

EDUCATION RIGHTS FINANCIAL RESP. DECEASED

COMPLETE BOTH SIDES

PHONE NUMBERS: (UNDERLINE THE TYPE: CELL, HOME, WORK)

CONTACT # 1: _____ (CELL, HOME, WORK) PHONE #: _____ - _____ - _____ RELATIONSHIP TO STUDENT: _____

CONTACT # 2: _____ (CELL, HOME, WORK) PHONE #: _____ - _____ - _____ RELATIONSHIP TO STUDENT: _____

CONTACT # 3: _____ (CELL, HOME, WORK) PHONE #: _____ - _____ - _____ RELATIONSHIP TO STUDENT: _____

LEGAL ALERT: YES NO THE FOLLOWING PERSON(S) ARE NOT LEGALLY ALLOWED TO SIGN OUT MY CHILD FROM SCHOOL AT ANY TIME: UP TO DATE CERTIFIED LEGAL COURT DOCUMENTS MUST BE ON FILE AT SCHOOL.

NAME: _____ NAME _____

NAME: _____ NAME _____

TRANSPORTATION: (CHECK ALL THAT APPLY) AM BUS # _____ PM BUS # _____ CAR RIDER _____ WALKER _____

IF SCHOOL IS DISMISSED EARLY: My child must call the following phone number _____ before early dismissal.
 My child does not need to call before early dismissal.

INDICATE HOW YOUR CHILD SHOULD GET HOME: (CHECK ONE)

I WILL PICK UP MY CHILD MY CHILD IS TO RIDE BUS # _____ (1st or 2nd load) TO _____

MY CHILD IS TO RIDE THE BUS HOME AS USUAL. MY CHILD IS TO RIDE HOME WITH _____

STUDENT RESIDENCY INFORMATION – As part of the Every Student Succeeds Act, each school registrant shall complete the following information.

WHERE DOES THE STUDENT STAY AT NIGHT? (CHECK ONE)

IN HIS/HER HOME OWNED/RENTED BY PARENT IN A SHELTER DOUBLED UP (LIVING WITH ANOTHER FAMILY)

UNSHELTERED (CARS, PARKS, CAMPGROUNDS, TEMPORARY TRAILER, ABANDONED BUILDING) IN A MOTEL/HOTEL

OTHER (EXPLAIN) _____

NAME AND ADDRESS OF ANY TN/OTHER SCHOOL ATTENDED: _____

MEDICAL INFORMATION

IN CASE OF EMERGENCY, IF CONTACT CANNOT BE MADE WITH NUMBERS LISTED ABOVE, SCHOOL AUTHORITIES WILL TAKE THE CHILD TO THE DOCTOR OR CALL AN AMBULANCE.

FAMILY DOCTOR: _____ PHONE: _____ - _____ - _____

NAME OF DESIRED HOSPITAL: _____

DOES YOUR CHILD HAVE ANY SERIOUS HEALTH CONDITIONS? NO YES (IF YES, INDICATE) _____

MY STUDENT HAS THE FOLLOWING HEALTH CONDITION(S) THAT MAY REQUIRE SPECIAL CARE DURING SCHOOL HOURS. EXPLAIN CONDITION AND NOTE IF MEDICATION IS REQUIRED FROM HOME OR REQUIRED DURING SCHOOL HOURS AS PRESCRIBED BY DOCTOR. EXAMPLES OF MEDICAL CONDITIONS INCLUDE, BUT ARE NOT LIMITED TO: (ASTHMA, DIABETES, FOOD ALLERGY, ADD/ADHD, ETC.)

MEDICAL CONDITION(S): _____

MEDICATION REQUIRED AT SCHOOL: YES NO

THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. IT IS MY RESPONSIBILITY TO NOTIFY THE SCHOOL IF MY CHILD'S MEDICAL CONDITION CHANGES AND/OR IF HE/SHE HAS DEVELOPED ANY MEDICAL CONDITION THAT MAY REQUIRE ATTENTION DURING SCHOOL HOURS.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Our policy states that no person shall be refused admission into or be excluded from any public school in this state on account of race, creed, color, sex, or national origin. All Title I parents have the right to request the qualifications or their child's teacher(s) and paraprofessional(s) working with them. Title I schools must notify parents of any child taught by a core academic teacher that is not highly qualified for more than four consecutive weeks.

