

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.) <i>Hispanic Non-Hispanic</i>		Race (Circle all that apply.) <i>White Black Indian Asian Pacific Islander</i>			
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Last School Attended _____		Date Withdrawn _____			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 <i>English or Non-English</i>		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 <i>English or Non-English</i>		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) _____					
<p><i>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.</i></p>					
Guardian's Full Name _____					
Language <i>English or Non-English</i>		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).

Rock Creek Elementary School Student Record/Information Sheet
2020-2021
Celina Benere, Principal

Student Information

Student's Name _____
Last First Middle Nickname

Home Address: _____

Home Phone: _____ SSN: _____ Date of Birth: _____

Sex: _____ Race: *(Circle One)* White Black Asian Hispanic American Indian Pacific Islander

Last School Attended: _____ Phone Number: _____

School Address: _____

Special Services he/she receives: Resource _____ Speech _____ Does he/she have an IEP? _____

Siblings enrolled in this school:

Name: _____ Grade: _____ Teacher: _____

Name: _____ Grade: _____ Teacher: _____

Legal Information

CUSTODY: Both Parents Mother Father Other Legal Guardian: _____

Is this child restricted? _____

Parent Information: A copy of the legal order, regarding custody or restriction, concerning your child must be on file in the main office. This is only for custody issues.

Parent Information

Parent: (Mother) _____ (Father) _____

Cell Phone: (Mother) _____ (Father) _____

Work Phone: (Mother) _____ (Father) _____

Which phone number would you like us to use for School Messenger: _____

Step Parents: (if applicable) _____

Cell Phone: _____ Work Phone: _____

Guardian: (if applicable) _____

Cell Phone: _____ Work Phone: _____

Health Information

Health problems and/or Allergies: _____

Medications (dosage/frequency): _____

Dietary considerations we need to be aware of? _____

Activity Limitations: _____

Special Equipment and/or Safety Precautions: _____

Rock Creek Elementary School Student Record/Information Sheet

2020-2021

Celina Benere, Principal

Emergency Contact

Emergency numbers if parents cannot be reached:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Transportation

Mode of transportation: Pickup Bus Rider (bus number _____)

Emergency Closing of School Plan

If inclement weather should develop during school hours, the Director of Schools will make a decision on whether or not to close school. In the event that weather causes school to close, the Central Office school messenger will contact all parents. We also suggest that parents listen to the local radio stations for the announcement of the closing of school during school hours due to inclement weather. *WCDT - 1340 am* *WZYX - 1440 am*

When it becomes necessary for students to be dismissed early, personnel at Rock Creek School need information as to what procedure each student will follow due to early dismissal.

In case of inclement weather my child will (check appropriate box):

Ride bus # _____ (we will call to confirm that someone will be home - phone # _____)

Be picked up by:

• Name: _____ Phone: _____

• Name: _____ Phone: _____

Parent/Legal Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Teacher: _____

Date Enrolled: _____

K 1 2 3 4 5

Enrolled by: _____

Franklin County Schools Student Health Record

School Year _____

Student Name: _____
(Last) (First) (Middle)

School: _____ Grade: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mother's Name: _____	Telephone: _____	Cell: _____
Employer: _____	Work Number: _____	
Father's Name: _____	Telephone: _____	Cell: _____
Employer: _____	Work Number: _____	
Guardian/Legal Custodian: _____	Telephone: _____	Cell: _____
Employer: _____	Work Number: _____	

Other/Emergency Contact: _____ Emergency Phone Number: _____

Physician: _____ Phone Number: _____

Insurance Company/Policy Number: _____

TennCare: Yes No

Health Problems: _____

Medications (Dosage and Frequency): _____

Allergies: _____

Special Dietary Considerations: _____

Activity Limitations: _____

Special Equipment: _____

Safety Precautions: _____

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

**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

Rock Creek Elementary School _____ for the appropriate percent of the replacement cost for any 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.

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.

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.

HOME LANGUAGE IDENTIFICATION FORM

Franklin County School System

Student Name: _____ School Year: _____

Date: _____ School/Grade: _____ Teacher: _____

This original form must be placed in the above named student's permanent record (Title VI requirement). A copy of this form must be sent as soon as possible to the ELL instructor when English is not circled as the first language spoken or the language spoken most often in the home is not English.

Section A. Each student should respond to the following questions about his/her language background. Circle or write in the answer.

1. What was the first language you learned to speak?
 English Spanish Japanese Other _____
2. What language do you speak most often outside of school?
 English Spanish Japanese Other _____
3. What language is usually spoken in your home?
 English Spanish Japanese Other _____
4. In what language do you want written notices sent to you?
 English Spanish Japanese Other _____

If the answer to all of the above questions was "English", go to the bottom and sign the form. If any of the above four questions have been answered with a language other than English, please fill out Section B.

Section B. Student Information

Date of Birth: _____ Place of Birth: _____

Parent/Guardian/Legal Custodian Names(s): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Work Phone Number: _____

Former School (name and address): _____

Do the parents/guardians/legal custodian understand English? Yes No

If no, what language do they speak? _____

Signature of parent/guardian/legal custodian or student

Date

School Use Only

In your opinion, does this student need special English (as a second language) instruction? Yes No

Student's Language Assessment Use Category:

- _____ A - speaks only the language other than English
- _____ B - speaks mostly the language other than English
- _____ C - speaks English and the other language equally well
- _____ D - speaks mostly English
- _____ E - speaks only English

Signature of teacher



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, have your children moved to another city, state, and/or country?

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: