Franklin County School District – 2021-2022
Student Information Enrollment

STUDENT: _____ RACE _____ SEX _____
(Last) (First) (Middle)

Date of Enrollment _____ Grade Entering _____ Hispanic Descent ___Yes ___No

Does your student receive Special Education/504 services? ___Yes ___No
Has your physical address changed since the 2020-2021 school year? ___Yes ___No *(If yes, new proofs are required.)*

Date of Birth _____

Mailing Address _____
(Town) (County)

Physical Address_____

Telephone(s) _____
(Home) (Emergency Numbers—Relatives/Neighbors)

PARENT INFORMATION:

Student lives with (check one): _____ **Mother** _____ **Father** _____**Both Parents** _____ **Guardian**

PARENT/GUARDIAN: _____
(Last) (First) (Middle) (Maiden)

Occupation_____ Company _____ Town_____ State_____

Work Phone _____ Cell Phone _____

PARENT/GUARDIAN: _____
(Last) (First) (Middle)

Occupation_____ Company _____ Town_____ State_____

Work Phone _____ Cell Phone _____

Number of persons in home (including parents) _____ Parent Email _____

Sisters in school Name _____ Grade ___ Name _____ Grade ___

Brothers in school Name _____ Grade ___ Name _____ Grade ___

Parent(s) please write your name(s) along with any other adult who has permission to check out your child - (NO MORE THAN FIVE [5] NAMES <u>INCLUDING PARENTS)</u> (A student cannot be listed as a checkout person)

	Relationship to Student	**Daytime** Phone No.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Under no circumstances, not even in an emergency situation, is my child to be checked out by:

1. _____ _____
(Relationship to Student)

*Because of school security, identification may be checked before permission to check out is granted.

I have completed all of the information above and I understand that my child will receive a copy of the Franklin County School District Handbook. I understand that it is my responsibility to read and ensure that my child follows the rules and guidelines contained therein.

Signature of Parent/Guardian _____ **Date** _____

Parent Permissions	___Yes ___No	I consent to having my child's photo, name, and achievements published.
	___*Yes* ___*No*	*I do permit corporal punishment. (Elementary Only)*
	___Yes ___No	I have signed the Internet Usage Agreement.
	___*Yes* ___*No*	*I permit transport of my child to the hospital in case of emergency.*
	___Yes ___No	I am responsible for the condition and return of textbooks issued to my child.

Franklin County School District Health History
Confidential Data 2021-2022

Grade_____ Homeroom Teacher _____

Full Name _____ Birthday _____ Sex _____ Race _____

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

Male Parent/Guardian _____ Work Phone _____ Cell Phone _____

Female Parent/Guardian _____ Work Phone _____ Cell Phone _____

Student's Doctor/Health Care Provider _____ Phone _____

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

Medicaid _____ CHIPS _____ Other _____

MEDICAL HISTORY: Please check all that apply and explain.

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

Please list any daily medications: _____

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

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

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

X Parent/Guardian Signature _____ Date _____

Franklin County School District

Statement of Residency

2021-2022

In the case that the physical address **has not changed** since the 2020-2021 school year, no new proofs of residency are required. Just complete, sign and date this form.

If your address has changed you must obtain a new Proof of Residency form and submit two proofs.

Student Name _____ Grade _____

Parent / Guardian Name _____

Verified Physical Address:

Address: _____

Town: _____, MS Zip _____

County Living In _____

If your ***mailing address*** is different from the physical address and/or has changed, please note below:

P.O. Box / Street _____

Town: _____, MS Zip _____

I verify that my physical address remains the same as it was in the 2020-2021 school year.

_____ _____

Signature of Parent / Guardian Date

_____ _____

Signature of Representative – School District Date

Fill out ONLY IF your address Changed during the 20-21 school year

FRANKLIN COUNTY SCHOOL DISTRICT
RESIDENCY VERIFICATION

Student's Name _____ **Date** _____

Parent or Legal Guardian _____

Mailing Address _____

Physical Address _____

Phone _____ **County living in** _____

Does the student reside fulltime at the above address? ( ) Yes ( ) No
I am a resident of the Franklin County School District. ( ) Yes ( ) No
If not a resident, I have a legal transfer to the Franklin County School District. ( ) Yes ( ) No

Residency may be established for the purpose of this policy and enrollment and attendance in a school in the Franklin County School District in the following manner:

The parent or legal guardian of a student seeking to enroll must provide the school district with at least two of the items numbered (1) through (8) below as verification of their physical address. The document used for verification of address must show the 911/physical address. Documents with only a post office box will not be accepted. *Two proofs from the same item shall not be accepted.*

1. ___Property Deed/Mortgage Documents
2. ___Apartment or home lease;
3. ___Current utility bills; (Cellular bills are not acceptable)
4. ___Driver's license
5. ___Voter precinct identification;
6. ___Automobile registration;
7. ___Any other documentation that will objectively and unequivocally establish that the parent or guardian resides within the school district; and, in the case of a student living with a legal guardian who is a bona fide resident of the school district;
8. ___Certified copy of filed petition for guardianship if pending and final decree when granted.