Screener Parent Letter

To All Marion County Schools Parents/ Guardians:

The Marion County Board of Education believes in providing the highest quality of education for our students. This letter is to provide you with information about a three-tiered instructional approach we are using to meet this goal, referred to as Response to Instruction and Intervention (RTI²).

For RTI², all students will participate in the core curriculum, with three levels (tiers) of instruction and interventions for students who demonstrate at-risk skills in general academics or behavior. Each tier provides additional support beyond the core curriculum.

- **Tier I** – Teachers will use different strategies within the core curriculum to address all student educational needs. Students will receive standards-based remediation and enrichment when appropriate.
- **Tier II** – Based on progress data, students who are unsuccessful in Tier I will be provided supplemental research-based interventions matched to their needs. The RTI team, an instructional support team, will track the student's progress, and parents will receive ongoing progress data.
- **Tier III** – Students who continue to struggle in Tier II will receive more intensive interventions at this level. Parents will receive ongoing progress data. After Tier III implementation, students who continue to display limited progress may then be considered for further evaluation and services.

Elementary/Middle School Screener Dates

- **Fall: August 10-September 4, 2020**
- **Winter: November 30-December 17, 2020**
- **Spring: May 3-25, 2021**

Our school is excited to take part in this process to improve educational outcomes for all students. As always, do not hesitate to contact your child's teacher or myself if you have questions or concerns.

MARION COUNTY SCHOOLS
DEPARTMENT OF HEALTH SERVICES

**MEDICATION ORDER FORM
PHYSICIAN'S ORDER AND PARENTAL CONSENT FORM**

The medication administration policy of the Marion County School System states: medications shall be administered only when the student's health requires that they be given during school hours. Medications that are administered at school must be brought to school by the parent/guardian and must be in the original container with pharmacy labels attached, stored in a locked cabinet, and administered under the supervision of the school nurse, school principal, or his/her designee. Written authorization from the student's parent/guardian and physician is required, and is for the current school year only. *Inhalers or emergency medications are allowed to be carried by the student if ordered to do so by the physician and competency is evaluated.

Student's Name: _____ School: _____

Date of Birth: _____ Allergies: _____

Medication	Dosage/Route	Dose Schedule	Reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Initials of physician) * Please allow student to carry inhaler with self at all times to be used in an emergency situation. I have instructed the student on the proper administration of medication and feel that the student is competent to carry his inhaler.

Date: _____ Physician's Signature: _____
Address _____
Phone: _____

.....
I hereby give my permission for the above named student to receive the above prescribed medication at school. I agree to cooperate with the school system's policies on medication.

Date

Parent/Guardian Signature



Tennessee Migrant Education Program – Occupational Survey

Your child may qualify to receive **free** educational services. Please answer the following questions to help us determine their eligibility. Once completed, return this form to the school.

STUDENT FIRST NAME:	STUDENT LAST NAME:	DATE:
SCHOOL:		GRADE:
PARENT/GUARDIAN NAME:		

1) In the past three years, has your family moved to another city, state, and/or county?

Yes No

2) Do you or anyone in your immediate family currently work or have worked (in the past three years) in any of the following occupations?

Yes No

a. If yes, please circle all that apply:



Processing & Packing
(fruit, vegetables, chicken, eggs, pork, beef, etc.)



Agriculture/Field Work
(planting, picking, and sorting crops; soil preparation; irrigation; fumigation; etc.)



Dairy/Cattle Raising
(feeding, milking, rounding up, etc.)



Nursery/Greenhouse
(planting, potting, pruning, watering, etc.)



Forestry
(soil preparation, planting, growing, cutting trees, etc.)



Fishing/Fish Processing
(catching, sorting, packing, transporting fish, etc.)

If you answered "yes" to the questions above, please continue. Otherwise, your form is complete.

3) How long have you been in this county in Tennessee?

WEEKS:	MONTHS:	YEARS:
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HOME ADDRESS:		
CITY:	STATE:	ZIP:
TELEPHONE (WITH AREA CODE):		

For school use only: If questions 1 and 2 are "yes," please send the survey to your district migrant liaison. If you have questions, call (931) 212-9539 to speak with the Tennessee Migrant Education Program.

