## CHECKLIST FOR REGISTRATION FORM

INITIAL/CHECK

 2018··2019 REGISTRATION FORM (RETURNED SIGNED COPY)

 MIGRANT OCCUPATIONAL SURVEY (COMPLETED AND RETURNED)

 HEALTH FORMS (COMPLETED AND RETURNED)

 ,ACCEPTABLE USE POLICY (COMPLETED AND RETURNED)

 EMERGENCY CONTACT CARD (COMPLETED AND RETURNED)

#### PLEASE KEEP THE COPIES OF THE TRUANCY PLAN AND TRANSPORTATION RULES FOR YOUR RECORDS.

 I HAVE READ AND UNDERSTAND THE BLEDSOE COUNTY SCHOOLS PROGRESSIVE TRUANCY INTERVENTION PLAN \_

(PARENT/LEGAL GUARDIAN SIGNATURE)

 I HAVE READ AND UNDERSTAND THE BLEDSOE COUNTY TRANSPORTATION RULES AND REGUALTIONS \_

(PARENT/LEGAL GUARDIAN SIGNATURE)

#### BLEDSOE COUNT Y SCHOOLS' 2018-19 STUDENT ENROLLMENT FORM

Name:-----------------

Last First Middle

Grade:

---- Date of Enrollment:'- ----

Gender: Male Female

Date of Birth: Social Security Number: \_

Bus 11 -==---------==Miles Transported(from home to school) -,- \_ Ethnicity: D Not Hispanic/Latino D Hispanic/Latino Homeroom: \_ Race: DAmerican Indian/Alaskan D Asian D Black/African American D Pacific Islander/Native Hawaiian D White

State of Birth:

County of Birth:

City of Birth: \_

Year First Enrolled in U. S. School -------

Mother's Maiden Name: ----------- Copy of Birth Certificate: Yes No Has your child attended a TN Public School this year? Yes No

Last School Attended: \_

(School Name, City, State)

Any special services student received in previous school: \_ Other siblings attending school in Bledsoe County: \_

1. Parent/Legal Guardian: \_ Relationship: \_

D Custodial Parent D Emergency Contact D Can pick child up D Skyward Family Access (see attachment)

 Active Military Duty National Guard Military Duty Reserve Military Duty

Number & Street City State

Phone Numbers: Home: ------ Cell: \_ Work:---------

Email Address:------------------(Required for Skyward Family Access See Attached)

1. Parent/Legal Guardian: --------------- Relationship: \_

D Custodial Parent D Emergency Contact D Can pick child up D Skyward Family Access (see attached)

 Active Military Duty National Guard Military Duty Reserve Military Duty

Physical Address: \_ Number & Street City Stafe Zip

Mailing Address:

----------------------------

(If Different) Number & Street City State Zip

Phone Numbers: Home:-------- Cell: \_ Work:---------

Email Address:------------------(Required for Skyward Family Access See Attached)

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***If the fan1il y has a do1nestic relations order governing custody or care of the child, vie nH1st have a cop y of this order or parentin g*** *plan. If for any reason the non-custodial parent is not allowed visitation rights and does not have the right to remove the student from school, we must have a legal document from the rnstodial parent to support this order.*

#### The following persons may be contacted i n t he event of a n em ergency a nd/or med i ca l situation if pa rents/gua rdians are una va i la ble:

* 1. Emergency Contact: --------------

 **Emergency Contact** \_ Can pick chi ld u p

#### Relationsh i p: \_

Phone N u mbers: Hom e:, \_ Cel l: \_ Wo r k: \_

Physica l Add ress: ---------------------------------

N u m ber & Street City State Zi p

#### Emergency Contact: \_

 E mergency Contact Ca n pick child u p

#### Rel ationship: \_

Phone N u mbers: Ho m e: \_ Cel l : \_ Work: \_

Physica l Ad dress:---------------------------------

Nu m ber & Street City State

#### The following persons are aut hori zed to check my chi l d/chil dren out of sch ool:

N ame R elat ionsh i p Phone

Zi p

##### 1.'-------------------- ------------------

2., \_

###### 3.. \_

4--------------------------------------------

5.. \_

*The ESSA Act requires the completion of the following information.*

#### Where does stud ent stay at night? \_Home/a pa rt m ent owned or re nted by pa rent/gu a rd i an,

\_With a relative or friend (fam i ly does not h ave a residence), \_ In a sh elter, \_ I n a motel/hotel,

