



Elementary Student Handbook

Dear Parents and Students:

For the 2020-2021 school year, Morningside Elementary is making the school handbook available electronically for viewing online. We encourage you to access our handbook by going to the following web address: mses.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)**
- GADOE Parent Occupational Survey **(required)**
- Health Related Services Medical Questionnaire **(required)**
- Permission for Puberty Education **(required)**
- Household Information Form **(required)**
- Second Step Child Protection Unit Permission Form: PK, K-3, **OR** 4-5 **(required)**
- Book Bag Safety Pledge **(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 Morningside Elementary. If you have any questions or concerns, please feel free to call us for assistance.

Sincerely,
Dr. Kasandra King
Principal

PARENT SIGNATURE PAGE

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

Student Name (please print) _____

I have read the information in the Morningside Elementary 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**
- **Internet and BYOD Acceptable Use Policy**
- **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 in which I prohibit my child from participating
- **Discipline** which includes information about the Elementary Alternative Program
- **Student Code of Conduct** which includes information about **Bullying** and **Sexual Harassment**

Signature of Student: _____ Date: _____

Signature of Parent: _____ Date: _____

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 _____

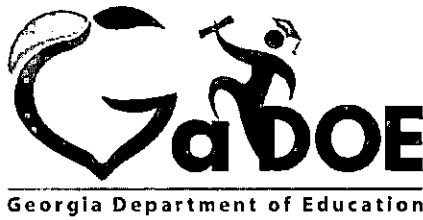
Student Agreement

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 _____



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 Service

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"/> 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"/> Gastric Reflux | <input type="checkbox"/> Surgery/Hospitalization |
| <input type="checkbox"/> High | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Vision Problems/Contacts |
| <input type="checkbox"/> Low | <input type="checkbox"/> Heat Murmurs/Type: _____ | <input type="checkbox"/> Weight Problems |
| <input type="checkbox"/> Bowel/Bladder Problem | <input type="checkbox"/> Heat Exhaustion | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Bronchitis (<i>Chronic</i>) | <input type="checkbox"/> Hemophilia | |

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 #: _____



Puberty Education: Body Awareness- Parent Permission

**Grades 4th (girls) – 5th (boys and girls)

One component of the Houston County Comprehensive Health Education plan is to provide students with age-appropriate information on body awareness and safety. It is appropriate for students in 4th and 5th grades to begin becoming familiar with the physical and emotional effects of puberty. Below are the identified learning objectives and vocabulary terms that will be used to accurately provide students with facts about puberty and how they can keep themselves healthy.

Learning Objectives:

- Students will be able to identify changes in the body that occur during puberty including body shape/size, body hair, skin conditions, body odor and bodily fluids.
- Students will recognize female/male reproductive system body parts and accurate terminology for those parts.
- Students will recognize the impact of puberty on emotional wellbeing and the importance of seeking help from a trusted adult.
- Female students will be able to identify key elements of menstruation.
- Female students will be able explain proper hygiene habits during menstruation.
- Students will recognize the importance of proper hygiene for skin care, hair care, body odor, and other characteristics impacted by puberty.
- Students will recognize that human bodies naturally exist in a diverse array of sizes, shapes, and complexions.
- Students will recognize that images seen in the media (television, social media, billboards, etc..) have often been artificially altered to give the appearance of perfection.
- Students will recognize the importance of a healthy lifestyle that includes proper nutrition and exercise during puberty.

Key Vocabulary: Girls

Please go to the Houston County Schools Health and Physical Education webpage for this list.

Key Vocabulary: Boys

Please go to the Houston County Schools Health and Physical Education webpage for this list.

Puberty Education: Body Awareness - Parent Permission

**Grades 4th (girls), 5th (boys), and 5th (girls) (taught separately)

Parents have the opportunity to preview any materials to be used in the instruction and the right to decide if their child can participate. A key source used can be found at <https://www.pgschoolprograms.com/Educators>.

Please complete the form below return this form to your child's teacher, _____, by _____.
Homeroom Teacher Name Date

___ Yes - I give permission for my child, _____, to participate in the lessons on puberty. _____
Parent Signature

OR

___ No- Do not include my child, _____, in the lessons on puberty.

Parent Signature



**HOUSTON COUNTY
BOARD OF EDUCATION
HIGH-ACHIEVING STUDENTS**

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:

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.	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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!

