

Franklin County Schools Student Data/Enrollment

School _____ Enrollment Date _____ Grade _____

Last Name _____ First Name _____ Middle Name _____

Student resides with _____ Relation _____ Legal Guardian Y or N

Birth Date _____ Age _____ Gender M or F Social Security _____ - _____ - _____

Ethnicity (Circle one.) *Hispanic* *Non-Hispanic* Race (Circle all that apply.) *White* *Black* *Indian* *Asian* *Pacific Islander*

Date entered US Schools _____ US Citizen Y or N

Birth City _____ Birth County _____ Birth State _____ Birth Country _____

Home Language _____ Primary Language _____ Limited English Proficient Y or N

Last School Attended _____ Date Withdrawn _____

Last School Attended Address Street _____ City _____ State _____ Zip _____ Phone _____

Mother's Full Name _____ Maiden Name _____

Language *English* or *Non-English* Active Military Y or N Active Member of Reserves Y or N Active Member of Guard Y or N

Residence (911 Address) _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

County _____ Email Address _____ Can pick up student at school Y or N

Primary Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Employment Address _____

Number you preferred to be notified by Emergency Notification System (School Messenger) _____

Father's Full Name _____

Language *English* or *Non-English* Active Military Y or N Active Member of Reserves Y or N Active Member of Guard Y or N

Residence (911 Address) _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

County _____ Email Address _____ Can pick up student at school Y or N

Primary Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Employment Address _____

Number you preferred to be notified by Emergency Notification System (School Messenger) _____

A copy of the legal court order regarding child's custody must be on file at current school if student does not reside with both parents. A legal custody order is required from any guardian other a parent.

Guardian's Full Name _____

Language *English* or *Non-English* Active Military Y or N Active Member of Reserves Y or N Active Member of Guard Y or N

Residence (911 Address) _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

County _____ Email Address _____

Primary Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Employment Address _____

Number you preferred to be notified by Emergency Notification System (School Messenger) _____

Student Name _____

Grade _____

Mode of Transportation (Circle) *Private Automobile* or *School Bus* Bus # _____

The following persons have permission to pick up or check out this student from school. Proof of identification will be required.

Full Name	Relationship to Student	Address	Phone #

List any restrictions in regard to pick up rights for student _____

Code of Conduct – The *Code of Conduct* for the Franklin County School System is available online on our website – fcstn.net under the tab 'Parents/Students'. The *Code of Conduct* contains the expected standards of student behavior, the consequences of the failure to obey such standards, as well as other legal notices. Your signature is legally binding in that it indicates that you know that you are responsible for the contents of the *Code of Conduct*, including the *Acceptable Use Policy* (Use of Internet, Section XII), that you have read the same, and that both you and your child are aware of the contents thereof.

Parent/Legal Guardian Signature _____ Date _____

Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435.

1. Is your current address a temporary living arrangement? Yes or No
2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes or No

If you answered YES to the above questions, please provide the following information:

3. Where does your child stay at night? (Please check one)

- ☐ Home/apartment owned or rented by the parent(s)/guardian(s)
☐ With a relative or friend (family does not have residence)
☐ In a shelter
☐ In a motel
☐ In an automobile
☐ A campsite
☐ In housing that is inadequate (i.e. no electricity, running water, etc.)
☐ Other housing (please explain): _____

4. Do you currently have pre-school children not enrolled in school? Yes or No

If yes, please list their names and ages: _____

5. Do you have reliable internet at home? _____ If yes, who is the provider? _____

Presenting a false record or falsifying records is an offense under Section 37-'0, Penal Code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec.25.002(3)(d).

**AGREEMENT OF PARENT
FOR COUNTY OWNED TEXTBOOKS**

Being the parent/guardian/legal custodian of _____ I agree that I will be responsible for all textbooks used by my child. I further agree that I will reimburse

Decherd Elementary School for the appropriate percent of the replacement cost for any
(name of school)
badly damaged, destroyed or misplaced textbooks which my child has during the 2020-21
school year (Board Policy 4.401).

Signature of Parent/Guardian/Legal Custodian

The school principal is responsible for distributing, collecting and maintaining a file of this annual agreement.