·\_I n a n automo bi le, \_A campsite, \_I n housi ng t hat is inad equ ate ( no elect ricity, r u n ning water, etc.),

\_Other housi ng (please explain ), \_

School Messenger

The Telephone Consu mer Protection Act (TCPA) req u i res perm ission to use automat i c telephone d i a l i ng

eq uipm ent or a p re-record ed message to a ny telephone n u m ber assigned to a cel l phon e or any service for which the called pa rty is ch a rged for th e ca ll without p rior express consent. Bledsoe County Schools uses a service ca lled School Messenger to perfor m automated voice messages rega rd i ng school-related issues such as pa rent meeti ngs/conferences, report ca rds dates, school closi ngs, snow d ays, attenda nce, emergencies a nd other issues deemed reasona ble. With you r permission, we will ca l l the n u m bers you h ave l isted on page 1.

#### (Pa rent/Legal Gua rd i a n Signatu re) (Date)

2

Studen t Na me Gra de Date of Bi rt h

Ea r ly Dism issa l

Due to inclemen t weather cond i ti ons, it may become necessa ry to d ismiss school ea rly. We m ust ha ve a n ea rl y d ismissa l pla n on f ile for you r chi l d. It is you r responsi bi l ity to kee p u p with the weat her cond itions a nd be pre pa red for t he

possi bi l ity of ea rly d ism issal. This i nfo rmat ion wi l l be on the loca l ra d io stations, pol ice scan ner, Cha tta nooga TV

cha n nels a nd wi l l be sent th ro ugh the School Messe nger System. Students wil l not be able to ca ll home due to the l arge amou nt of students tha t attend school. Therefore it is im pera tive that we have a pl an on file. Remem ber, it may be severa l mont hs before th is pla n is used, ii instr uct ions cha nge, please come by the off ice to u pda te inform ation. Please upda te th is form if you tell t he student to do someth i ng d ifferent, as t his pla n wi l l be fol lowed .

R id e bus n u m ber t o ---------------------------

**Location**

 Pa rent Pi ck-U p with -------------------------------

**Person**

Ext ra-Cu r ricul ar Student I nsu ra nce

The Bledsoe Cou nty Boa rd of Ed ucation ca rries a Stud ent Accid ent Pol icy on a l l stud ents pa rti cipating in ext ra-cu r ricu l a r a ctivit ies, free of cost. This a lso i ncl ud es supervised recess time. This policy d oes not pay 100% of an accid ent cl a im. It is a seco nd a ry pol i cy to any hea lth cove rage ca rried by pa rents and has a l i mit on the a mo u nt of ea ch cla i m. I n ord er for you r ch ild to pa rtici pate, please check the ap pro priate box below.

 I have pe rsona l i nsura n ce on my ch i l d a nd I elect to not h ave Bl edsoe Cou nty Schools as a second a r y i nsu ra nce.

 I a m wi l li ng to acce pt a l l fi na ncia l respo nsibi l it i es th at incu r wh ich are i n excess of pa rent or school i nsu ra nce pl a n. *(i realize that a free policy is given ta my child, but it is a secondary pa/icy.)*

Pa rent/Lega l Gua rd i a n Signatu re Date

Tr ua n cy Pol icy

*See Parent /Student Handbook or our website for Truancy Policy of Bledsoe County Schoof System Bledsoe County Schools Progressive Truancy Intervention Policy attached.*