If you are the legal guardian of the student, you must also provide a copy of the court order appointing you as guardian. If a petition for guardianship has been filed and the decree is pending, you must provide a certified copy of the filed petition for guardianship. Note: Any legal guardianship formed for the purpose of establishing residency for school district attendance purposes shall not be recognized by the affected board. (MS Code Ann. Section 37-15-31 (1989 Supp.)

I hereby certify that the information provided on this form is true and correct.

_____ _____
Signature of Parent or Legal Guardian **Representative – School District**

_____ _____
Date **Date**

Revised 3.20.19 ry

Franklin Upper Elementary
Promotion Policy
2021-2022

Reading Requirements for Promotion

A student must pass with a 70% or above in language arts, mathematics, science and social studies; additionally, a student must meet year end proficiency scores on the STAR reading test in order to be promoted. The table below lists the required proficiency scores for the 2021-2022 school year.

STAR Cut Scores Required for Promotion – Grades 4-6

Grade	School Year	Required Score
4	2021-2022	540
5	2021-2022	655
6	2021-2022	775

Your child will be STAR tested the first full week of each month. You will receive a STAR score report on the second full week of each month. The monthly STAR report will require a parent's signature and will be kept on file in the school office. If for some reason you don't receive the monthly STAR report, please contact the office. If the parent fails to return a signed copy of the monthly STAR report, the parent will be contacted by school officials.

Math Requirements for Promotion

Beginning in 2021-2022 school year, in order to be promoted, students in the 4th, 5th and 6th grade must know the multiplication and/or division facts from the one family through the twelve family with 90% accuracy on a 100 problem speed drill test. The speed drill test will be a timed 5 minute test that will be conducted at the beginning and end of each month. At the end of the month, the student's two scores will be averaged for a final score. If the average of the two scores is 90% or above, the student has met the math promotion requirement. Parents will receive a monthly student progress report.

Parent/Guardian: _____Date:_____

Student's Name: _____Date:_____

Franklin County School District Bus Form

School Year 2021-2022

Robert Smith, Transportation Director **Jackequaul Smith, Secretary**

Student's Legal Name Grade

Driver/Bus Number
(*OFFICE USE ONLY*)

Parent's/Guardian's Name

Secondary contact person in case of emergency.

Home\cell Phone Work Phone

Home/ cell Phone Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Description to home (please be as specific as possible)

Medical Information

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

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

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

Franklin County School District
Transportation Department
Pupil Rules

Students Will (not limited to the following)

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

Students Will Not (not limited to the following)

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

Driver Responsibility to Parents and Children

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

The before mentioned items have been read and understood.

_____ _____

Parent or Guardian Signature Date

_____

Student Name

Franklin County School District
Acceptable Use Policy

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

Acceptable Uses

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

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

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

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

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

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

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

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

Parent name (print) _____ Parent signature _____ Date _____

Student name (print) _____ Student signature _____ Date _____

Teacher name (print)_____ Teacher signature_____ Date_____

FRANKLIN COUNTY SCHOOL DISTRICT

Federal Programs Survey

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

School_____ Date_____

Student's Name_____ Male___ Female ___ Date of Birth_____ Grade _____

Parent/Guardian Name_____

Address_____ Telephone Number(s) _____

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

PART A

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

If you answered YES to question 1, please complete Part B of this form.
If you answered No to question 1, you may stop here. (But sign at → below)

PART B

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

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

Last school attended:_____ School address_____

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

□ Special Education (IDEA) □ English Language Learners (ELL) □Gifted and Talented □ Vocational Education
□Other_____

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

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

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

→ **Signature of Parent or Guardian**_____ **Date**_____

School Use Only
Please provide the following information: Student's ID Number_____ Teacher: _____
If the parent/guardian has completed both parts of the form or answered yes to speaking a language other than English, please send a copy to Dr. Selma Wells in the Federal Programs Office.

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

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

Updated 6/2020