

## Franklin County Middle School

### Registration Instructions for Transferring Students

You may print all the forms from the website, complete them, then drop them off in the tub in front of the middle school. If you have the ability to scan the documents, you may scan and email them to [fcms@fcsd.k12.ms.us](mailto:fcms@fcsd.k12.ms.us).

The following are all the documents required for a complete registration. Every document included needs to be completed per grade level. Some information about specific documents is listed below.

**Proofs of Residency:** Please take note of the information on the residency form. The eight items listed are the only acceptable documents per district policy.

**Bus Form:** The bus form is needed, even if your child doesn't ride the bus. This is necessary if ALL students need to be transported in the event of an emergency. Only one bus form is needed per family.

**Cafeteria Form:** This will be available after July 1. One cafeteria form is needed per family. If your child does not eat in the cafeteria and/or you do not wish to disclose income information, just put your child's name in the top section and sign at the bottom.

**Tdap Immunization:** Entering 7<sup>th</sup> graders and any transferring students must have an updated Form 121 before they can attend school.

**Other Information:** All students new to the district will need to bring a copy of the following: birth certificate, social security card, and up-to-date shot record (as mentioned above).

**If you have any questions, please feel free to call us at 601-384-2441.**



**Franklin County School District Health History  
Confidential Data**

School year: 2020-2021                      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.**

<input type="checkbox"/>	Allergies to drugs
<input type="checkbox"/>	Allergies to foods
<input type="checkbox"/>	Seasonal Allergies
<input type="checkbox"/>	Asthma
<input type="checkbox"/>	Tuberculosis (TB)
<input type="checkbox"/>	A.D.D. / A.D.H.D.
<input type="checkbox"/>	Diabetes/High Blood Sugar
<input type="checkbox"/>	Epilepsy or Seizure Disorder
<input type="checkbox"/>	Heart Problems
<input type="checkbox"/>	Kidney Disease
<input type="checkbox"/>	HIV
<input type="checkbox"/>	Sickle Cell Anemia
<input type="checkbox"/>	Arthritis
<input type="checkbox"/>	Migraines
<input type="checkbox"/>	Stomach or Digestive Problems
<input type="checkbox"/>	Hearing Problems
<input type="checkbox"/>	Dental Problems
<input type="checkbox"/>	Vision Problems
<input type="checkbox"/>	Does the student need to wear glasses at school?
<input type="checkbox"/>	Chicken Pox
<input type="checkbox"/>	Birth Defects/Handicap
<input type="checkbox"/>	High Blood Pressure
<input type="checkbox"/>	Rheumatic Fever
<input type="checkbox"/>	Surgeries/Serious Accidents
<input type="checkbox"/>	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 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 Middle School  
2020-2021 Subject Selection Sheet  
7<sup>th</sup> Grade

Student's Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number(s) \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_

**Required for 7<sup>th</sup> Grade**

7<sup>th</sup> Grade English

7<sup>th</sup> Grade Math

7<sup>th</sup> Grade Science

7<sup>th</sup> Grade Compacted Social Studies

7<sup>th</sup> Grade Learning Strategies

Students must choose a physical activity based elective. Please choose ONE from the list below:

\_\_\_\_\_ Band

\_\_\_\_\_ Music

\_\_\_\_\_ Chorus (NEW)

\_\_\_\_\_ Physical Education

\_\_\_\_\_ Sports/Athletics (Check your choices below)

Football \_\_\_\_\_

Baseball (must try-out) \_\_\_\_\_

Softball (must try-out) \_\_\_\_\_

Basketball (must try-out) \_\_\_\_\_

Soccer (must try-out) \_\_\_\_\_

Track (must try-out) \_\_\_\_\_

**\*\*\*Transfer Students Only\*\*\***

My child last attended the school indicated below.

He/She left in good standing.

(Circle One)    YES                      NO

School Name \_\_\_\_\_

Address \_\_\_\_\_

Phone/Fax# \_\_\_\_\_

My child has been expelled or is currently in an expulsion proceeding. (Circle One)

YES                      NO

Did your child receive Special Services at his/her previous school?

YES                      NO

Does your child speak any language other than English?    \_\_\_ Yes    \_\_\_ No

If yes, please answer the following questions:

1. What was the first language your child learned to speak? \_\_\_\_\_

2. What language does your child speak most often? \_\_\_\_\_

3. What language is most often spoken in your home? \_\_\_\_\_

Parent/student-initiated schedule changes will **ONLY** be addressed during the first week of school.

