs and/or alcohol use on a urine specimen, which I provide. I also authorize the release of information concerning the results of such a test to the Pottsville School District and my parents and/or guardians.

This shall be deemed consent pursuant to the Family Education Right to Privacy Act for the release of above information to the parties named above.

Student Name: **(Print)**

Student Signature: _____

Date: _____

Grade: _____

Parent or Guardian Name: **(Print)**

Parent or Guardian Signature:

Date Received in Principal's Office:

Pottsville School District

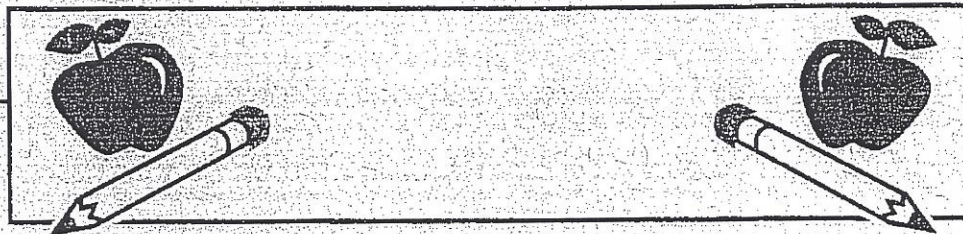
2012-2013 Calendar

- August 10, 13,14, 15,16,17 Teacher Contract Days
- August 20 First Student Day
- September 3 School Dismissed (*Labor Day Holiday*)
- September 21 End of 5 Weeks
- September 25 5 Weeks Progress Reports
- October 19 End of 1st Grading Quarter
- October 25 Parent Teacher Conferences 3-8 p.m.
- October 26 Professional Development Day (*no students*)
- November 20 End of 5 Weeks
- November 21, 22, 23 School Dismissed (*Thanksgiving Holidays*)
- November 27 5 Weeks Progress Reports
- December 18, 19, & 20 Semester Tests/End of 1st Semester
- December 21 Professional Development Day-*Flex Day (no students)*
- December 24 – January 4 School Dismissed (*Christmas Holidays*)
- January 7 First Day of 2nd Semester
- February 8 End of 5 Weeks
- February 14 Parent Teacher Conferences 3-8 p.m.
- February 15 Professional Development Day (*no students*)*
- March 15 End of 3rd Grading Quarter
- March 18 - 22 School Dismissed (*Spring Holidays*)*
- March 29 School Dismissed (*Good Friday*)*
- April 26 End of 5 Weeks
- April 30 5 Weeks Progress Reports
- May 18 High School Graduation
- May 23, 24, & 28 Semester Tests
- May 27 School Dismissed (*Memorial Day Holiday*)
- May 28 Semester Tests / End 4th Grading Qtr / End 2nd Semester /
Last student day * (*unless make-up days required*)
- May 29 Prof. Dev. Day - Last Teacher Contract Day * (*unless make-up days required*)
- May 30, 31 & June 3, 4, 5 Additional Make Up Days (*if needed*)

* May be used as make up day(s) as needed.

Grading/Attendance Quarters

1st Quarter	August 20 - October 19	44 Days
2 nd Quarter	October 22 – December 20	40 Days
3 rd Quarter	January 7 – March 15	49 Days
4 th Quarter	March 25 – May 28	45 Days
		<hr/>
		178 Student Days
		10 Staff Development Days
		2 Parent/Teacher Conference Days
		<hr/>
		190 Teacher Contract Days



Pottsville Junior High
 250 Apache Drive
 Pottsville, AR 72858
 Principal: Kenny Bell

PJHS Parent Volunteer Form

Please return to office or Mrs. Drake by September 30th

Name of Student: _____

Grade : _____

Mother's Name: _____

Father's Name: _____

Phone #: _____

Phone #: _____

Email: _____

Email: _____

Volunteer Areas of Interest:
 Please circle all areas that apply

Volunteer Areas of Interest:
 Please circle all areas that apply

Art

Art

Awards Assemblies

Awards Assemblies

Chaperone Spring Dance

Chaperone Spring Dance

Making Copies for faculty

Making Copies for faculty

Fundraising

Fundraising

Library

Library

Parent Night/ CAPS night

Parent Night/ CAPS night

Picture Day

Picture Day

Tutoring (please specify area below)

Tutoring (please specify area below)

 Donate food items throughout the school year to help families

 Donate food items throughout the school year to help families

Filing papers for counselor

Filing papers for counselor

Bulletin Boards

Watch D.O.G.S program for dads and grandpas