



Emergency Information

Must be completed by parent or guardian

School _____

Name of Student _____ Date of Birth _____

Grade _____ Teacher/Homeroom Teacher _____ Bus # _____

Student's Address _____

City _____ State _____ Zip Code _____

Sex M F Race _____

Mother/Guardian's Name _____ Home Phone _____

Mother/Guardian's Address _____ Cell Phone _____

City _____ State _____ Zip Code _____

Mother/Guardian's Workplace _____ Work Phone _____

Father/Guardian's Name _____ Home Phone _____

Father/Guardian's Address _____ Cell Phone _____

City _____ State _____ Zip Code _____

Father/Guardian's Workplace _____ Work Phone _____

Child lives with Mother Father Both Other (Specify) _____

If divorced, who has custody? Mother Father Joint Other (Specify) _____

CUSTODY ISSUES BETWEEN PARENTS MUST BE VERIFIED WITH LEGAL DOCUMENTATION IN THE SCHOOL OFFICE.

Please list names, grades and ages of any brothers and/or sisters: _____

Contact list: If your child becomes sick, injured, or has an immediate need at school, please list persons that you wish for us to contact. Please list them in order that you wish for them to be called. Please note if the number is a cell number (c), home phone (h), work phone (w), or list extension numbers.

1. Name _____ Phone _____

2. Name _____ Phone _____

3. Name _____ Phone _____

4. Name _____ Phone _____

EMERGENCY INFORMATION, CONTINUED

Please list anyone who would NOT have legal permission to pick up your child from school.

STUDENT DAILY HEALTH INFORMATION

Please complete the following health information to assist us in providing appropriate medical attention if necessary:

List any health problems your child may have: _____

Allergies: _____

Activity Limitations _____

(Use the lower portion of this document or additional paper if needed for any of the above information)

Child's Physician _____ Phone _____

- In the event of an illness or injury, I hereby authorize the school to obtain emergency transportation for my child.
- I understand the school does not assume any financial responsibility for medical care or emergency transportation.
- I understand the above information will be treated confidentially and shared with staff on a need to know basis to ensure the health and safety of my child at school.

Parent/Guardian's Signature _____ Date _____

Parent/Guardian's E-mail Address _____



Tennessee Migrant Education Program – Occupational Survey

Your child may qualify to receive free educational services. Please answer the following questions to help us determine their eligibility. Once completed, return this form to the school.

STUDENT FIRST NAME :	STUDENT LAST NAME :	DATE :
SCHOOL :		GRADE :
PARENT /GUARDIAN NAME :		

1) In the past three years, have your children moved to another city, state, and/or country?

- Yes No

2) Do you or anyone in your immediate family currently work or have worked (in the past three years) in any of the following occupations?

- Yes No

a. If yes, please circle all that apply:



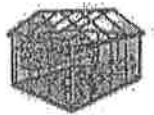
Processing & Packing
(fruit, vegetables, chicken,
eggs, pork, beef, etc.)



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



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



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



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



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

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

3) How long have you been in this county in Tennessee?

WEEKS :	MONTHS :	YEARS :
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HOME ADDRESS :		
CITY :	STATE :	ZIP :
TELEPHONE (WITH AREA CODE):		

For school use only: If questions 1 and 2 are "yes," please send the survey to your district migrant liaison. If you have questions, call (931) 212-9539 to speak with the Tennessee Migrant Education Program.

School District:	Student State ID:	Enrollment Date:
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Chester County Board of Education

Monitoring:	Descriptor Term:	Descriptor Code:	Issued Date:
Review: Annually, in September	Tobacco-Free Schools	1.803	11/08/99
		Revised:	Issued:
		3.201	09/17/98

All uses of tobacco and tobacco products, including smokeless tobacco, are prohibited in all of the school district's buildings.¹ Smoking shall be prohibited in any public seating areas, including but not limited to, bleachers used for sporting events, or public restrooms.²

The use of tobacco or tobacco products, including smokeless tobacco, will be prohibited in all vehicles, owned, leased or operated by the district.

District employees and students enrolled in the district's schools will not be permitted to use tobacco or tobacco products, including smokeless tobacco, while they are participants in any class or activity in which they represent the school district.

Any student who possesses tobacco products shall be issued a citation by the school principal/resource officer.³ The director of schools, in cooperation with the juvenile court and the local (police/sheriff's department), is responsible for developing procedures for issuance of the citations which shall include the form and content of citations and methods of handling completed citations.

Parents and students shall be notified of this citation requirement at the beginning of each school year.

Signs will be posted throughout the district's facilities to notify students, employees and all other persons visiting the school that the use of tobacco and tobacco products is forbidden.¹ The following notice shall be prominently posted (including at each ticket booth) for elementary or secondary school sporting events: *Smoking is prohibited by law in seating areas and in restrooms.*²

Monitoring:	Descriptor Term:	Descriptor Code:	Issued Date:
Review: Annually, in April	Use of Personal Communication Devices in School	6.312	05/29/03
		Revised:	Issued:
		6.312	09/17/98

Students shall not be allowed to use pagers, cell phones, etc. during the normal school day (7:30 a.m. to 2:55 p.m.). Students may carry pagers, cell phones, etc. provided that they are turned off during these restricted times. Students will be permitted to use these devices after school, at school functions, and at times that the principal deems necessary to benefit the school.