The n u m ber of u nexcused absences sha ll com ply with TCA 49-06-3007 wh ich states u pon or before f ive (5) u nexcused absences, the princi pa l or designee sha ll notify the director of schools or desig nee and i nitiate mea ningf ul

com m u nications with the stud ent & pa rent/gua rd ia n. The school sha ll attem pt to determine the u nderlyi ng ca use(s) of

the unexcused absences. Whe n ap propriate, a pla n to im prove school attenda nce shou ld be i nitiated for the student. To better hel p pa rents prevent cou rt proceed ings, each school will send phone notification of absence, a letter of wa rni ng, and /or a court petition, when a ppropriate, accordi ng to state la w and Bledsoe Cou nty Pol icy. To prevent such

proced ures, submit written notificatiqn stating reason of absence, as pa rent notes ca n be accepted for five {S) school days for the entire school yea r. The only ot her acceptable excuses are doctor, denta l, and fu nera l documentation. Al l excuse notes must be tu rned in with in five (5) school days of the absence to be accepted.

Parent/Lega l Gua rdian Signatu re Date

Skywa rd Family Access

*See attachment for full description*

By checking the Skywa rd Fa mily Access box on the .previous page, enteri ng a n ema il add ress, signing below, ahd/or accessi ng the Skywa rd Fa mi ly Access we bsite, you a llow Bledsoe Cou nty Schools to ma ke confidentia l information

i ncl ud i ng, but not limited to, you r student's sched u le, attenda nce record, grade information, demogra phic information and other school information ava i la bl e to you by mea ns of the I nternet on a website that is secure a nd accessi ble by a u niq ue logi n a nd password. Only you will be a ble to see your stud ent's records with you r u niq ue login and password, wh ich wi l l be assigned to you. Therefore, you r logi n and password shou ld not be shared with anyone. You a re

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###### respo nsi b l e for ma i nta i ni ng the confid en t i a l ity of this i nfo rma t ion. Bledsoe Cou n ty Schools wi l l not ma ke you r

userna me/passwo rd p u blicl y ava i l a bl e. You u nd ersta nd and agree t ha t Bledsoe Co u n ty Schoo ls is not respo nsi bl e fo r u na ut horized I nternet access to yo u r stud e nt's d igita l records by persons who do not have yo u r consent. By signing below a nd/or usi ng you r login a nd password to access Fa m i l y Access yo u confirm t ha t you u nd ersta nd a nd accept t he

guidel i nes a nd cond it io ns for access to yo u r student's d igita l records a nd you wa ive any cla ims or ca uses of actions t ha t you may h.ave aga i nst Bledsoe Cou nty Schools by reason of such u na uthori zed access. You may cancel t his service a t a ny time by conta ct i ng the school off i ce. YOU R NOTI FI CATI ON WILL AR R I V E VI A YOU R EMAI L ACCOU NT.

Pa re nt/Lega l Gua rd ia n Sign atu re \_ Date------

Fa mi ly Ed ucational Rights and Privacy Act

*See Parent/Student Handbook or our website for Bled soe County Schools Student Internet Use Terms and Conditions*

###### The Fa m ily Ed ucationa l R ights a nd Priva cy Act of.1974 is a Federa l law rega rd ing the priva cy of student reco rds a nd the obliga tions of t he institut io n, pri ma rily i n the areas of rel ease of the records and the access provided to th ese records. FER PA ap plies to all schools t ha t receive funds u nde r an ap plica ble prog ra m of the U.S. Depa rtment of Ed uca tion. FER PA gives pa rents certa i n rights with respect to thei r child re n's educationa l records. These rights tra nsfer to the studen t

whe n he or she rea ches the age of 18 or attends a schoo l beyo nd the h ig h schoo l level. PA R ENT/ST U D ENT R IG HTS U N D ER FE RPA

* 1. The right to i nspect their child's educatio na l records;
	2. The rig ht to prevent d isclosu re of thei r ch ild's ed ucat ion records;
	3. The rig ht to seek amend ment to thei r child's ed ucation records if bel ieve to be i na ccu rate or m islea d i ng; to append a statement to the i r records;
	4. The right to be notif ied of thei r child's privacy rights u nd e r FER PA; a rid
	5. The right to file a com pla i nt with the priva cy rights u nd er FERPA; a nd
	6. The right to file a com pla i nt with the U.S. Depa rtment of Ed ucatio n i n Washi ngto n concerni ng an alleged fa i lu re by the school system to com ply with FER PA.

