### **MEMORANDUM**

Grainger High School School Counseling Office Phone: 865-828-3886

Fax: 865-828-8686

Bus Information: 865-828-3611

To:

Registering Students at GHS

From:

Jill Denton, School Counselor (Grades 10 & 12)

Rachel Harris, School Counselor (Grades 9 & 11)

Date:

2021-2022 School Year

Subject:

New Student Registration Process

In order to successfully register a new student at Grainger High School you should complete the following steps:

1. Pick-up a registration packet from the office and meet with the appropriate school counselor to schedule an appointment time to register your new student.

#### **Appointment Time:**

#### **Counselor:**

- 2. Student and parent/guardian should return for your appointment time with the following items from enrollment packet and other sources completed (explanation of all forms is listed on the reverse side):
  - Verification of residence form completed and notarized
  - o Student Registration and Information Form
  - o Copy of Birth Certificate
  - o Copy of Social Security Card
  - o Documentation of Custody (if applicable)
  - Migrant Education Program Occupational Survey
  - o A Tennessee Certificate of Immunization
  - An official copy of the School Transcript from the last school attended
  - O Withdrawal Form/Statement from previous school
  - Copy of the Eligibility Report and the IEP if the student has been receiving Special Services at the previous school.
  - o 3 copies of items that prove residence in Grainger County. These items should show the parent/guardian's name at the address given:
    - Electric Bill, Water Bill, Telephone Bill, Cable Bill, Lease Agreement, Housing Contract, Property Deed
  - o Food Allergy Form
  - o Internet Permission Form
  - o Application for Free & Reduced Lunch

Please Note: Only the legal guardian(s) may enroll a child as a student at GHS. The legal guardian(s) must also be a resident of Grainger County. The permanent address will be verified by Grainger County Board of Education authorities. Power of Attorney can only serve as legal guardianship under the three following conditions: incarceration of parent, loss of home due to natural disaster, or documented proof that parent is not capable of caring for the child.

<sup>\*</sup>Explanation of all forms is listed on the back.

### **Explanation of Forms Required for Enrollment**

- Verification of Residence Form completed and notarized.
- Student Registration and Information Form completed (front and back)
- Withdrawal Form A withdrawal form from previous school stating that the student has officially withdrawn and does not owe any debts, books, etc.
- o Migrant Education Program Occupational Survey Complete if applicable.
- o *Tennessee Immunization (Shot) Record* This <u>must</u> be presented before student can be enrolled. If students have moved from out-of-state, the out- of-state shot record should be presented to the Grainger County Health Department to receive a Tennessee record.
- o *Official Documentation of Custody* (if applicable) If student's last name and parent or guardian's last name is different, we must have a custody agreement or petition for legal guardianship (signed by a judge).
- Transcript of classes from previous school This may include grade cards.
   Nonetheless, transcripts, withdrawal grades, attendance record, and discipline record must be obtained by GHS before student will be enrolled. Official copies of these records will be requested by the school counselors.
- Proof of Residency At least three types of documentation must be provided to confirm your residency in Grainger County, such as an electric bill, water bill, cable/satellite bill, phone bill, proof of rent payment, etc.
- The completion of the following forms will be required (these forms are included in the packet):
  - Food Allergy Form
  - Internet Permission Form
  - Application for Free/Reduced Lunch