*****Please review the Franklin County School System One to One Universal Chromebook Contract online. If you need a paper copy of the contract, please contact the school. Complete and return the form to school.*****

FRANKLIN COUNTY SCHOOLS CHROMEBOOK AGREEMENT 2020-2021

Please Print:

Student Name:

Grade _____

Last

First

Middle

Student ID: _____

Date of Birth: _____

Parent or Guardian Name:

Last

First

Middle

Address: _____

Home Phone #: _____

Work#: _____

Cell#: _____

Parent/Guardian Email Address: _____

Upon our signing of this agreement, the student acknowledges receipt and possession of a working Chromebook computer, case, and power cord (If applicable.) We have read and understand the Franklin County Schools One to One Device Program Policy (4.409) and understand our responsibility. This policy is incorporated by reference into this agreement. We promise to abide by this policy and understand that receipt of a Franklin County Schools Chromebook is a privilege that may be forfeited by noncompliance with the policy. We understand that we will be financially responsible for any costs due to damage, loss, or theft of the Chromebook issued, and that if we fail to return the Chromebook, legal action may be taken.

Student Signature

Date

Parent or Guardian Signature

Date

This form must be completed before a DEVICE will be provided to your student.

Please return the signed form to school in order to be issued a chromebook.

To be completed by the school:

Franklin County School Property Tag#: _____

Signature of Parent/Guardian/Legal Custodian: _____ **Date:** _____

Disciplinary - Preference Form

2020-21 School Year

Please complete this form and return it to the school by Friday, August 28, 2020 indicating your preference in this regard.

 I do give permission for corporal punishment to be administered against my child as a disciplinary consequence.

 I do not give permission for corporal punishment to be administered against my child as a disciplinary consequence.

Your Child's Name: _____ Grade: _____
Print Full Name

Parent/Guardian's Name: _____ Date: _____
Print Full Name

Parent/Guardian's Signature: _____

Board Policy 6.314 – Corporal Punishment

Any principal, assistant principal, or teacher with the permission of the school principal may use corporal punishment in a reasonable manner against any student for good cause in order to maintain discipline and order within the public schools in accordance with the following guidelines:

- A student's parent(s) or guardian(s) shall be given an opportunity to express a preference as to whether corporal punishment may or may not be administered against the student. Such preference shall be expressed on a written disciplinary preference form designated by the Director of Schools and sent to parents and guardians by school principals at the beginning of the school year. A parent or guardian may change a previously stated preference by completing and submitting a new form;
- Corporal punishment may be administered against a student only if the school has received a disciplinary-preference form for the current school year signed by the student's parent or guardian authorizing the school to administer corporal punishment against the student;
- Corporal punishment shall be administered only after other less stringent measures or behavior modifications have failed;
- The instrument to be used shall be approved by the director of schools by administrative directive;
- Corporal punishment shall be administered in the presence of another professional employee, preferably the principal or assistant principal; the preferred site is in the office area;
- An attempt shall be made to notify the student's parents or guardians prior to administering corporal punishment; the parents or guardians shall be invited to witness the administration of the punishment;
- The nature of the punishment shall be such that it is in proportion to the gravity of the offense, the apparent motive and disposition of the student, and the influence of the student's example and conduct on others;
- If a student has a disability, corporal punishment shall be administered only when the school has received written parental permission. The parental permission must include the type of corporal punishment that is allowed and the circumstances under which it is permitted. This information will be kept on file at the school. It may be revoked at any time; and
- The principal shall notify the parent(s)/guardian(s) any time corporal punishment is used.

A disciplinary record shall be maintained and shall contain the name of the student, the type of misconduct, the type of corporal punishment administered, the name of the person administering the punishment, the name of the witness present, and the date and time of punishment. Disciplinary records shall be filed in the school office and made available to parent(s)/guardian(s) or students, whichever is appropriate.

Franklin County Schools

Consent Form

4.407.2

1 Name of Student: _____

2 Name of Parent/Guardian (if applicable): _____

3 Grade: _____ Name of Teacher: _____

4 I understand that my child's* work (writings, drawings, etc.) may occasionally be published on the
5 internet and newspaper. I give my permission to publish my child's* work with identification as
6 specified below.