Discri minat ion/Ha rassment/Bu l lying/I ntimidation/Ha zing Policyll6.304

[*http://board*](http://board/) *po/ic y.net/documents/detail.as p?iFi fe=17013&iT ype=6&iBoard=84*

###### The Bledsoe Cou nty Boa rd of Ed ucation has determi ned that a civil & suppo rtive environment is necessa ry for the comfort, safety and academic adva ncement of stud ents. The Boa rd hereby adopts this policy to prohi bit a cts of

ha rassment, bu llying, cyber-bullyi ng, phone or text bullyi ng, intim id ation o r any other victimization of stude nts. Al l students sha ll be provided a l ea rni ng environ ment free from any ki nd of d iscri m ination/ha rassment/bullyi ng/ha zing etc. It sha ll be a.violation of this policy for any empl oyee or student to d iscri minate or ha rass a student th roug h dispa ra ging cond uct or com m u nicatio n that is sexua l, racia l, eth nic, or religious i n natu re. For specific definitions, descriptions, conseq uences, a nd/or admi nistrative actions rela tive to this policy, review the li nk listed above. The entire policy is a lso ava ila ble in your student's ha nd book. To report an act of ha rassment/ bu llying or suspicion of staff or stu dent

miscond uct, please re port via the Bledsoe Cou nty Anti-Bu llying Hotline at (423) 402-1837.

*My signature below verifies I have read and understand the anti-bullying policy of the Bledsoe County Board of Education and I understand my (child} (children} will be trained annually concerning bullying prevention.* ·

###### Pa rent/Lega l Gua rdian Signatu re Date

Media, Pictu re/Video Rel ease

To comply with Bledsoe Cou t)ty Boa rd Pol icy (116.604), I give the Bl edsoe Cou nty School District and/or my student's school the right and permission to pu bl ish/ use photogra phs/video images of my child (or myself if a BCSD student over 18). I u nderstand that reprod uctions cou ld be used to pu blicize / promote the Bledsoe Cou nty School District through it's own med ia prod uctions or webpages, local med ia or the district/school's socia l med ia page. I wa ive any right to inspect and /or approve the finished prod uct and release BCBOE from any lia bility for such usage. I accept responsi bil ity, knowi ng that this relese form is on file for t he school year, to withd raw my permission by notifying

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the school in writing. Ion behalf of thyself, my spous·e, and my child discharge and agree to hold harmless the BCBOE, its agents and employees from any liability by virtue of the use of photographs or videos of my child.

Parent Signature or Student if 18 or over Date

Admission of Non-Resident Students

The purpose of this policy is to prohibit the admission and enrollment of non-resident students and non­ resident pupils (defined for the purpose of this policy as any student whose legal custodian or primary residential parent(s) do not reside within the geographical boundaries of Bledsoe County, Tennessee) in any school or schools within the Bledsoe County School System or operated by the Bledsoe County Board of Education. As such, no student or pupil residing outside of the geographical boundaries of Biedsoe County, Tennessee shall be admitted to or permitted to attend any school or schools within the Bledsoe County School System or operated by the Bledsoe Bounty Board of Education, except under circumstances authorized below.

In the case of students or pupils with divorced or separated parents, or students or pupils with parents who are not married, or students or pupils whose custodial placement is pursuant to court order,

any such student or pupil who resides in the home of a parent, relative or third party in Bledsoe County, Tennessee identified as the primary residential parent or custodian of the student by a valid court order shall be eligible for admission and enrollment in any school or schools within the Bledsoe County School System or operated by the Bledsoe County Board of Education and not excluded from enrollment pursuant to this policy.

The effective date of this policy shall be July 21, 2016 and this policy shall be applicable to the 2016-17 academic school year and the school years thereafter, unless modified, amended or repealed by the Bledsoe County Board of Education.

For more information regarding Admission of Non-Resident Students, refer to [www.](http://www/) bledsoecountyschools.org, Board Policy 6.204.

