

Franklin County Middle School

Registration Instructions for Returning Students

You may print all the forms from the website, complete them, then drop them off in the tub in front of the middle school. If you have the ability to scan the documents, you may scan and email them to fcms@fcsd.k12.ms.us.

Every document included needs to be completed per grade level. Some information about specific documents is listed below.

Proofs of Residency: Unless your address has changed, you will not need to provide new proofs for the 2020-2021 school year.

Bus Form: The bus form is needed, even if your child doesn't ride the bus. This is necessary if ALL students need to be transported in the event of an emergency. Only one bus form is needed per family.

Cafeteria Form: This will be available after July 1. One cafeteria form is needed per family. If your child does not eat in the cafeteria and/or you do not wish to disclose income information, just put your child's name in the top section and sign at the bottom.

Tdap Immunization: Entering 7th graders must have an updated Form 121 before they can attend school.

If you have any questions, please feel free to call us at 601-384-2441.

**Franklin County School District Health History
Confidential Data**

School year: 2020-2021 Grade _____ Homeroom Teacher _____

Full Name: _____ Birthday: _____ Sex _____ Race _____

Address _____ City /State/Zip Code _____ Home Phone _____

Male Parent/Guardian _____ Work Phone _____ Cell Phone _____

Female Parent/Guardian _____ Work Phone _____ Cell Phone _____

Student's Doctor/Health Care Provider _____ Phone _____

Please mark which type insurance this student has and include the ID number:

Medicaid _____ CHIPS _____ Other _____

MEDICAL HISTORY: Please check all that apply and explain.

<input type="checkbox"/>	Allergies to drugs
<input type="checkbox"/>	Allergies to foods
<input type="checkbox"/>	Seasonal Allergies
<input type="checkbox"/>	Asthma
<input type="checkbox"/>	Tuberculosis (TB)
<input type="checkbox"/>	A.D.D. / A.D.H.D.
<input type="checkbox"/>	Diabetes/High Blood Sugar
<input type="checkbox"/>	Epilepsy or Seizure Disorder
<input type="checkbox"/>	Heart Problems
<input type="checkbox"/>	Kidney Disease
<input type="checkbox"/>	HIV
<input type="checkbox"/>	Sickle Cell Anemia
<input type="checkbox"/>	Arthritis
<input type="checkbox"/>	Migraines
<input type="checkbox"/>	Stomach or Digestive Problems
<input type="checkbox"/>	Hearing Problems
<input type="checkbox"/>	Dental Problems
<input type="checkbox"/>	Vision Problems
<input type="checkbox"/>	Does the student need to wear glasses at school?
<input type="checkbox"/>	Chicken Pox
<input type="checkbox"/>	Birth Defects/Handicap
<input type="checkbox"/>	High Blood Pressure
<input type="checkbox"/>	Rheumatic Fever
<input type="checkbox"/>	Surgeries/Serious Accidents
<input type="checkbox"/>	Other

Please list any daily medications: _____

Please list people to contact in case of illness/emergency who may pick your child up if you cannot be contacted:

Name/Phone Number	Name/Phone Number	Name/Phone Number
_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____

I give the school permission to transport my child for immediate care in an emergency situation in which I cannot be reached. I also give permission for my child to participate in the school's health program and receive first aid care and basic health education from the school nurses. This will include vision/hearing screenings, body and vital sign measurements, and school health/safety educational programs.

X Parent/Guardian Signature _____ Date _____

Franklin County School District Acceptable Use Policy

Introduction

Franklin County School District has established a computer network and is pleased to offer Internet access for student use. This will allow students to have email accounts under certain conditions and will provide them with access to a variety of Internet resources. In order for students to use the Internet, students and their parents or guardians must first read and understand the following acceptable use policies. Franklin County School District makes every effort to comply with the Child Internet Protection Act, CIPA, through the use of filtering software from the Mississippi Department of Education and Border Manager, software installed at the local level. It should be noted that internet access is a privilege and not a right.