School District:	Student State ID:	Enrollment Date:
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Student Health Information

School: _____

Student Name _____ School _____ Teacher _____

Birthdate _____ Parents/Guardian's Name _____

Contact Phone# _____

Family Doctor's Name _____ Phone _____

Does the student wear glasses or contacts? _____ Have hearing aids _____

If your child has any of the following check YES (if answered no, go to bottom of page and sign and date)

_____ Asthma .. Age of diagnosis _____
 What causes Asthma attacks _____
 Name of Regular Asthma Medication _____
 Name of emergency medication (Inhaler) _____
 Does student need help with inhaler _____
 Will student keep inhaler with them at school _____
 Will student leave inhaler in office _____
 Nebulizer @ home _____ school _____
 Does student have a Peak Flow Meter _____
 Has Doctor completed and Asthma Action Plan for school _____

 Name of Doctor treating Asthma _____
 Phone Number () _____
 Expiration Date on Inhaler _____

LIST ALLERGIES TO: (DESCRIBE REACTION)

FOOD: _____
 MEDICATON: _____
 INSECT: _____
 LATEX: _____

Any Severe Allergies? (Anaphylaxis):
 YES _____ NO _____

List severe allergies and reactions: _____

Is an EpiPen prescribed for school use: _____

If so, what is the expiration date on EpiPen? _____

Comments: _____

_____ High Blood Pressure (Age diagnosed _____)

Medication for High Blood Pressure _____

_____ Migraine Headache

Medication for Migraine _____

_____ ADD _____ ADHD

Medication _____

Will this medication be given at school? _____

When was ADD or ADHD diagnosed? _____

_____ Hemophilia _____ Sickle Cell Anemia _____ Shunt

Other Health Problems _____

List medications student takes regularly at home

1. _____
2. _____
3. _____
4. _____
5. _____

Is it necessary that any medications be taken at school? _____

If so, list the medication _____

If medications must be taken during school hours, a medication authorization form (available at school) must be completed by the parent AND the physician EACH school year.

If this student's health conditions or medication (s) change during the school year or if you have questions or comments please contact your child's school.

_____ Heart .. Type of Heart Problem _____
 Diagnosed at what age _____
 Name of Regular Heart Medication _____
 Does the student require medication before dental work? _____
 If yes, what is the name of the medication and dosage? _____

Any restrictions on activities? _____
 Last Doctor visit for heart problem _____
 List signs/symptoms which require emergency action and what actions should be taken _____

Name of Doctor treating heart problem _____

Phone Number () _____

_____ Diabetes ___ Type I ___ Type II Age of diagnosis _____

Insulin @ school : _____ Type of insulin _____

Pump: _____ Type of insulin _____

Blood Glucose checks @ school: _____

Check Ketones @ school: _____

Glucagon ordered? If so, what is the expiration date? _____

Have you provided a container of snacks for school and bus to treat low blood sugar? _____ This is strongly recommended!

Name of Doctor treating diabetes _____

Phone Number () _____

_____ Seizures/ Epilepsy Age diagnosed _____

Types of Seizures _____

What causes Seizures? _____

Date of last Seizure _____

What happens before and during a seizure? _____

Is any emergency medication (Diastat) ordered for school use? _____

Expiration Date for Diastat _____

Name of Doctor treating seizures _____

Phone Number () _____

I understand this information will be kept at school and a copy will be given to the school nurse. Other school personnel will be given this information on a need to know basis. I authorize the School Nurse to talk with the physician should a question come up regarding this student's health information.

Parent/ Guardian Signature: _____

Date: _____

Marion County Schools
South Pittsburg Elementary School

310 Elm Avenue
South Pittsburg, TN 37380
Phone: 423-837-6117 Fax: 423-837-6168

PARENT SIGNATURE SHEET: Please read, mark (X), sign and return to child's teacher.

Student Name: _____ Grade: _____ Date: _____
(Please Print)

Parent/Guardian: _____ Phone No.: _____
(Please Print)

STUDENT/PARENT HANDBOOK AND POLICIES: PLEASE mark (X) those that apply:

- ___ My child and I have read the handbook together.
- ___ We agree to abide by the procedures/rules outlines in this handbook.
- ___ I have read and understand the Attendance Policy for the Marion County School System.
- ___ I have read and understand the Marion County Schools Student Code of Conduct.
- ___ I have read and understand the (insert School Name) Family/Community Engagement Plan.