## **Grainger County Schools**

## Student Enrollment Form (Preschool-12)

Please complete the following information	n and return it to school. (ALL fields m	ust be completed.)
PERSONAL INFORMATION		
Name:	Grade:	Homeroom:
Address:	City:	Zip Code:
Date of Birth:		
Was the child born in the United States?	Yes State Born in:	m.
Candan Mala Tramala Casial Sasu	No Where was the child bo	III.
Gender: Male Female Social Secu		
Does the child have an IEP or 504 plan? ☐Yes Has your child received Special Services/Sp		
Is the child currently in foster care?	Yes No	
Ethnicity: (please choose one)	Race:	
☐ American Indian/Alaskan Native	☐ American Indian/A	laskan Native
Asian	Asian	
☐ Black or African American	☐ Black or African An	nerican
Hispanic	□White	
■ Native Hawaiian/Pacific Islander	☐ Native Hawaiian/P	acific Islander
Two or More		
☐ White		
Does your child currently have an active co		☐ Yes ☐ No
If so, the school <u>must</u> have an official copy of th		
Who does the child live with: Mo	ther Father Both Parents G	randparent Guardian
Residence of Child (Please check <u>only one</u> o		
☐ House/Apartment/Mobile Home of		
19003 M	amily member due to economic reason	ns)
Shelter/Transitional Housing		
Hotel/Motel	aund Tamparani Trailor Abandoned I	Ruilding)
	ound, Temporary Trailer, Abandoned E	sululing)
FAMILY INFORMATION		
Father/Stepfather/Guardian (First Name/L	ast Name):	
Address (if different than child):		C-II Dhanas
Father's Home Phone:	Work Phone:	Cell Phone:
Mother/Stepmother/Guardian (First Nam	ne/Last Name):	(Maiden Name):
Address (if different than child):		
Mother's Home Phone:	Work Phone:	Cell Phone:
Additional Contact Person(s) if parents ca	annot be reached:	
Person:	Phone Number:	

Please complete the following information and re	turn it to school. (ALL fields must be completed.)
Mother Email:	Father Email:
If either/or both parents are actively in the armed	
Active Duty Military Dependent (4) National Guard	d Military Dependent (5) Reserve Military Dependent (6)
MEDICAL INFORMATION	· · · · · · · · · · · · · · · · · · ·
List any allergies or medications:	
*If the child has serious medical concerns, please n the homeroom teacher. This is very important to t	make arrangements to see the school nurse, as well as advise the wellbeing of your child.
to take the following action: (Check one):  Take my child to a medical facility for treatme	hours, and I cannot be reached, a responsible adult has my permission ent. I hereby authorize medical personnel to examine and treat my
child.	
(Other)	
Child's Name:	
Parent's Signature:	
× 1/8	
PREVIOUS SCHOOL INFORMATION:	
Has your child ever been enrolled in a Tennessee S	School Yes No If yes, please complete information below:
School Name:	
School Address:	City Zip Code
School Phone Number:	
OTHER INFORMATION	
Is your child going to be a car rider?  Yes No	List the names of adults that could pick your child up through the carrider line:
(This does not include picking them up early from	1.
the front office.) (Does not apply to pre-K)	2.
neimin	3.
List siblings that currently attend Grainger County	Schools, please include grade level:
1.	2.
3.	4.
	hild what he/she is to do in case school is dismissed early due y Schools will notify parents using the automated "School
Please choose below the plan your child is to follo	ow during an early release for bad weather or any other follow unless notified otherwise by the parent/ guardian.
Ride Regular Bus #	
Ride Bus # to	
Be a Car Rider	
Be Picked Up By: Other, please explain:	
Outer, piease explain.	employed and analysis of the control

### Please complete the following information and return it to school. (ALL fields must be completed.)

#### **RELEASE AUTHORIZATION**

In case of emergency, such as an accident, illness, school dismissal, or other times that a parent/guardian cannot be reached/cannot pick up a child at school, I hereby authorize the following person(s) to pick up my child:

\*Note: Person or Persons will be required to provide identification to school personnel when signing your child out of school.

Name:	Phone Number:
Name:	Phone Number:
Name:	Phone Number:
Name:	Phone Number:
This signature certifies that all information provided on the reported to the school within 24 hrs.	ne form is accurate. I understand that changes in any information must be
Parent/Guardian Signature	Date

Grainger County Schools prohibit discrimination in all its programs and activities on the basis of race, color, national origin, gender, disability, or age.

