

2020 - 2021
Jasper Elementary School
Registration Packet

**Each student at Jasper Elementary must
have a complete registration packet each school year.**

Packets may be printed on jasperelementary.org or picked up in the JES car line:

Monday, August 3 from 4:00 - 6:00

Tuesday, August 4 from 8:00 - 11:00

Packets should be returned on:

Thursday, August 6 from 4:00 - 6:00

Friday, August 7 from 8:00 - 11:00

The following items must be completed and returned:

- ☐ Registration form (front and back)
- ☐ Daily Dismissal Information
- ☐ Parent Signature Sheet (must check ALL blanks you agree with)
- ☐ Student Health Information
- ☐ TN Migrant Education Program - Occupational Survey
- ☐ Counselor Letter/Informed Consent
- ☐ Ingles - Tool for Schools (optional)
- ☐ Home Language Survey (ALL Kindergarten students and NEW JES students)
- ☐ Medication Order Form (only for students who must receive medication at school; must be filled out and signed by a physician)
- ☐ Tennessee Lion's Outreach form (only Pre-K and Kindergarten)

The following items should be kept at home and filed for future information:

- ☐ School Attendance and Your Child
- ☐ Legal/Custody Disclaimer
- ☐ Definition of Homelessness
- ☐ Voices of Meningitis
- ☐ Screener Parent Letter
- ☐ Annual Notice for Parents

CHECK ALL THAT APPLIES) ☐ CONTACT ALLOWED ☐ HAS CUSTODY ☐ LIVES WITH ☐ MAILINGS ALLOWED ☐ ENROLLING PARENT ☐ RELEASE TO

☐ 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.

Daily Dismissal Information

Student Name: _____ Grade: _____

Teacher: _____

How will your child get home each day?

_____ Car Rider (Multiple students in one car go out at the time of the youngest student.)

_____ If you chose car rider, what grade is the youngest student riding in your car?

_____ Walker (Students are NOT allowed to walk by themselves)

_____ Bus Rider

Bus # _____ Load _____

Dropoff address: _____

*Aftercare is not an option at this time.

The only two options for changing transportation are:

1. Written note to the teacher.
2. Email to jesoffice@mctns.net before 1:30pm (if you don't receive a response within an hour call the office to make sure we received the email)

Teachers will NOT take transportation changes by phone, text, email or any form of social media including Dojo, Remind, Class Tag, etc. A written note or email to the office are the ONLY two options for changing transportation. This is for the safety of your child.

This excludes bus changes and early dismissal days (see below); however the teacher must reach out to the family at these times to ensure the communication is received. Our number one priority is to make sure your student arrives home safely and no communications are missed.

Emergency/Unexpected Early Dismissal

You will be contacted by your child's teacher for an emergency or unexpected early dismissal; however, it is helpful for us to know your tentative plan for such a day.

How will your child get home in the case of an emergency or unexpected early dismissal?

_____ Car Rider (Multiple students in one car go out at the time of the youngest student.)

_____ If you chose car rider, what grade is the youngest student riding in your car?

_____ Walker (Students are NOT allowed to walk by themselves)

_____ Bus Rider

Bus # _____ Load _____

Dropoff address: _____

Emergency Contacts - Please list a daytime number/s where someone can be reached

Name: _____

Number: _____

Name: _____

Number: _____

Name: _____

Number: _____

FRONT AND BACK
Marion County Schools
Jasper Elementary School

495 Warrior Drive Jasper, TN 37347

Phone 423-942-2110 Fax 423-942-8817

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)

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: _____
 MEDICATION: _____
 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: _____



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:



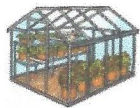
Processing & Packing
(fruit, vegetables, chicken, eggs, pork, beef, etc.)



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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Counselor Letter/Informed Consent

Dear Parents/Guardians:

A school counselor is someone available to help children develop academically, socially and personally. I will work closely with parents, teachers, and the school administrators to provide the best resources and services possible for our students.

A school counselor is a member of the school staff, not a medical doctor, psychiatrist, psychologist, or an employee of the Department of Human Services. A school counselor listens to a child and helps him/her better understand what may be going on in his/her life.

Counseling sessions are always confidential; however, there are exceptions to confidentiality. The exceptions include harm to self or others, and/or suspicion of abuse or neglect.

You may at any time refer your child to the counselor. Teachers and other members of the school staff can also refer students. Sometimes a student may "self-refer" by asking to see the counselor.

Your permission is required for your child to see the counselor either individually or in a small group.

I will also be teaching guidance and as stated above individual and small group counseling is available. Topics will promote character development, positive self-image, motivation to learn, positive ways to relate to others, listening skills, problem solving, and other areas that will help children to be more successful in school and in the future.

Please sign and return to your child's teacher.

I do / do not give permission for my child _____

(Teacher's Name)_____ to see the counselor individually or in a small group if needed.

Parent /Guardian's Signature_____ Date_____

Thank You

Susan Guess

School Counselor



ingles Tools For Schools

Use the Ingles Advantage™ Card and help your local schools. When you make purchases using the Ingles Advantage™ Card, Ingles will give back to the schools a portion of those sales. The portion can be used by the schools to purchase computers and school supplies.