(Student's Signature)

(Parent's Signature)

FIELD TRIPS WITHIN COUNTY: Please mark (X).

- ___ I give permission for my child to go on field trips in the county.

(Student's Signature)

(Parent's Signature)

PUBLISHING NAME, PICTURE, ETC. IN THE NEWSPAPER:

This is only for grades, awards, etc. Please mark (X) which one applies:

- ___ I give permission for my child's picture, name, etc. to be in the newspaper.
- ___ I give permission for my child's picture to be on the school's website.

(Student's Signature)

(Parent's Signature)

INTERNET USE POLICY: (Please mark (X) beside each statement.)

- ___ I have read and understand the Marion County School System Internet Use Policy.
- ___ I agree to abide by the policy.
- ___ I agree that I will be responsible for any financial liability that may result from my violation of the internet policy.

____ I agree that I will explain this policy to my child or any child for whom I am the legal custodian and that I will be responsible for any financial liability that may result in the event that my child or any child for whom I am the legal custodian violates this policy.

(Student's Signature)

(Parent's Signature)

TITLE I SCHOOLS:

- All Title I parents have the right to request the qualifications of their child's teacher(s) and paraprofessionals working with them.
- Title I schools must notify parents of any child taught by a core academic teacher that is not "highly qualified" for more than four consecutive weeks.

(Parent's Signature)

MARION COUNTY SCHOOLS BUS RULES (Please sign if there is a chance your child will ride a bus.)

____ I have read, with my child, the above listed **Marion County Schools Bus Rules** and the consequences for violation of these rules is listed.

(Student's Signature)

AM ____ PM ____
Bus # ____

(Parent's Signature)

VOICES OF MENINGITIS™

A Meningococcal Disease Prevention Campaign
from the National Association of School Nurses

In collaboration with Sanofi Pasteur

Get the Facts

What is meningococcal meningitis?

Meningococcal disease, which includes meningococcal meningitis, is a serious bacterial infection that strikes between 800 and 1200 Americans each year. Although rare, meningococcal disease can cause meningitis, swelling of the tissues around the brain or spinal cord; bacteremia, a severe blood infection; or pneumonia. Vaccination has been available for years and is a safe and effective way to help protect against this potentially devastating disease.

Who is at risk for getting meningococcal meningitis?

Although the disease occurs in all age groups, infants, adolescents and young adults, and people 65 years of age and older are at increased risk of contracting meningococcal disease.

How do you get meningococcal meningitis?

The bacteria that cause meningococcal disease are spread through respiratory droplets and direct contact with respiratory secretions. Common everyday activities can facilitate this spread, including kissing; sharing utensils and water bottles; and being in close quarters, such as living in a dormitory. Fatigue may also put people at greater risk of meningococcal disease, possibly by weakening the immune system.

What are symptoms of meningococcal meningitis?

Meningococcal meningitis can be hard to recognize, especially in its early stages, because symptoms are similar to those of more common viral illnesses. But unlike more common illnesses, the disease can progress quickly and may cause death in as little as 1 day. Symptoms may include high fever, severe headache, stiff neck, confusion, vomiting, exhaustion, and/or a rash.

What can happen if you get meningococcal meningitis?

Although rare, meningococcal meningitis is serious and can potentially cause the death of an otherwise healthy young person within as little as 1 day after symptoms first appear. About 10 to 15 percent of the 800 to 1200 Americans who get meningococcal disease will die. Nearly 1 in 5 survivors are left with serious medical problems, including: amputation of arms, legs, fingers, or toes; neurological problems; deafness and kidney damage.

How can you help prevent your child from developing meningococcal meningitis?

Data from the Centers for Disease Control and Prevention (CDC) have shown that, following infancy, there is a second peak in meningococcal disease incidence among adolescents and young adults between 16 and 21 years of age. Even though the disease is rare, it can result in severe, permanent disabilities and death, so it is important to take every precaution to help protect against it.

To help protect against meningococcal disease, the CDC's Advisory Committee on Immunization Practices (ACIP) recommends routine vaccination of adolescents 11 through 18 years of age (a single dose of vaccine should be administered at 11 or 12 years of age, with a booster dose at 16 years of age for children who receive the first dose before 16 years of age).

Getting the booster, which is recommended by the CDC but not required in many states, is a critical step when it comes to following the recommended vaccination schedule. The booster helps provide protection through adolescence into young adulthood, which is a time when the risk of meningococcal disease tends to increase.