\_\_\_\_\_  
Student Signature (Required)

\_\_\_\_\_  
Parent Signature (Required)

Franklin County Middle School  
2020-2021 Subject Selection Sheet  
8<sup>th</sup> Grade

Student's Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number(s) \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_

Required for 8<sup>th</sup> Grade

8<sup>th</sup> Grade English

8<sup>th</sup> Grade Math

8<sup>th</sup> Grade Science

Mississippi Studies/Geography

8<sup>th</sup> Grade Cyber Foundations

Students must choose a physical activity based elective. Please choose ONE from the list below:

\_\_\_\_\_ Band

\_\_\_\_\_ Music

\_\_\_\_\_ Chorus (NEW)

\_\_\_\_\_ JROTC (NEW)

\_\_\_\_\_ Physical Education

\_\_\_\_\_ Sports/Athletics (Check your choices below)

Football \_\_\_\_\_

Baseball (must try-out) \_\_\_\_\_

Softball (must try-out) \_\_\_\_\_

Basketball (must try-out) \_\_\_\_\_

Soccer (must try-out) \_\_\_\_\_

Track (must try-out) \_\_\_\_\_

Parent/student-initiated schedule changes will **ONLY** be addressed during the first week of school.

**\*\*\*Transfer Students Only\*\*\***

My child last attended the school indicated below.

He/She left in good standing.

(Circle One) YES NO

School Name \_\_\_\_\_

Address \_\_\_\_\_

Phone/Fax# \_\_\_\_\_

My child has been expelled or is currently in an expulsion proceeding. (Circle One)

YES NO

Did your child receive Special Services at his/her previous school?

YES NO

Does your child speak any language other than English? \_\_\_ Yes \_\_\_ No

If yes, please answer the following questions:

1. What was the first language your child learned to speak? \_\_\_\_\_

2. What language does your child speak most often? \_\_\_\_\_

3. What language is most often spoken in your home? \_\_\_\_\_

\_\_\_\_\_  
Student Signature (Required)

\_\_\_\_\_  
Parent Signature (Required)





# 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 4, please complete Part B of this form.  
 If you answered **NO** to question 4, you may stop here.



**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: \_\_\_\_\_



## Tdap Vaccination Now Required for All Students Entering 7th Grade

Mississippi will join 41 other states in requiring a recent Tdap vaccination for all students entering the 7th grade, beginning with the 2012-2013 school year.

Tdap (tetanus, diphtheria and pertussis) vaccination provides protection against whooping cough (pertussis), a highly contagious disease that can be severe or fatal, especially in very young children. Infants who are too young to be vaccinated against pertussis must be protected by ensuring that adolescents and adults around them cannot carry the disease.

### Why vaccinate at this age?

The immunity received from early childhood vaccination against pertussis weakens over time. Because pertussis is highly contagious, adolescents can contract the disease and easily transmit it to younger children and infants. Pertussis, especially among infants, is now an increasing problem in Mississippi and the U.S. as a whole.

Teens at this age also qualify for other recommended vaccinations which you may wish to schedule at the same time.

### What other vaccinations are recommended for teens?

Additional recommended vaccinations include those against meningococcal disease, human papillomavirus (HPV), and a varicella (chickenpox) booster for those who did not receive one at an earlier age.

### Is this vaccination required for all new seventh-graders?

Yes. In order to enter school, all students entering the seventh grade must have documentation from a physician verifying that they have received a recent Tdap vaccination (at age seven or later). This includes new students, current students and transfer students in both public and private schools.

### What does the Tdap vaccination cost?

Vaccines for Children (VFC) providers and county health departments throughout the state provide the required Tdap vaccination for \$10 per child.

### Where to get vaccinations

Your doctor or other health care provider can arrange a Tdap vaccination for you. You can also visit any county health department to receive Tdap and other vaccinations.



# Franklin County School District Bus Form

## School Year 2020-2021



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 signature \_\_\_\_\_ Date \_\_\_\_\_

**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

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 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.

1. \_\_\_ Property Deed/Mortgage Documents (must show 911/ physical address)
2. \_\_\_ Apartment or home lease;
3. \_\_\_ Utility bills;
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**