# Grainger High School Student Registration and Information Form

Legal First Name		Legal M	fiddle Name			Legal Last Nai	me	Suffix	(Jr. II, etc.)
	Gender (Circle	e Appropriate)			Social Security Number:				
Current Residence Stre	et Address		City			State	Zip Code		* 4
Student Phone #: Birthple		Mailing	Address (IF	DIFFERENT	from Curr	ent Residence St	treet Address)		4.
(As it appears on the		te) I have l	ived at the al	bove address si	ace:	Mo	onth of	Vosa	
City & County of Birth:						Please check A		Year	
State of Birth: Country of Birth:	or Latino?		nic No	Asian African An African An African An American Indian/Alaskan Native					
Mother's Maiden Name			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1===	1 40100 15141	ider/Hawaijan	White	
Last School Attended	i Enroim		ool Street A	ddress		Last School Ci	ity Last School	State 7	Zip Code
Has this student ever att Grainger County school Yes No Year Other School Ac	before? su	this student CUI spended or expel nother school or o Yes en in Hom	led from listrict?	Has this stu- previously r Yes	etained?	previous sch	dent received any of the noo!?  ish as a Second Langua; ial Education Services a Program (IEP) or a 504	ge (ESL or E	LL)
Legal Name (First, Midd	lie, Last)		i Seles	Gender M	F	School Enrolle	ed		Grade
Legal Name (First, Middle, Last)		Gender	F	School Enrolled G		Grade			
Legal Name (First, Middle, Last)		Gender	F	School Enrolled Grad		Grade			
ELL/ESL Informa	ation				504				
What is the first language	ge she/he learn	ed?		T	What lan	guage is usually	spoken at home?		
Wedical Informa	tion							-	
Allergies and/or Me dica			48 00 00	Med	lications T	aken Regularly	. P. S		
Living Status -	- Where do	es your chil	d stay at	night? (ple	ase che	ck one)			5 3 5 155
Inadequate hous	sing (no electri	city, running wat			In a motel		Other Housing (pl	ease explain	):
With a relative	or irlend				In an auto	mobile			

Legal Last Name of Parent/Guardian 1	240	Legal Last Name of Parent/Guardian 2		
Legal First Name of Parent/Guardian 1		Legal First Name of Parent/Guardian 2		
	ter Father indmother	Parent/Guardian 2 Relationship to Student  Father Mother Step-Father Step-Mother Foster Father  Foster Mother Guardian Grandfather Grandmother		
Aunt Uncle Sister Bro	ther	Aunt Uncle Sister Brother		
Current Address of Parent/Guardian 1 IF DIFFERE Residence Street Address	NT from Student's	Current Address of Parent/Guardian 2 IF DIFFERENT from Residence Street Address	Student	
City State	Zip	City State Zip	P	
Phone Numbers/ Email Address of Parent/Guardian 1		Phone Numbers/ Email Address of Parent/Guardian 2		
Iome Telephone ( )		Home Telephone ( )		
Vork Telephone ( )	*	Work Telephone ( )		
Alternate Telephone ( )		Alternate Telephone ( )	100	
Cmail Address		Email Address		
Employer of Parent/Guardian 1	01	Employer of Parent/Guardian 2		
Child Lives with Parent Guardian 1 Yes No	Harry Harry	Child Lives with Parent Guardian 2 Yes No		
have legal custody of this child. (In case of custody disprocumentation must be provided)	ites, legal	I have legal custody of this child. (In case of custody disputes, legal documentation must be provided)		
Yes No		Yes No	37.	
nergency Contacts (Other than Pare	nt/Guardian(s)	listed above)		
Emergency Contact 1 Legal Name (First, Middle, Last)	Emergency Co	ontact I Telephone Numbers Relatio	nship	
4.	Work Telepho	The second secon		
Emergency Contact 2 Legal Namé (First, Middle, Last)	Emergency Co	ontact 2 Telephone Numbers Relations	nship	
the state of the state of	Work Telepho	ne ( )		
*	Alternate Tele	phone ( )		
ansportation Information				
AM Bus#	PM-Bus#	Miles Transported		
ease Read and Sign the Following	y Statement			
		· · · · · · · · · · · · · · · · · · ·		

## Department of Education Grainger County

P.O. Box 38
7850 Rutledge Pike
Rutledge, Tennessee 37861
Phone 865/828-3611 Fax 865/828-4357
Edwin Jarnagin, Director

#### Grainger County Schools Verification of Residence

I,	certify that I am a legal resident of			
Parent	/Legal Guardian y, and am residi	ng at the address list	ed below. I further	state that
		is my lega	l responsibility and	resides at
Stude the same addres	ent's Name s.			
NamePa	rent/Guardian			
911-Address _			·	
_	City	State	Zip	
Bus No		Community		
Phone No				
Signatur	re of Parent/Gua	rdian		
<u></u>	Date		(Notary Public)	
	Mv	Commission Expire	S	_, 20

<sup>\*</sup> Please return this form to the school principal within five (5) school days.



