

WARNER ROBINS HIGH SCHOOL
CHRIS MCCOOK, PRINCIPAL



401 South Davis Drive
Warner Robins, GA 31088
(478) 929-7877
Fax (478) 929-7769



Dear Parents and Students:

For the 2020-2021 school year, we are making our school handbook available electronically for viewing online. We encourage you to access our handbook by going to the following web address: <http://wrhs.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 forms. The forms are divided into two sections – Required Forms and Optional Forms. Please return the entire packet no later than August 14, 2020.

Required Forms:

- Parent Signature Page (**required**)
- Internet Acceptable Use and B.Y.O.D Agreement (**required**)
- GA DOE Parent Occupational Survey (**required**)
- Health Related Services Medical Questionnaire (**required**)
- Household Information Form (**required**)
- Title I Handbook & Grade Level Compact Acknowledgement (**required**)

Optional Forms:

- Military Recruitment Provision Opt Out Form (optional)
- Student Prohibition from Extracurricular Activities (optional)
- Photo, Video, and Media Interview Opt Out Form (optional)
- Sex Education Instruction - Option to Decline (optional)

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

_____ I 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 Warner Robins High School. If you have any questions or concerns, please feel free to call us for assistance.

Sincerely,

Chris McCook

Principal



PARENT'S SIGNATURE PAGE

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

Student Name (please print) _____

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

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

Signature of Student: _____

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 | 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 #: _____





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!

Title I Handbook and Grade Level Compact Acknowledgement Form

Warner Robins High School

Dear Parents and Students,

For the 2020-2021 school year, our Title I Handbook and Grade Level Compacts are available for your viewing on our school website at <http://wrhs.hcbe.net>. Click on the "Parents and Students" tab.

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

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

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

Please choose one of the following options:

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

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

School-Parent Compact Signatures:

School Representative Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Student Signature: _____

Date: _____ Grade: _____

To be completed by school personnel only

Hard copy of Title I Handbook given to _____
Student Name

Date _____ By: _____
School Personnel



SUPERINTENDENT OF SCHOOLS
DR. MARK SCOTT

BOARD MEMBERS
FRED WILSON, CHAIRMAN

HELEN HUGHES, VICE CHAIRMAN
DR. RICK UNRUH
BRYAN UPSHAW

LORI JOHNSON
HOKE MORROW
DAVE CROCKETT

**MILITARY RECRUITMENT PROVISION
NON-DISCLOSURE OPT OUT**

STUDENT'S FORM (18 YEARS OF AGE AND OLDER)

Under current federal law all schools must, if requested, provide the names, addresses, and telephone numbers of high school students to U.S. military recruiters.

Under current federal law, if you are a student you have the right to request that the information not be released if you are 18 years of age or older.

Please initial below if you do not want your name, address, and telephone number disclosed to U.S. military recruiters.

Initial here

DO NOT DISCLOSE my contact information without my prior permission.

Name of Student (Please Print) _____

Student's Date of Birth _____

Signature of Student _____ Date _____



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

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

____ 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 _____

RETURN TO YOUR CHILD'S SCHOOL



SUPERINTENDENT OF SCHOOLS
DR. MARK SCOTT

BOARD MEMBERS
MR. FRED WILSON, CHAIRMAN

HELEN HUGHES, VICE CHAIRMAN
LORI JOHNSON
HOKE MORROW

DR. RICK UNRUH
DAVE CROCKETT
BRYAN UPSHAW

**Option to Decline -
Sex Education Instruction
6th, 7th, 8th, 9th, and above**

DEAR PARENTS:

The GADOE Board Rule 160-4-2-.12 requires that each local board of education develop and implement a comprehensive health and physical education program that includes sex education and AIDS prevention education. This rule states that sex education shall also include annual age-appropriate sexual abuse and assault awareness and prevention education in kindergarten through grade nine. Regulations allow parents/guardians to exercise the option of excluding their child from sex education and AIDS prevention instructional programs.

A Sex Education Review Committee was recently convened by the Houston County Board of Education to review the *Choosing The Best (CTB)* materials in consideration for use in **grades 6 and above**. The committee was composed primarily of non-teaching parents of public school children and educators, health professionals and other community representatives. The committee also included male and female 11th-12th grade students. The committee approved of the implementation of the *CTB* curriculum with middle and high school students.

The *Choosing The Best* curriculum is an abstinence-centered, sexual risk avoidance and relationship education program. It is research-based, medically accurate, and universally applicable and inclusive. It supports the CDC stance that the **most reliable way to avoid the risk** of STD's is to be abstinent until you enter into a long-term, mutually monogamous relationship with an uninfected partner. This type of relationship is most commonly referred to as marriage and may be referenced as such. The program focuses on the reasons and methods to avoid at-risk behaviors. It includes lessons on making decisions, understanding healthy relationships, identifying risks, understanding consequences, knowing facts and statistics regarding STD's, and dealing with peer pressure.

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

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

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

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

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

STUDENT'S NAME (print)

PARENT / GUARDIAN SIGNATURE

DATE