Acceptable Uses

1. The computer network at Franklin County School District has been set up in order to allow Internet access for educational purposes. This includes classroom activities, research activities, peer review of assigned work, and the exchange of project-related ideas, opinions, and questions via email, message boards, and other means.
2. Students will have access to the Internet via [classroom, library, lab, etc.] computers.
3. Student use of the Internet is contingent upon parent/guardian permission in the form of a signed copy of this Acceptable Use Policy. Parents/guardians may revoke approval at any time.
4. Material created and/or stored on the system is not guaranteed to be private. Network administrators may review the system from time to time to ensure that the system is being used properly. For this reason, students should expect that emails, material placed on personal Web pages, and other work that is created on the network may be viewed by a third party.
5. Network users must keep their passwords private. Accounts and/or passwords may not be shared.
6. Network users are expected to adhere to the safety guidelines listed below.

Unacceptable Uses

1. Using the network for any illegal activity, including violation of copyright or other contracts, or transmitting any material in violation of any U.S. or Mississippi regulation;
2. Unauthorized downloading of software, regardless of whether it is copyrighted or devirused
3. Downloading copyrighted material for other than personal use
4. Using the network for private financial or commercial gain
5. Wastefully using resources, such as file space
6. Gaining unauthorized access to resources or entities
7. Invading the privacy of individuals
8. Using another user's account or password
9. Posting material authored or created by another without his/her consent
10. Posting anonymous messages
11. Using the network for commercial or private advertising
12. Accessing, submitting, posting, publishing, or displaying any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, harassing, or illegal material
13. Using the network while access privileges are suspended or revoked

Safety

The Franklin County School District incorporates Internet Safety into its curriculum which includes but not limited to;

1. The education of minors about appropriate online behavior, including interacting with other individuals on social networking sites and in chat rooms.
2. Cyberbullying awareness and response.

Safety Guidelines for Students

1. Never give out your last name, address, phone number or social security number.
2. Never give out the last name, address, phone number or social security number of another person.
3. Never agree to meet in person with anyone you have met online unless you first have the approval of a parent or guardian.
4. Notify an adult immediately if you receive a message that may be inappropriate or if you encounter any material that violates this Acceptable Use Policy.
5. Your parents should instruct you if there is additional material that they think would be inappropriate for you to access. Franklin County School District expects you to follow your parent's wishes in this matter.

Compensation: The student and/or the student's parent(s)/legal guardian(s) shall be responsible for compensating the district for any losses, cost or damages incurred by the school/district relating to or arising out of any student violation of this policy.

Violations: Consequences for the violation of the Franklin County School District Internet Use Agreement will be dealt with according to current disciplinary procedures in each building. However certain violations may warrant loss of internet use privilege. This will be determined by the building administrator. Violations of state and Federal law may be prosecuted to the fullest extent of the law. Violations of AUP agreement by faculty and staff may result in the loss of privilege of access or restricted access. This will be determined by a committee consisting of the Administrator, Superintendent, and technology coordinator.

Parent/Guardian Permission : I have read and understand the above information about appropriate use of the computer network at Franklin County School District and I understand that this form is a legally binding document and will be kept on file at the school. I give my child permission to access the network as outlined above. I also understand that my child's work (writing, drawings, etc.) may occasionally be published on the Internet and be accessible on a World Wide Web server.

Parent name (print) _____ Parent signature _____ Date _____

Student name (print) _____ Student signature _____ Date _____

Teacher name (print) _____ Teacher signature _____ Date _____

**Franklin County Middle School
2020-2021 Subject Selection Sheet
7th Grade**

Student's Name _____

Address _____

Phone Number(s) _____

Date of Birth _____

Required for 7th Grade

7th Grade English

7th Grade Math

7th Grade Science

7th Grade Compacted Social Studies

7th Grade Learning Strategies

Students must choose a physical activity based elective. Please choose ONE from the list below:

_____ Band

_____ Music

_____ Chorus (NEW)

_____ Physical Education

_____ Sports/Athletics (Check your choices below)

Football _____

Baseball (must try-out) _____

Softball (must try-out) _____

Basketball (must try-out) _____

Soccer (must try-out) _____

Track (must try-out) _____

*****Transfer Students Only*****

My child last attended the school indicated below.