Talk to your child's school nurse or health care provider about meningococcal meningitis prevention and visit www.Facebook.com/VoicesofMeningitis for more information.

Annual Notice for Parents

In compliance with state and federal law, Marion County school district will provide to each protected student with a disability without discrimination or cost to the student or family, those related aids, services or accommodations which are needed to provide equal opportunity to participate in and obtain the benefits of the school program and extracurricular activities to the maximum extent appropriate to the student's abilities. In order to qualify as a protected student with a disability, the child must be of school age with a physical or mental disability which substantially limits or prohibits participation in or access to an aspect of the school program.

These services and protections for "protected students who are disabled" are distinct from those applicable to all eligible or exceptional students enrolled (or seeking enrollment) in special education programs.

For further information on the evaluation procedures and provision of services to protected disabled students, contact Becky Bigelow at 423-942-3434, ext. 3.

What is the official definition of homelessness?

A homeless individual is defined in section 330(h)(5)(A) as “an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing.” A homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation. [Section 330 of the Public Health Service Act (42 U.S.C., 254b)]

An individual may be considered to be homeless if that person is “doubled up,” a term that refers to a situation where individuals are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members. In addition, previously homeless individuals who are to be released from a prison or a hospital may be considered homeless if they do not have a stable housing situation to which they can return. A recognition of the instability of an individual’s living arrangements is critical to the definition of homelessness. (HRSA/Bureau of Primary Health Care, Program Assistance Letter 99-12, Health Care for the Homeless Principles of Practice)

Please let your school know if you are experiencing homelessness, or contact the Homeless Liaison.

The Marion County Schools’ Homeless Liaison

Mack Reeves

Phone: 423-942-0945 Ext. 110

Email: mreeves@mctns.net

Why does attendance matter?

Learning builds day by day. A student can't stay on top of his/her classwork if they are not in class to listen and take notes.

In some subjects he/she learns one step or process today and the next day another step is added. If he/she misses step 1 they are lost on step 2. This causes the student to become frustrated and learning will eventually become too difficult because they have missed so much instructional time.

Why do students skip school?

There are many reasons. It could be due to trouble at school or home, or personal problems.

- Reasons may include:
- Gang or bullying problems that make students afraid to go to school
 - Learning difficulties
 - Domestic violence or parent's divorce
 - Alcohol or drug use
 - Falling in with the "wrong crowd"
 - Teen pregnancy or parenthood
 - Mental health problems
 - Having to work to help support the family

Excuses a student may give:

- Classes are boring
- I don't like my teacher(s)
- I don't feel safe at school
- I feel stupid
- My job is more important
- I'm not learning anything

Teach your child that skipping school for any reason only creates more problems.

When your child skips school, take steps to deal with it right away.

Talk to your child. Try to find out why he or she doesn't want to go to school.

Talk to the school. Work together to find a solution. Let your child be involved in the process.

Take action:

For example, your child may need:

- More supervision
- After-school tutoring
- Counseling
- An evaluation to determine if he/she has a learning disability.
- Help with an alcohol or other drug problem.

Be sure to stay in close contact with the school to monitor your child's attendance.

The dangers of truancy.

An unexcused absence from school is called truancy. This includes skipping classes or entire days of school.

Truancy problems increase the risk of students dropping out of school. A high school student who drops out is more likely to:

- be unemployed
- earn less money than high school and college graduates
- be dependent on public assistance
- serve time in jail or prison

Make regular school attendance a top goal for your child.

Good reasons to miss school:

- A death in your family.
- A family emergency.
- When he/she is truly sick.

Good school attendance will help teachers provide a student with:

- a good education to be a productive citizen.
- the skills to be competitive for more opportunities to advance in the workplace.
- the skills needed to be a self-sufficient person.

Be a responsible parent.

Give your child the opportunity to:

- gain knowledge and skills for future success.
- develop new interests.
- develop positive relationships.
- learn how to manage time.
- learn how to set goals—and reach them.
- prepare for college, work or military.

Numbers don't lie.

Average weekly earnings of full-time wage and salary workers 25 years or over during 2005.

High school dropouts.....\$409

High school graduates.....\$583

Some college.....\$670

4 years of college or more.....\$1013

Source: U.S. Department of Labor

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