Dear Parent/Legal Guardian,

Throughout the 2017-2018 school year, we will be providing several free health screenings for the students of Bledsoe County School System. We routinely screen a variety of students in the appropriate grade levels. We also screen all transfer students, any student needing a screening for evaluation purposes, or any student referred by a teacher. The following screenings will be provided: Vision, Hearing, Height/Weight, and Blood Pressure. All information is kept confidential.

Please choose one of the following:

 YES, I give permission. NO, I do not give permission

Parent/Legal Guardian Signature. \_ Date -

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## Dear Parents,

Behind this letter, you will find a Migrant Occupationa l Survey. ESSA (Eve ry Student Succeeds Act) requires the district to have this form on file for each student every yea r. Please complete the survey. This information will not be sha red with a nyone.

Tha nk you,

Bledsoe County Schools

Queridos padres,

Detras de esta carta, encontra ra una Encuesta de Migrante. La ESSA (Every Student Succeed Act) requiere que el distrito tenga este formula rio en el archivo para cada estudiante. Si esto se a plica a su

familia, complete la encuesta. Si no lo hace, no dude en escribir N A y firma r y fechar el formulario. Tambien, asegurese de escr ibir el nombre y el grado del estudiante. Esta informaci6n no se compartira con nadie.

Gracias,

Escuelas del condado de Bledsoe

Tennessee Migrant Education ProgTmn - 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:SCHOOL: | DATE: |
| GRADE: |
| PARENT/GUARDIAN NAME: |  |

1. In the past three years, has your family moved to another city, state, and/or county? D Yes D 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?

D Yes D No

* 1. If yes, please circle all that apply:

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

Nursery/Greenhouse (planting, potting, pruning, watering, etc.)

Agriculture/Field Work (planting, picking, and sorting crops; soil preparation; irrigation; fumigation; etc.)

Forestry

(soil preparation, planting, growing, cutting trees, etc.)

i•,·.' ·..\_ rf.··

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Dairy/Cattle Raising (feeding, milking, rounding up, etc.)

Fishing/Fish Processing (catching, sorting, packing, transporting fish, etc.)

*If you answered* "yes" *to the questions above, please continue. OthetWise, your form*is *complete.*

1. How long have you been in this county in Tennessee?

I WEEKS:

I MONTHS: I YEARS:

|  |
| --- |
| HOME ADDRESS: |
| CrrY: | 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:

*l*Student State ID:

*l*Enrollment Date:

This project is f unded u nder a Gra nt Contract \•1ith the State of Tennessee April 2017

Programa de Educaci6n Migrante en Tennessee - Encuesta de Ocupaci6n

Sus hijos pueden ser elegibles para recibir servicios educativos GRATUITOS. Por favor, conteste las siguientes preguntas para determinar si califica y regress esta encuesta a la escuela.

|  |  |  |
| --- | --- | --- |
| NOMBRE DEL ESTUDIANTE: | APELLIDO DEL ESTUDIANTE: | FECHA: |
| NOMBRE DEL PADRE/GUARDIAN: | ESCUELA: | GRADO::·. |

1. c',En los ultimos 3 afios su familia se ha mudado a otra ciudad, condado o estado? Sf D NoD
2. i,Usted o alguien en su familia trabaja o ha trabajado (en los 3 ultimos afios) en alguna de las siguientes actividades? Sf D NoD

(lndique que actividad)

D Procesamiento/Empaque de

D Trabajo de campo / Agricultura

D Lecheria / Ganaderfa

,.d,,

,, · Vegetales y

cosechar, empacar, sortear

6 8!

alimentos y carnes

1r *"ti-* carne de res,

L, - *>6* ,, polio, cerdo, etc.

Sembrar, plantar, pizcar,

(tomates, fresas, algod6n)

preparaci6n de la tierra,

irrigaci6n, fumigaci6n, etc.

Ordefiar,

alimentar,

acorralar, etc.

·

D Vivero/ lnvernadero D Trabajo Foresta!