**Student State ID:** 



#### **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 Pa	rent/Guardian First & Last Name	
Student First Name	Student Last Name	9
School Name		Student Grade
1. Have you or an immediate family in any part of the United States, in	y member performed any of the jobs list the past three years?	sted below temporarily or seasonally,
□ No		
☐ Yes. Check all that apply and I ☐ 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,	☐ Forestry (soil preparation, planting,	☐ Commercial Fishing & Processing (catching, sorting, packing, transporting)
potting, pruning, watering, harvesting)	cutting trees; landscaping not included)	
Total Months Worked:	Total Months Worked:	Total Months Worked:
2. In the past three years, has your	family moved to another state, city, sch	nool district, and/or county?
□ No		
☐ Yes. How long have you reside	2011 2011 1911	
Years	Months	Weeks
If you answered "Yes" to questions	1 and 2, please complete the informati	on below.
Home Street Address		Apt #
City	State	Zip Code
Telephone Number	Best Day of Week & Time o	of Day to Call
For School Use Only: Please send survey with with the Tennessee Migrant Education Program	two <b>YES</b> responses to your district migrant liaison. If	you have questions, call (931) 212-9539 to speak

District ID:

**Enrollment Date:** 



### **Student Computing Device Contract**

Students who are issued district-owned equipment must agree to the following guidelines:

- I pledge to treat the device issued to me with respect. I will operate it by following all school guidelines as stated in the Grainger County Schools' Responsible Use Policy.
- · I accept responsibility for using the device at school and outside of school hours.
- I pledge to hold the device carefully, to open and close it gently, and to have it under my physical control at all times.
- If a sleeve or case is provided, I pledge to keep the device issued to me in the school approved computer sleeve, zipped up, while transporting.
- I pledge to honor my 1:1 commitment by not loaning out the device or cord to another student unless I am asked to by an authorized adult.
- · I pledge to keep food and drinks (including the water fountain) away from the device.
- I pledge to use the device with clean hands.
- I pledge to keep the device on my workspace, never leaving it unattended on the floor and never placing it on the edge of my desk.
- I pledge to care for the screen by not stacking books or other objects on top of the device; I will not close the lid with pens/pencils/other objects on the keyboard.
- I pledge to use email appropriately and remember that my emails are monitored. I have no expectation of privacy while using the device.
- I pledge that I will only use school-approved software and programs (no unapproved games from home).
- I pledge that at the end of the day I will restart the device and plug it in to charge.
- I understand that my parents/guardians and I are responsible for costs associated with loss, damages, or theft of the device.
- I pledge that if the device is lost, stolen, or if any problem arises with the device, I will immediately notify my teacher.
- I pledge that I will only use the device assigned to me and will keep my hands off another's computer unless asked to assist.
- I agree to return the device, charger, and sleeve to school in good working condition at the conclusion of the school year (or if I withdraw from Grainger County Schools).
- I understand that the device can be taken and inspected at any time and that failure to comply with any of the guidelines and policies may result in suspension of my use of the computer.

Student Signature		
	20	
Printed name	Date	



## Parent/Guardian Computing Device Contract

I pledge to review the Student Computing Device Contract with my child and support him/her in following the pledge.

I understand that my child's ability to use and have access to technology is imperative for his/her future success in today's job market; therefore, my child will receive my full support in their academic endeavors.

I understand that my child 's device must be returned to Grainger County Schools at the end of the school year (or upon his/her withdrawal from the system). The device should be returned in good condition and in good working order. One exception is with seniors. The school system with give seniors their device upon graduation pending their signed agreement with the school system that absolves the school district of all liability with the device.

Parent Signature				
to every thin more or election	Date			
Printed name	Date			

## GRAINGER COUNTY BOARD OF EDUCATION ACCEPTABLE USE POLICY ACCESS TO INTERNET AND NETWORKS

The Grainger County Board of Education provides Internet access for the purpose of promoting the use of telecommunication and networking technology as a tool to enhance classroom teaching and learning. All use of the network must be consistent with this purpose and be in accordance with this policy in an appropriate and responsible manner.

The Superintendent will develop and implement procedures addressing unethical use of the Internet, offensive or inappropriate language, transmission of material in violation of any state or federal regulation, use of the network for commercial activities, vandalism, and issues of privacy. The use of the Internet and networks is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. Written guidelines will be provided to users stating rules of on-line behavior, access privileges and penalties for policy/procedural violations. A written parental request shall be required prior to a student's being granted independent access to electronic media involving district technological resources. The form must be signed by the student and by the parent/legal guardian of any student under 18. This form shall be kept on file by the school as a legal, binding document. If the parent/guardian wishes to rescind the agreement, the parent/guardian must do so in writing to the Superintendent.