Violations of this policy shall result in progressive steps: oral warning, Saturday school, in-school suspension, and out-of-school suspension.

Chester County Board of Education

Monitoring:	Descriptor Term:	Descriptor Code:	Issued Date:
Review: Annually, in April	Zero Tolerance Offenses	6.309	05/29/03
		Revised:	Issued:
		6.309	09/14/00

In order to ensure a safe and secure learning environment, the following offenses will not be tolerated:

WEAPONS & DANGEROUS INSTRUMENTS

Students shall not possess, handle, transmit, use or attempt to use any dangerous weapon in school buildings or on school grounds at any time, or in school vehicles and/or buses or off the school grounds at a school-sponsored activity, function or event.¹

Dangerous weapons for the purposes of this policy shall include, but are not limited to a firearm or anything manifestly designed, made or adapted for the purpose of inflicting death or serious bodily injury or anything that in the manner of its use or intended use is capable of causing death or serious bodily injury.²

Violators of this section shall be subject to suspension and/or expulsion from school.

Firearms (as defined in 18 U.S.C. § 921)³

In accordance with state law, any student who brings or possess a firearm on school property shall be expelled for a period of not less than one (1) calendar year. The director of schools shall have the authority to modify this expulsion requirement on a case-by-case basis.⁴

DRUGS

In accordance with state law, any student who unlawfully possesses any drug including any controlled substance or legend drug shall be expelled for a period of not less than one (1) calendar year. The director of schools shall have the authority to modify this expulsion requirement on a case-by-case basis.⁵

BATTERY

In accordance with state law, any student who commits battery upon any teacher, principal administrator, any other employee of the school or school resource officer shall be expelled for a period of not less than one (1) calendar year. The director of schools shall have the authority to modify this expulsion requirement on a case-by-case basis.⁶

NOTIFICATION

When it is determined that a student has violated this policy, the principal of the school shall notify the student's parent or guardian and the criminal justice or juvenile delinquency system as required by law.⁶

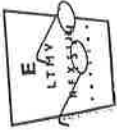
Memo from the School Nurse

Welcome to a new school year! Here are a few reminders about medications and other health related topics that will help the year to run more smoothly. Please remember:

- Medications must be brought to the school by a parent or other responsible adult. All unused medications must be picked up by an adult.
- All medications require signed parent consent. Prescription medications require a physician's signature.
- If your child requires or requests non-prescription medication on a frequent basis, you may be asked to provide a physician's consent form. This is strictly for your child's safety- if your child requires frequent (on a daily basis) medications, such as Tylenol, a doctor should be aware of his/her condition.
- If you bring non-prescription medication to be left at the school throughout the year, please limit the bottles of medication to a small bottle (such as 50 tablets). This would be very helpful since the schools have limited amount of space to store medications.
- Inhalers can be kept with the student in the classroom; however, a parental consent form must be on file in the office.
- All medications must be in their original container.
- All changes in medication orders require a new physician's consent form.
- This statement serves as notice to all students and parents that school head lice screenings will be performed at the beginning of the school year and after Christmas break. These screenings will be done at all schools with K-6th grades. If deemed necessary, an additional screening will be done following spring break.
- A classroom screening shall be done anytime a positive case of head lice is found in that classroom. In addition, a screening may be done on a student if any member of the faculty has reason to believe the student is infected.
- Please be aware that a child should be fever free for at least 24 hours before returning to school.
- Please complete the Emergency Information Form and return it to school as soon as possible. If you indicate that your child has a special health need, such as asthma, diabetes, severe allergy, etc., you will receive an additional form to complete. Promptly complete and return this specific information since it is very important in helping us meet your child's health needs.

All policies regarding health related issues are available in the school office. You may request a detailed copy of the policies or direct your questions to the school health nurse. My phone number is 989-8110. Thank you are doing you part to keep our school children healthy.

Chester County Department of Education Coordinated School Health Services



NOTIFICATION OF SCREENINGS

Dear Parent or Guardian,

Throughout the school year we will be providing several screenings for the students in the Chester County Educational 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. For example, the teacher may notice that the student is having difficulty seeing the board or hearing his/her instructions and request a screening of the child. This information is shared only on a need to know basis. Following the example above, if your child did have difficulty with his/her vision or hearing test, we would ask the teacher to move the student to the front of the room so they could see the information on the board better, or hear the teacher better until you were notified and able to follow-up on the screening.

We will be screening for the following throughout this school year. The Chester County Health Department, school nurses, Coordinated School Health or other community health care providers may be assisting with these screenings. Again, this information is shared only on a need to know basis.

Vision	Dental	Hearing	Height / Weight	Scoliosis
Blood Pressure		Body Mass Index		

If we screen your child and find any alterations from a normal screening we will contact you concerning this matter. There are no charges for these services.

PLEASE NOTIFY OUR OFFICE (989-5148) AT THIS TIME IF YOU WISH FOR HIM/HER NOT TO BE INCLUDED IN THESE SCREENINGS. Please feel free to contact our office if you have any questions.

Thank You,

Heather Griffin
School Health Coordinator