Sembrar,

D Pesca/ Procesamiento de Pescado

Sortear, empacar, pescado o

Sembrar, cultivar, plantar flares, plantas, etc.

plantar, cultivar, cosechar arboles. etc.

mariscos, etc.

*Si respondi6 "sP' a las preguntas anteriores, continue. De lo contrario, su formulario esta comp/eto.*

*3.* c',Cuanto tiempo lleva en este condado en Tennessee?

I I I

SEMANAS MESES Ano'

DOMICILIO

CIUDAD

ESTADO

CODIGO POSTAL

NUMERO DE TELEFONO:

|  |
| --- |
| 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: |

This project is funded u nder a Grant Contract with the State of Tennessee April 2017

##### Student Name: Date of Birth: \_ School: Grade:--------

Emergency Contact: Phone: \_

Physician Name: Phone: \_

School Nurse Record 2018-2019

*Welcon1e to school! Please fill out thefolloiving infonnation and return thisforn1 to school for your nurse. All Information is confidential and* in *the Health Office.*

*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\**

Does your child take medication on a daily basis? Yes\_ No\_

Name of medication Dose: Time given: \_ Is this medication to be administered at school? Yes\_ No\_ [If yes, contact nurse immediately)

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*

HEALTH HISTORY:

Please review the following conditions and check "yes" if they apply to your child and explain.

Diabetes: Yes\_ No\_ If yes, please ind icate what ldnd of diabetes: \_ Type 1(requires insulin)\_ Type 2 (controlled by diet)\_ \*Contact your school nurse\*

Allergies: Yes\_ No\_ If yes, please check what kind of allergies:

Environmental (example: bees) ----------------------- Medication: [example: penicillin) \_

Dietaiy: (example: peanuts) \*contact cafeteria staff\*

Allergies that require an Epipen: Yes\_ No\_ Ifyes, will an epipen be provided for school? \_

\*Contact your school nurse•

Seizures: Yes\_ No\_ Ifyes, are you on daily med ications? \_

Ifyes, have you *ever* been prescribed DiaSTAT? \_

\*Contact your school nurse\*

Glasses: Yes\_ No\_ Ifyes, at all times or for reading? \_ Hearing difficulties/infections: Yes\_ No \_Explain \_ Asthma: Yes\_ No\_ Ifyes, will inhaler be provided for school? \_ Heart Trouble: Yes\_ No\_ If yes, please explain \_ What is the date of your child's last physical exam, or pending appointment date? \_

**Any other health concerns?** (physical limitations, diseases, special accommodations, behavioral issues, etc)

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Please continue to keep us inforn1ed of any changes in your child's health status, medication or immunization dates.**

###### \*CONTINUED ON THE BACK\*

BLEDSOE COUNTY SCHOOLS' ACCEPTABLE USE POLICY ELECTRONIC MEDIA RESOURCES IN THE SCHOOLS

(APPROVED BY THE BLEDSOE COUNTY BOARD OF EDUCATION 8/6/2016)

*The Children's Intemet Protection Act (CIPA)* is *afederal law that was enacted by til e United States Congress in December 2000. It was designed to address concerns about access to offensive content over the Intemet on school and library co1nputers. CIPA i111poses certain types of requirenzents on any schOol or library that receivesfunding for internet access or intemal connections from the E-rate program (Federal Co11111111nications Commission). The* school's staff *and technology* resources, *including email and Internet* access, *must adhere to Cf PA.*

Any access on any device on school property, are provided for educational purposes only. Unacceptable uses are: political lobbying, personal gain, posting of personal information, illegal activities, or accessing accounts of others. Adherence to the following policy is necessary to allow access to any and all BCS resources. including, but not limited to Internet access, email, Gmail, Google Classrooms, web-hosted services, and distance learning activities.

STAFF AND STUDENTS MUST...

1. Respect and protect the privacy of others. o Use only assigned accounts.

o Not view, use, or copy passwords, data, or networks to which they are not authorized. o Not distribute private information about self or others.