Dear Family,

As you know, we are using the *Second Step* program in your child's learning environment. The *Second Step* program teaches children important skills for getting along with others and doing well in school. It also helps our school be a safe and supportive place where everyone can learn.

To help our school be even more safe and supportive, we are also going to use the *Second Step* Child Protection Unit. In these lessons, children will learn three types of skills:

- **Personal Safety.** Children will learn important safety rules, such as safety with guns, sharp tools, and fire, and when riding on wheels or in cars. They will also learn ways to help them decide if something is safe or not.
- **Touching Safety.** Children will learn about safe, unsafe, and unwanted touches, and rules about touching private body parts. They'll also learn to say no to unsafe or unwanted touches, and to tell a grown-up if someone breaks rules about touching private body parts.
- **Assertiveness.** These lessons will also give children a chance to practice asking a grown-up for help, telling a grown-up about an unsafe situation, and being assertive to get out of unsafe situations.

Your child will bring home simple, fun activities called Home Links that will help you understand what he or she is learning about safety at school and give your child another chance to practice safety skills.

To keep your child safe and protected, everyone at school needs to be involved. So all our staff will get special training in how to:

- Recognize and report suspected child sexual abuse
- Respond to and support children who have been abused or who are facing other challenges
- Use strategies that promote a safe and supportive climate for learning

If you have any questions about the Child Protection Unit or the *Second Step* program, please contact me. If you **do not** want your child to participate in these lessons, please complete, sign, and return the bottom portion of this letter. For more information on our school's child-protection policies and procedures, you can also talk to me or our school's director.

Go online to **SecondStep.org** and log in with the Activation Key **CPUE FAMI LYGE** to get more information about what your child is learning in the *Second Step* program. Thank you for helping us to make our school a safe and supportive place where everyone can learn.

I **do not** want my child, _____
to participate in the *Second Step* Child Protection
Unit lessons.

Parent/Caregiver Date

Homeroom Teacher Name

I **do** want my child, _____
to participate in the *Second Step* Child Protection
Unit lessons.

Parent/Caregiver Date

Go online today

SecondStep.org Activation Key

CPUE FAMI LYGE

Dear Family,

As you know, we are using the *Second Step* program in your child's classroom. The *Second Step* program teaches children important skills for getting along with others and doing well in school. It also helps our school be a safe and supportive place where everyone can learn.

To help make our school even more safe and supportive, we are also going to use the *Second Step* Child Protection Unit. In these lessons, students will learn three types of skills:

- **Personal Safety.** Students will learn important safety rules, such as safety with guns, sharp tools, and fire, and when riding on wheels or in cars. They will also learn ways to help them decide if something is safe or not.
- **Touching Safety.** Students will learn about safe, unsafe, and unwanted touches, and rules about touching private body parts. They'll also learn to say no to unsafe or unwanted touches, and to tell an adult if someone breaks rules about touching private body parts.
- **Assertiveness.** These lessons will also give students a chance to practice asking an adult for help, telling an adult about an unsafe situation, and being assertive to get out of unsafe situations.

Your child will bring home Home Links to help you understand what he or she is learning about safety at school and to give your child another chance to practice safety skills.

To keep your child safe and protected, everyone at school needs to be involved. So all our staff will get special training in how to:

- Recognize and report suspected child sexual abuse
- Respond to and support children who have been abused or who are facing other challenges
- Use strategies that promote a safe and supportive school climate

If you have any questions about the Child Protection Unit or the *Second Step* program, please contact the school counselor. Please complete, sign, and return the bottom portion of this letter to your child's teacher.

Go online to **SecondStep.org** and log in with the Activation Key **CPUK FAMI LYGK** (kindergarten), **CPU1 FAMI LYG1** (first grade), **CPU2 FAMI LYG2** (second grade), or **CPU3 FAMI LYG3** (third grade) to get more information about what your child is learning in the *Second Step* program. Thank you for helping us to make our school a safe and supportive place where everyone can learn.

I *do* want my child, _____
to participate in the *Second Step* Child Protection Unit lessons.

Parent/Caregiver Date

<hr/> Homeroom Teacher Name

I *do not* want my child, _____
to participate in the *Second Step* Child Protection Unit lessons.