Tools For Schools Q & A

What Is The Tools For Schools Program?

When customers sign-up for the Tools For Schools program and make purchases using the Ingles Advantage™ Card, Ingles will give back to the school a portion of the total sales. The portion can be used to purchase computers and school supplies for the schools.

How Do Customers Sign Up?

The sign-up is a one time process that will take place at the beginning of the school year (Note: participant must sign up each school year to enroll for that year). The school that is chosen is linked to the customers Ingles Advantage™ Card until May 6th of the current school year. Ingles will maintain a cumulative total for the school (limit 1 school per household) the customer has selected and will provide the reward to the school on the pay out period date.

What Purchases Qualify?

All purchases made using the Ingles Advantage™ Card qualify (Unless prohibited by law).

How Do I Know The School's Code Number?

Schools will communicate the numbers through PTA meetings, newsletters, etc. or a list of schools signed up to participate in your stores market area will be available at the customer service desk. School's that are not registered should contact the Tools for Schools coordinator at 1-800-635-5066.

How Do Customers Find Out What The School Earned?

Approximately once every month during the program, Ingles will post a report on the web at www.ingles-markets.com that indicates each school has earned for that specific period and cumulative total.

Fill Out This Form To Link The Ingles Advantage™ Card To Your School Of Choice!

The ingles Tools For Schools Enrollment Application

Mr. ☐ Last Name (PLEASE PRINT IN ALL CAPITAL LETTTERS)

Ms. ☐

Mrs. ☐

First Name

M.I.

Ingles Advantage Card Number

School Code

Not sure of your school's code? Contact customer service at your local Ingles for a list of participating school codes.

Sign Up And
Help Your School
TODAY!

ingles
Tools For Schools

Schools Have Earned
\$9,000,000
Over The Last 7 Years!



**only required for
Kindergarten and
new JES students*

- Jasper Elementary
- Jasper Middle
- Marion Co. High

- South Pittsburg Elementary
- South Pittsburg High
- Monteagle Elementary

- Whitwell Elementary
- Whitwell Middle
- Whitwell High

Home Language Survey

Date Enrolled: _____ Date Survey Completed: _____

Full Name of Student: _____

1. What is the first language this child learned to speak?

- English • Español • Other: _____

2. What language does this child speak most often outside of school?

- ☐ English ☐ Español ☐ Other: _____

3. What language do people usually speak in this child's home?

- ☐ English ☐ Español ☐ Other: _____

The state of Tennessee requires every district to collect a *Home Language Survey* for every new student. This information will be used to identify the students whose families speak a language other than English at home. This form will be used to identify the students who are required to be assessed for English Language proficiency using the WIDA-ACCESS Placement Test to determine services in accordance with Tennessee state legislature Rule 0520-1-3-/056 a. 1 and 2 ii. **Answers on this form do not automatically admit students into an English-learning program.**

Parent / Legal Guardian _____ Date _____

Translator / Transcriber _____ Date _____

- Jasper Elementary
- Jasper Middle
- Marion Co. High

- South Pittsburg Elementary
- South Pittsburg High
- Monteagle Elementary

- Whitwell Elementary
- Whitwell Middle
- Whitwell High

Encuesta del idioma del hogar (Home Language Survey)

Fecha de inscripción : _____ Fecha levantada la encuesta: _____

Nombre completo del estudiante: _____

1. ¿Cuál es el primer idioma que este niño aprendió a hablar?

☐ Inglés ☐ Español ☐ Otro: _____

2. ¿Qué idioma habla este niño más a menudo fuera de la escuela?

☐ Inglés ☐ Español ☐ Otro: _____

3. ¿Qué idioma habla la gente generalmente en el hogar de este niño?

☐ Inglés ☐ Español ☐ Otro: _____

El estado de Tennessee requiere que cada distrito recopile una Encuesta del idioma del hogar para cada nuevo alumno. Esta información se usará para identificar a los estudiantes cuyas familias hablan un idioma diferente al inglés en el hogar. Este formulario se usará para identificar a los estudiantes a los que se exige una evaluación del dominio del idioma inglés mediante el examen de ubicación WIDA-ACCESS para determinar los servicios de acuerdo con la legislación del estado de Tennessee Regla 0520-1-3- / 056 a. 1 y 2 ii. Las respuestas en este formulario no admiten automáticamente a los estudiantes en un programa de aprendizaje de inglés.

Padre / Tutor Legal _____ Fecha _____

Traductor / Transcriptor _____ Fecha _____

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

* Pre-K to Kindergarten
ONLY

Tennessee Lions Outreach at Vanderbilt Eye Institute

Staple SureSight
Printout here

Consent of Parent/Guardian

The Lions Clubs in your community in conjunction with the Tennessee Lions Eye Center at Vanderbilt Eye Institute will offer free vision screening to your child. The screening will provide a digital reading of your child's eyes. No physical contact is made with your child and eye drops are not used. Results will be returned to the screening site where they will be available to you within a few weeks.