1. Respect and protect the integrity, availability, and security of all electronic resources.
	* Observe all network security practices, as posted.
	* Report security risks or violations to a principal or network administrator.
	* Not destroy or damage data, networks, or equipment that do not belong to them.
2. Respect and protect the i ntellectual property of others.
	* Not infringe copyrights (no making illegal copies of music, games, or movies!). o Not plagiarize.
3. Practice the principles of respect.

*b* Communicate in kind and respectful manners.

* + Report threatening or discomforting materials to an administrator.
	+ Not intentionally access, transmit, copy, or create material that violates the school's code of conduct (such as messages that are pornographic, threatening, rude, discriminatory, or meant to harass).
	+ Not intentionally access, transmit, copy, or create material that is illegal (such as obscenity, stolen materials, or illegal copies of copyrighted works).
	+ Not use the resources to further other acts that a\_re criminal or violate the school's code of conduct.
	+ Not send spam, chain letters, or other mass unsolicited mailings.
	+ Not buy, sell, advertise, or otherwise conduct business, unless approved as a school project. .

STAFF AND STUDENTS may, if in accordance with the school policy and classroom procedures:

1. Design and post material to/from school resources for educational purposes only.

1. Use communications (email, chat, messaging, social media, blogging) only with a teacher's permission.

SUPERVISION AND MONITORING School and network administrators and their authorized employees monitor the use of information technology resources to help ensure that uses are secure and

in conformity with this policy. Administrators reserve the right to examine, use, and disclose any data found on the school's information networks in order to further the health, safety, discipline, or security of any student or other person, or to protect property. They may also use this information in disciplinary actions, and will furnish evidence of crime to Jaw enforcement.

CYBERBULLYING is bullying or harassment that happens online. It can happen in an email, text, online game, or comments on social networking sites. It might involve rumors or images posted on someone's profile or passed around for others to see, or creating a group or page to make a person feel left out. Anyone participating in cyberbullying or other inappropriate conduct will face disciplinary actions.

ACADEMIC SOCIAL NETWORKING

* 1. If using biogs, wikis, social media, emails, etc. as part of the educational program, STAFF AND STUDENTS WILL:
		+ Avoid inappropriate language, provoking language, "chat" language, criticism of others
		+ Refuse to give out personal information about yourself or others
		+ Not edit or send messages without permission

o Only use the account assigned by your teacher

* + - Avoid using educational time to post personal messages on chats, social. media, etc.
		- Avoid anonymous posting sites.

POLICY FOR POSTING NAMES/PHOTOS IN NEWSPAPERS OR SCHOOL WEBSITES

YOU MUST WRITE A LETTER to Barbara Young, District Technology Coordinator, and your principal BY SEPT. 15, 2017 if you DO NOT want your name or photo to appear in district publications, on the BCS website, and on community media sites. This include posting of honor rolls, awards, sports recognitions, school programs, sports/games, etc.

* PLEASE DISCUSS THESE RULES WITH YOUR STUDENTS TO ENSURE THEY UNDERSTAND THEM.

THESE RULES ALSO PROVIDE A GOOD FRAMEWORK FOR YOUR STUDENTS' USE OF COMPUTERS AT HOME, AT LIBRARIES, OR ANYWHERE.

IACKNOWLEDGE AND UNDERSTAND MY OBLIGATIONS:

#### Staff or Student Signature

Date

#### Parent Signature Date

#### School Grade

Bledsoe County Schools Progressive Truancy Intervention Beginning 2018-2019 School Year

3 Unexcused A bsences - letter from school making families aware of absences including compulsory attendance law and board policy

Truancy Level I Intervention (5 Unexcused A bsences) Internal meeting at the school with the following components:

a.)A conference with the student and the student's parent or guardian;

b.) A resulting attendance contract to be signed by the student; the student's parent or guardian, and Attendance Supervisor/Designee

* A description of the expectation for the student's attendance " The period for which the contract is effective

c.) Follow-up meetings (can be done in person or by phone) to be scheduled (Must be documented by the school)

d.) Penalties for additional absences and alleged school offenses, including additional disciplinary action and potential referral to juvenile court

Truancy Level II Intervention (7 Unexcused Absences)

a.) A conference with the student and the student's parent or guardian;

b.) A resulting attendance contract t be signed by the student; the student's parent or guardian, and Attendance Supervisor/Designee

" A description of the expectation for the student's attendance " The period for which the contract is effective

c.) An individualized assessment by a school employee of the reasons a student has been absent from school will be conducted. This assessment may result in a referral to counseling, communL(y-based services or other services to address the student's attendance problems.