7 Please circle "yes" or "no" for each of the following:

8 1. My child's* work (writings, drawings, etc.) may be published on the internet and newspaper.
9 Yes No

10 2. My child's* first name (may include last name) may be used to identify his/her work.
11 Yes No

12 3. My child's* class (teacher/grade level/school) may be used to identify the work.
13 Yes No

14 Additionally, photographs, videos or audio recordings, and/or webcasts are sometimes taken, or
15 recorded at school or school related activities and may be included on the school and school system's
16 web-site and other social media as well as newspaper.

17 Please circle "yes" or "no" for the following:

18 • My child's likeness and/or voice may be recorded and exhibited as still photographs, videos,
19 webcasts, or other similar media, including other internet applications.
20 Yes No

21 Please list any other restrictions you wish to include. _____

22 _____

23 _____

Parent/Guardian Signature

Date

* Student Signature (if applicable)

Date

* The student becomes an 'eligible student' when he/she reaches the age of eighteen (18), at which time all of the above rights become the student's right.

Attendance – Policy and Procedure

Student Name - _____

Policy

1. School administration is allowed to excuse “5 parent notes.”
 - Parents need to use these notes prudently. A child may wake up sick, but not sick enough to go to the doctor. Use “parent notes” for these types of situations.
 - Parent notes are *unexcused* after the 5th note according to School Board Policy.
2. All medical notes (doctor, dentist, etc.) are always excused – no limit.
3. Students sent home with head lice are allowed 2 excused absences.

Procedure for unexcused absences

Tier 1 – 3 *unexcused absences*

- phone call from school principal

Tier 2 – 5 *unexcused absences*

- phone call and/or meeting with school principal
- **5 Day Warning Letter**

Tier 3 – 8 *unexcused absences*

- phone call and/or meeting with school principal

10 *unexcused absences*

- **Parents/Guardian petitioned to Juvenile Court for Truancy as required by State Law.**

Yes, I understand the “Attendance – Policy and Procedure.”

Sign (parent/guardian) - _____

Students must return this signed form to school

Tennessee Parent Occupational Survey

In order to better serve your child, our school district wants to identify students who may qualify to receive additional educational services, such as tutoring, school supplies, free or reduced-price lunch, summer camps, and other services. **The information provided below will be kept confidential.** Please answer the following questions and return this form to your child's school.

Today's Date _____

Parent/Guardian First & Last Name _____

Student First Name _____

Student Last Name _____

School Name _____

Student Grade _____

1. Have you or an immediate family member performed any of the jobs listed below temporarily or seasonally, in any part of the United States, in the past three years?

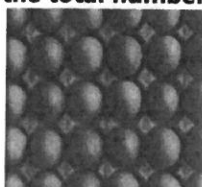
☐ No

☐ Yes. Check all that apply and list the total number of months worked:



☐ **Agriculture/Field Work** (planting, picking, sorting crops; soil preparation; irrigation; fumigation)

Total Months Worked: _____



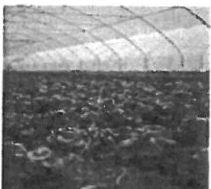
☐ **Processing & Packaging** (fruit, vegetables, chicken, eggs, pork, beef)

Total Months Worked: _____



☐ **Dairy/Cattle Raising** (feeding, milking, rounding up)

Total Months Worked: _____



☐ **Nursery/Greenhouse** (planting, potting, pruning, watering, harvesting)

Total Months Worked: _____



☐ **Forestry** (soil preparation, planting, cutting trees; landscaping not included)

Total Months Worked: _____



☐ **Commercial Fishing & Processing** (catching, sorting, packing, transporting)

Total Months Worked: _____

2. In the past three years, has your family moved to another state, city, school district, and/or county?

☐ No

☐ Yes. How long have you resided at your current address?

_____ Years _____ Months _____ Weeks

If you answered "Yes" to questions 1 and 2, please complete the information below.

Home Street Address _____

Apt # _____

City _____

State _____

Zip Code _____

Telephone Number _____

Best Day of Week & Time of Day to Call _____

For School Use Only: Please send survey with two YES responses to your district migrant liaison. If you have questions, call (931) 212-9539 to speak with the Tennessee Migrant Education Program.

Student State ID: _____

Enrollment Date: _____

District ID: _____