## GRAINGER COUNTY SCHOOL SYSTEM GUIDELINES FOR ACCEPTABLE USE TO INTERNET AND NETWORKS

Our goal in providing internet service to teachers and students is to promote educational excellence by facilitating resource sharing, innovation, and communication. Our connection provides direct access to the Internet. The Internet is an "electronic highway" connecting millions of computers all over the world., and millions of individual users. Your child will be using it in the classroom to communicate with fellow students in Grainger County and all over the world.

With access to computers and people all over the world also come the availability of material that may not be considered to be of educational value in the context of the school setting. Internet access is coordinated through a complex association of government agencies, and regional and state networks. In addition, the smooth operation of the network relies upon the proper conduct of the end users who must adhere to strict guidelines.

Students in Grainger County will participate in projects using the Internet in a directed manner to support curriculum and research activities. Teachers and students will use the Internet to participate in distance learning activities, to ask questions of and consult with experts, to communicate with other students and individuals, and to locate material to meet their educational and personal information needs. These guidelines are provided here so that you are aware of the responsibilities you are about to acquire.

#### These guidelines include:

- Do not use offensive or inappropriate language, or language that would promote violence or hatred, and do not respond to such
- Do not reveal your (or other's) personal address, phone number or credit card information
- Do not harass anyone by sending uninvited communication

- Do not send electronic information from accounts that do not belong to you without the owner's authorization
- Do not access unauthorized or inappropriate areas on the network
- Do not make unauthorized copies of software or information
- Do not access the network at your school without a signed Internet Use Agreement.
- Do not transmit any material in violation of any state or federal regulation
- Do not use the network for product advertisement or political lobbying
- Do not damage computer, computer systems or computer networks
- Do not access obscene, pornographic and/or sexually explicit material on the network
- Do not invade the privacy of other network users

USER AGREEMENT AND PARENT PERMISSION FORM

• Do not use the network in ways which violate school policies and behavior standards

Any items produced by the students will not be posted to the Internet without their written permission. If permission is granted, items will be considered fair use and available to the public. The use of the Internet connection is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. Based upon the acceptable use guidelines outlined in this document, the system administrators will deem what is inappropriate use and their decision is final.

### STUDENT USER (Please print) Last Name First Name Middle Name The undersigned acknowledges that he/she has read the guidelines for acceptable use of Internet and networks for the Grainger County School System before signing this use agreement. The signature(s) is legally binding and indicates the party who signed has read the terms and conditions of said policy and guidelines carefully, understand their significance and agree to abide by all provisions of said policy and guidelines. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and appropriate legal action. User signature: \_\_\_\_\_\_Date \_\_\_\_\ If user is under the age of 18, a parent or guardian must also read and sign this agreement. PARENT OR GUARDIAN As the parent or guardian I have read and agree to the terms of the acceptable use policy and guidelines to Internet and networks for the Grainger County School System. I understand that this access is designed for educational purposes. I will not hold the school responsible for materials acquired on the network. I recognize that it is impossible for the Grainger County School System to restrict and prevent access to controversial materials, and I will not hold the school system responsible for materials acquired on the network. I accept full responsibility for my student's action on the network in school. I hereby give permission for my child to use the Internet and networks for educational purposes. Parent/Guardian Signature: \_\_\_\_\_\_Date: \_\_\_\_\

## Department of Education Grainger County P.O. Box 38

P.O. Box 38 7850 Rutledge Pike Rutledge, Tennessee 37861 Phone 865/828-3611 Fax 865/828-4357 Edwin Jarnagin, Director

## Student/Faculty/Staff Information (for cafeteria use)

Name		
Homeroom Teacher	Grade	
Address		
Parent/Guardian		
Home Phone		
Emergency Phone		
Mother's Work Phone		
Father's Work Phone		-
List food allergies(If no allergies, please state NONE and sign below)		_
Action to be taken in case of allergen ingestion:		
1.		
2.		
Signature of Parent or Guardian	Date	
Signature of Student/Faculty/Staff	Date	

Teach. Learn. Succeed.

This institution is an equal opportunity provider.