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Truancy Level Ill lnte1vention (9 Unexcused Absences)

External Truancy Board (may include School Representative, mental health and case management agencies, Youth Service Officer, and School Resource Officer)

a.) A conference conducted by the external truancy board with the student and the student's parent or guardian;

b.) A resulting attendance contract to be signed by the student; the student's parent or guardian, and Attendance Supervisor/Designee

e A description of the expectation for the student's attendance e The period for which the contract is effective

c.) The external truancy board will decide if students need additional intervention or service placed in the home. The external truancy board will decide if a petition/criminal summons needs to be filed.

Saturday School- (Grades 6-12)

* Will include a component that addresses attendance and behavior
* Students will have the opportunity to work on standard based instruction that was missed during absences

10 Une.xcused Absences- Another letter from district making families aware of absences, along with.the compulsory attendance law.and Progressive Truancy Intervention



###### Students are under the supervision and control of the bus driver while on the bus, and all reasonable directions given shall be followed by showing consideration and respect for the. bus driver and your fellow students. The school bus is an extension of school activity; therefore, students shall conduct themselves on the bus in a manner consistent with the esi:ahlished standards for .oafoty and classroom behavior.

1. Arrive at the bus stop 10 minutes before scheduled pickup time. It is imporiant that your student arrive at the bus stop on time. We cannot wait for your sh1dent to come out of the house, off th porch, or get out of a vehicle once the bus has arrived. While waiting for the bus, students must stand o.wy from the road. Younger sh1dents should be pe1mitted to load first.
2. Do not fight or engage in rough play. No profane language or obscenities while waiting for the school bus, on the bus pr afterleaving the bus,
3. Students should not deface or cause. damage to the bus in any way.
4. Tobacco products and paraphernalia are prohibited on the bus.
5. The Bus Driver has the authority to seat any or all sh1dents for any reason.
6. Emergency exits must be free from obstrnctions at all times. The bus driver may prohibit any equipment or object considered to be dangerous to the safety and welfare of those on board. Student possessions may not be placed in the aisle, in front of the bus or on the floor. Band insh11ments, ball equipment and class prc;jects will be pe1mitted only when they can be held on the student's lap, and not obstruct the sh1dents view.
7. No food or drink will be consumed on the bus during regular scheduled routes. Every child should have a backpack for loose papers. Lunches may be canied in their backpack.
8. Students are only permitted to get on or off the bus at their assigned stop. To get off the bus at any other location on the assigned route the student is required to have a **Student** Release **Form** signed by the principal or designee. Guest riders with a **Student** Release **Form** are only pc1mitted to ride on a space available basis.

10. Students must remain seated at all times. They are not pennitted to use the emergency windows, emergency doors or touch the safety equipment without driver's pennission.

**11.** Students must depart from the ous in an orderly manner. Sh1dents should move away from the bus promptly to a location at least 10 feet from the roadway. Ifcrossing the roadwity, the student should be at least I 0 feet in front of the bus and be able to see the driver's face. They should not cross the road until the driver waves to them that it is safe.

. 12. Students are not allowed to have in hand or mouth any objects, food or candy, etc. whil on the bus.

1. No glass containers or objects, balloons, or animals are permitted on the bus.
2. Students are not permitted to open or close windows without the pem1ission of the driver. Keep hands, arms, and heads inside the bus. Tln·owing objects in or out of the bus is prohibited.
3. The principal of the student shall be informed by the bus driver of.any serious discipline problem and may be called upon to assist if necessary. A student may be denied the privilege of tiding the bus if the principal detennines that the sh1dent's behavior is such as to cause disrnption on the bus, or if the student disobeys state or local rules and regulations pertaining to student transportation.
4. All other school mies will apply during transportation.