He/She left in good standing.

(Circle One) YES NO

School Name _____

Address _____

Phone/Fax# _____

My child has been expelled or is currently in an expulsion proceeding. (Circle One)

YES NO

Did your child receive Special Services at his/her previous school?

YES NO

Does your child speak any language other than English? Yes No

If yes, please answer the following questions:

1. What was the first language your child learned to speak? _____

2. What language does your child speak most often? _____

3. What language is most often spoken in your home? _____

Parent/student-initiated schedule changes will **ONLY** be addressed during the first week of school.

Student Signature (Required)

Parent Signature (Required)

**Franklin County Middle School
2020-2021 Subject Selection Sheet
8th Grade**

Student's Name _____

Address _____

Phone Number(s) _____

Date of Birth _____

Required for 8th Grade

8th Grade English

8th Grade Math

8th Grade Science

Mississippi Studies/Geography

8th Grade Cyber Foundations

Students must choose a physical activity based elective. Please choose ONE from the list below:

_____ Band

_____ Music

_____ Chorus (NEW)

_____ JROTC (NEW)

_____ Physical Education

_____ Sports/Athletics (Check your choices below)

Football _____

Baseball (must try-out) _____

Softball (must try-out) _____

Basketball (must try-out) _____

Soccer (must try-out) _____

Track (must try-out) _____

*****Transfer Students Only*****

My child last attended the school indicated below.

He/She left in good standing.

(Circle One) YES NO

School Name _____

Address _____

Phone/Fax# _____

My child has been expelled or is currently in an expulsion proceeding. (Circle One)

YES NO

Did your child receive Special Services at his/her previous school?

YES NO

Does your child speak any language other than English? Yes No

If yes, please answer the following questions:

1. What was the first language your child learned to speak? _____

2. What language does your child speak most often? _____

3. What language is most often spoken in your home? _____

Parent/student-initiated schedule changes will **ONLY** be addressed during the first week of school.

Student Signature (Required)

Parent Signature (Required)



FRANKLIN COUNTY SCHOOL DISTRICT

Federal Programs Survey

Parents: All information in this form is confidential. The answers to this survey help to determine the services that your child may be eligible to receive. Please complete one form for each child and return it to the office.

School _____ Date _____

Student's Name _____ Male ___ Female ___ Date of Birth _____ Grade _____

Parent/Guardian Name _____

Address _____ Telephone Number(s) _____

1. What is the dominant language **most often** spoken by the student? _____
2. What is the language **routinely** spoken in the home, regardless of the language spoken by the student? _____
3. What language was **first** learned by the student? _____
4. Does the parent/guardian need **interpretation** services? Yes No If so, what language? _____
5. Does the parent/guardian need **translated materials**? Yes No If so, what language? _____
6. What was the date the student first enrolled in a school in the United States? _____
7. In what country was the student born? _____

PART A

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

If you answered **YES** to question 4, please complete Part B of this form.

If you answered **No** to question 4, you may stop here.



PART B

Complete **only** if it shows (1) your child's current living situation; or (2) your living situation if you are a youth not living with a parent or guardian. Check the appropriate box:

- In a shelter In a hotel/motel In abandoned apartment/building Moving from place to place
 With relatives or others due to lack of housing At a train or bus station, park, or in a car
 Temporarily housed in shelter awaiting permanent foster care Disaster victim in an emergency shelter

Last school attended: _____ School address _____

Eligible for any of these educational and school related activities and services?

- Special Education (IDEA) English Language Learners (ELL) Gifted and Talented Vocational Education
 Other _____

At this time, is your family in need of assistance in any of the following areas?

- School Records Immunization or health records School Transportation
 School supplies or clothing After-school Programs Preschool/Headstart Programs

I declare that all information completed above is true and correct.

Signature of Parent or Guardian _____ Date _____

School Use Only

Please provide the following information: Student's ID Number _____ Teacher: _____

If the parent/guardian has completed both parts of the form or answered yes to speaking a language other than English, please send a copy to Dr. Selma Wells in the Federal Programs Office.