I, the undersigned, hereby give permission for my child, named below, to participate in the screening event. I understand the following regarding this program:

1. The information obtained from this vision screening is preliminary only, and does not constitute a diagnosis of vision problems.
2. There is no charge to participate in the vision screening process.
3. I understand that I am responsible for arranging a full eye exam if my child has been referred as a result of the vision screening. I give permission for my doctor to share the evaluation results with Vanderbilt University.
4. I understand and give my permission to be contacted by Tennessee Lions Outreach follow-up coordinator if my child is referred.
5. I will not hold either the Lions Club organizations or Vanderbilt University accountable for any errors of commission, omission or other misdiagnosis.

Signature of Parent or Guardian

Date

Please Print

Child's Name: _____ Child's Date of Birth _____ Age _____
First Middle Last

Address: _____ City and ZIP: _____

Home Phone: (____) _____ 2nd Phone _____

Results

- ____ **Pass** We are unable to detect a vision problem at this time. Please realize this screening is not a substitute for a complete pediatric eye exam. Consult your pediatrician if you suspect a vision problem.
- ____ **Refer** Your child should be examined because he or she may have a condition that has the potential to cause poor vision in one or both eyes.
- ____ **Borderline** Your child may have a mild refractive error (need for glasses) that does not need to be evaluated formally at this time. We recommend the child be re-screened in one year, or see an eye doctor sooner if you suspect a problem.
- ____ **Unreadable** Re-screen in 1 year, or see eye doctor sooner if you suspect a problem.

If you have any questions about the screening process or results, please call the Tennessee Lions Outreach Program at (615) 936-1623 or toll free at (877) 880-2353.

**The following
pages should be
kept at home and
filed for future
information.**

Marion County Schools Attendance Policy All absences must be covered by a note. Your child has three days once they return to school after an absence to present that note to the administration.

Tennessee Attendance Law
Under Tennessee Law (TCA 49-6-3009) any parent, guardian or any other person having control of a child or children and who violates the provisions under the Tennessee compulsory attendance law commits a Class C misdemeanor. For each day the child or children have missed school without the proper excuse a parent may be fined fifty (\$50.00) or thirty (30) days in jail for each separate day of unexcused absence. If the student is found to be guilty of truancy the judge may assess a fine of fifty dollars (\$50.00) or five (5) hours of community service against the student/parents or legal guardian of children in grades kindergarten through twelve (K-12).
Court cost will also be assessed against the student or parent(s).

Homebound
Parents may request homebound instruction in cases where a student has a medical condition that may result in an absence of more than ten (10) consecutive days. A written order from the treating physician will be required and once the order is filed with the Director of Health Services the case will be reviewed for eligibility. Homebound students will receive three (3) hours of academic instruction per week.

Mrs. Lori Case RN
Director of Health Services

- Consequences of Poor Attendance**
- The student will lose their Drivers' License.
 - The student is less likely to meet the state academic standards.
 - The student is more likely to be retained
 - The student may receive a grade of "0" for the work missed due to an unexcused absence.
 - The Parent(s) is expected to meet with school administrators to discuss the attendance problem.
 - A Truancy Board hearing may be scheduled to take action to address the problem before a formal petition is filed.
 - A petition may be filed with the Juvenile Court against the student.
 - Public service work may be assigned to the student.
 - A court fine of \$50 or more plus court cost may be assessed in the case.
 - A formal warrant may be filed against the parent for parental violation of the compulsory attendance law.
 - A formal warrant may be filed against the parent for educational neglect.

Ways to Improve Your Child's Attendance

- Talk with your child about the importance of attending school regularly.
- Avoid scheduling family trips or doctor appointments during school hours.
- Make sure your child stays healthy by eating nutritious food and getting enough sleep and exercise.
- Don't accept excuses for why your child "must" miss or be late for school.
- Discuss with your child what happened at school each day.
- Support school rules and consequences for skipping class and being tardy
- Show your child why education is important. Give specific examples of how education helps people succeed.

SCHOOL ATTENDANCE AND YOUR CHILD



**Marion County
Schools 204 Betsy
Pack Drive, Jasper, Tn.
37347**

**L. Mack Reeves or
Mel Kirkendoll
Office of Attendance**

The Marion County School System believes attendance is essential for student achievement and success; therefore, students are expected and encouraged to be present each day school is in session.

Also, under the federal guidelines of "No Child Left Behind" attendance is considered a key factor in a student's academic success.

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



Jasper Elementary School

Mrs. Kimberly Shurett, Principal

Mrs. Nicole Jones, Assistant Principal

495 Warrior Drive

Jasper, TN 37347

Phone: (423) 942-2110

Fax: (423) 942-8817

Administrative Staff:

Lois Hampton & Amanda Newson

Parents/Guardians,

Marion County Board of Education requires that all schools maintain current records on students with legal/custody issues. With over 709 students, Jasper Elementary School wants to make sure our records are up-to-date. If there are legal/custody issues, please come to the school office and bring your most current copy of court documentation/parent plan. The documents must be an original copy with a seal. We will need to make a copy of the documents no later than the first day of school.

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

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.

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.

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.