Parent/Caregiver Date

Go online today

SecondStep.org Activation Key

CPUK FAMI LYGK, CPU1 FAMI LYG1, CPU2 FAMI LYG2, CPU3 FAMI LYG3

Dear Family,

As you know, we are using the *Second Step* program in your child's class. The *Second Step* program teaches children important skills for getting along with others and doing well in school. It also helps our school be a safe and supportive place where everyone can learn.

To help make our school even more safe and supportive, we are also going to use the *Second Step* Child Protection Unit. In this unit, your child will learn the following specific skills to help him or her stay safe from dangerous or abusive situations:

- How to use the **Ways to Stay Safe** to **recognize** when something is unsafe, **report** anything unsafe to an adult, and **refuse** to participate
- How to always ask a parent or the person in charge first before going somewhere, doing something, or accepting something from someone
- How to recognize safe, unsafe, and unwanted touches, and how to use the **Private Body Parts Rule** to identify possible sexual abuse
- How to refuse and report unsafe or unwanted touches and how to report possible sexual abuse to an adult

To keep your child safe and protected, everyone at school needs to be involved. So all our staff will get special training in how to:

- Recognize and report suspected child sexual abuse and other forms of maltreatment
- Respond to and support children who have been abused or who are facing other challenges
- Use strategies that promote a safe and supportive classroom

You also have an important role in helping your child stay safe! Home Links 1–5 in the Child Protection Unit have activities to help you and your child create a **family safety plan**.

If you have any questions about the Child Protection Unit or the *Second Step* program, please contact the school counselor. Please complete, sign, and return the bottom portion of this letter to your child's teacher.

Go to **SecondStep.org** and log in with the Activation Key **CPU4 FAMI LYG4** (fourth grade) or **CPU5 FAMI LYG5** (fifth grade) to get more information about what your child is learning in the Child Protection Unit. Thank you for helping us make our school a safe and supportive place where everyone can learn.

I *do* want my child, _____
to participate in the *Second Step* Child Protection Unit lessons.

Parent/Caregiver Date

Homeroom Teacher Name

I *do not* want my child, _____
to participate in the *Second Step* Child Protection Unit lessons.

Parent/Caregiver Date

Go online today

SecondStep.org Activation Key
CPU4 FAMI LYG4 or
CPU5 FAMI LYG5


Book Bag Pledge 2020-2021


As a Morningside student and parent we are committed to showing Panther PRIDE by being book bag SAFE! We (student & parent) will check the book bag daily making sure no inappropriate items are brought to school such as:

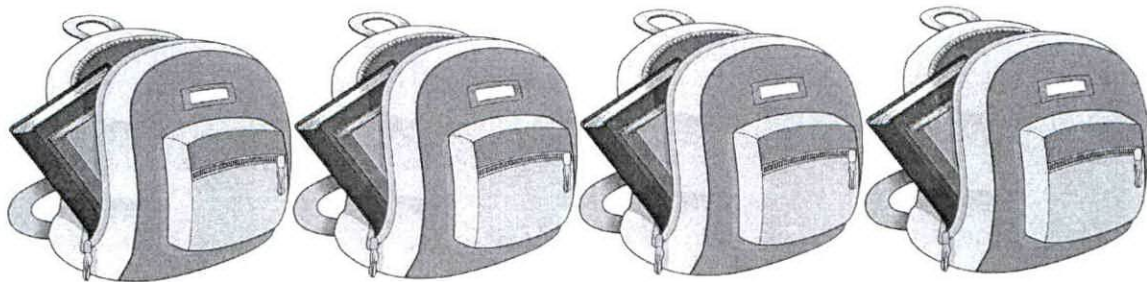
- Toys
- BB Gun
- Knives
- Lighters
- Screw Drivers
- Or any other items that could be considered a weapon

This is our commitment to keeping ourselves and our school safe!

Date: _____ 

Student Signature: _____ 

Parent Signature: _____ 





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



PHOTO, VIDEO, AND MEDIA INTERVIEW OPT OUT FORM

The Houston County School System receives numerous requests from the media (newspaper, magazines, television stations, and radio station) to interview, photograph, and/or videotape students. The Houston County School System also often takes pictures and/or videos 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 yearbooks on the internet and 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, or videotape, this form must be returned to your child's school.

_____ 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.

Date _____

School _____

Student's Name _____

Homeroom Teacher _____

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____