DOCUMENTATION OF LAS LINKS SCREENER FOR STUDENT					
Date	Speaking Score	Listening Score	Reading Score	Writing Score	Composite Score

I certify that the above named student qualifies for services under the provisions of the McKinney-Vento Act or EL services.

Liaison: _____ Date: _____



Tdap Vaccination Now Required for All Students Entering 7th Grade

Mississippi will join 41 other states in requiring a recent Tdap vaccination for **all** students entering the 7th grade, beginning with the 2012-2013 school year.

Tdap (tetanus, diphtheria and pertussis) vaccination provides protection against whooping cough (pertussis), a highly contagious disease that can be severe or fatal, especially in very young children. Infants who are too young to be vaccinated against pertussis must be protected by ensuring that adolescents and adults around them cannot carry the disease.

Why vaccinate at this age?

The immunity received from early childhood vaccination against pertussis weakens over time. Because pertussis is highly contagious, adolescents can contract the disease and easily transmit it to younger children and infants. Pertussis, especially among infants, is now an increasing problem in Mississippi and the U.S. as a whole.

Teens at this age also qualify for other recommended vaccinations which you may wish to schedule at the same time.

What other vaccinations are recommended for teens?

Additional recommended vaccinations include those against meningococcal disease, human papillomavirus (HPV), and a varicella (chickenpox) booster for those who did not receive one at an earlier age.

Is this vaccination required for all new seventh-graders?

Yes. In order to enter school, **all** students entering the seventh grade must have documentation from a physician verifying that they have received a recent Tdap vaccination (at age seven or later). This includes new students, current students and transfer students in both public and private schools.

What does the Tdap vaccination cost?

Vaccines for Children (VFC) providers and county health departments throughout the state provide the required Tdap vaccination for \$10 per child.

Where to get vaccinations

Your doctor or other health care provider can arrange a Tdap vaccination for you. You can also visit any county health department to receive Tdap and other vaccinations.

Franklin County School District Bus Form
School Year 2020-2021



Robert Smith, Transportation Director

Jackequaul Smith, Secretary

Student's Legal Name _____ Grade _____

Driver/Bus Number
(OFFICE USE ONLY)

Parent's/Guardian's Name _____

Secondary contact person in case of emergency.

Home/cell Phone _____ Work Phone _____

Home/ cell Phone _____ Work Phone _____

Address _____

Address _____

City, ST ZIP Code _____

City, ST ZIP Code _____

Description to home (please be as specific as possible)

Medical Information

The following information is kept **Confidential** and is for **emergency use** only. The safety of your child is our number one priority. If your child has any health problems, special needs or there is anything you feel the driver needs to be aware of to transport your child safely to and from school, please explain below.

Please list all students in home that will ride the bus.

Name:	Grade:	Race:	Gender:
1.			
2.			
3.			
4.			
5.			
6.			

**Franklin County School District
Transportation Department
Pupil Rules**

Students Will (not limited to the following)

1. Be ready in the morning at the scheduled **time and place** for the bus to arrive
2. Wait until the bus stops before moving to load or unload.
3. When it is necessary to cross the road to load and unload a bus, wait for a signal before crossing.
4. Cross at least 10 feet in front of the bus, if necessary to cross road or highway, to board bus or after leaving bus.
5. Always look in both directions to be sure that it is safe before crossing a road or highway.
6. Be quiet when the bus is nearing and crossing a railroad or intersections.

Students Will Not (not limited to the following)

- Play on the road while waiting for the bus
- Fight or tussle
- Use profane language or make vulgar gestures
- Carry a deadly weapon
- Make excessive noise
- Throw objects
- Commit any other act of improper conduct
- Put head or hands out the windows
- Ride outside the bus
- Mar or deface the bus
- Smoke or use intoxicants
- Possess or use alcohol
- Strike or threaten the bus driver

Driver Responsibility to Parents and Children

- Be on time
- Be Courteous
- Be Cooperative
- Exercise maximum safety by practicing good and proper driving at all times
- Recognize when assistance is needed from school officials in solving parent, passenger, or driver conflicts

The before mentioned items have been read and understood.

Parent signature _____ Date _____