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** Note: This form replaces the AUP Form.

ACKNOWLEDGMENT OF RECEIPT OF
MCSD STUDENT HANDBOOK & CODE OF CONDUCT

The undersigned student (where appropriate) and parent hereby acknowledge receipt of the Muscogee County School District Handbook and **Code of Conduct ("Handbook") for the 2020-2021 school year.** We have received, read, and discussed the requirements of the Handbook, including but not limited to: the code of conduct; disciplinary procedures; responsible use of devices and internet-based educational solutions as outlined in the Student Handbook and relevant MCSD Board Policy language, and the requirements of and penalties for violation of Georgia's compulsory attendance law, and we agree to fully abide by the same.

_____
Signature of Parent

_____
Date

_____
Printed Name of Student

_____
Signature of Student

_____
Date

School: _____

Grade: _____

Home Room Teacher/Advisor: _____

***** Please complete and return within 5 days of receipt of the Handbook. *****

The Muscogee County School District supports the requirements of Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act and does not tolerate discrimination in any form.

Revised: June 2020

Student Information and the Media

The MCSD does not authorize or permit media, organizations, groups, or businesses on or in its schools/facilities for the purposes of video, recordings, or interviews etc. of students or its facilities without those individuals first obtaining express written permission from the District Communications Office. Requests, which include, but are not limited to interviews, photographs, television broadcasts, print, radio, videos and social media must be approved. From time to time, with prior approval from the Superintendent and/or his designee, media representatives may be permitted for a brief/limited time to cover an activity or event that takes place on school district property or at a school. At these times, students' images or voices may be captured by the media.

In addition, the District Communications Office maintains several online social media pages and manages the creation of online content. As such, the Communications Office often uses photographs and videos (with and without audio) that contain student images and audio in the creation of content for these sites.

The District Communications Office obtains parental permissions related to these media visits, and its use of student images and video, at the beginning of each school year, through the Media Permissions and Consent Form. If you have questions, please contact the District Communications Office.

Parents and guardians who do not consent or allow their child's image and audio to be portrayed on the District's social media and website, or who do not consent to allow their child to participate in approved media interviews must not sign and return this form to the school.

Parents and guardians may object to the use of their child's image or audio as noted in this document should notify the Principal or building leader in writing at the beginning of the school year, no later than ten days after the first day the student enrolls.

This written notification will ensure the District is aware of and can honor the parental objection.

Consent Form: Media relations and use of student images/audio/video

The District is approached by various media outlets and other outside organizations seeking to interview, record, or photograph students for non-advertising purposes. These requests must be made to and approved by the Director of Communications and/or designee. Once a student's photograph, video image, audio clip, quote, or other potentially identifying information is published by a media outlet or external organization, it can be accessed by individuals or groups that are not related to the District and that cannot be controlled by the District. The District will not authorize a media outlet to ask a student for personally identifying information such as their full name, parents' names, addresses, telephone numbers, or the like.

The District Communications Office maintains several social media platforms and manages the creation of online content; in doing so, the Communications Office often uses photographs and videos (with and without audio) that contain student images and student audio in the creation of content that is then published to these sites.

_____

Please print: by signing below, I hereby grant permission to the District to allow the student named below to be interviewed, photographed, or recorded by the District or by media as outlined above.

Student's First Name:_____ Student's Last Name: _____

Parent's Signature: _____ Date:_____

Parent's First Name:_____ Parent's Last Name: _____

Student's Signature (*if 18 years of age or older*):_____

Permission to Display Student Work

My signature below indicates that I am providing non-exclusive rights to the District to publicly display and/or use work, art, or other materials created at school by the student named above in its print or electronic media. I understand that I can revoke this consent in writing by providing said written revocation to the Principal or building leader and that my revocation will be effective upon receipt.

Parent's Signature: _____ Date:_____

Parent's First Name:_____ Parent's Last Name: _____

Student's Signature (*if 18 years of age or older*):_____

Muscogee County School District

Chromebook and G-Suite Agreement & Permission Form

MCSD believes that all students should be engaged in, be excited by, and take ownership of their learning.

Purpose: This year, MCSD students will use Google's G-Suite for Education tools, Chromebooks, and web based applications selected and authorized by classroom teachers as learning tools to promote and maximize personalized learning and achievement. Although this Agreement authorizes the student's use of the Chromebook for the year, the device is the property of the District and must be returned upon the District's request, and no later than the last day of the student's attendance for the school year.

Permission : PLEASE READ CAREFULLY
My signature below indicates that I have read the information provided and referenced in this document and in the MCSD Student Handbook and Code of Conduct regarding the use of devices, technology and web-based applications in the MCSD. I give permission for the MCSD to create and maintain a G-Suite for education account for the named student, and I consent for Google to collect, use and disclose limited information only for the purposes described below.

School Name: _____ **School Year:** _____

Student Name: _____ **Signature:** _____

Parent Name: _____ **Signature:** _____

Type of Device	**The student will be issued a Chromebook, a protective carrying case, and a USB-C charger (if the device is authorized to be taken home) to be used for educational purposes only.**
Use of and Care for the Tools	The device is to be treated as a valuable learning tool and should be cared for accordingly. The student's use of the device must comply with all applicable School Board policies and regulations as outlined in the MCSD RUP (Responsible Use Policy). The RUP is located within the MCSD Handbook & Code of Conduct. The student is responsible for the reasonable care of the device and all applicable equipment associated with the device. The student should take care not to drop it or get it wet, and must not leave it outdoors or in a car in extreme weather conditions, or use it near food or drink. The student may clean the device with a soft, dry cloth, only. The student will carefully transport the device in the assigned protective case, and if applicable, will bring it to school each day, fully charged. The student and parent/guardian understand that if the student comes to school without his/her device, the student may not be able to participate in classroom learning activities and his/her grade may be affected. The device is for the student's exclusive use. The student shall not: lend the device/equipment to anyone; alter, disfigure or deface the device/equipment; cover up any numbering, lettering, or insignia displayed on the device; alter or remove any MCSD software, programs or applications from the device, and will not load any software, programs or applications on the device. The student is responsible for all personal data contained on the device, and MCSD is not responsible for any data loss. The student should regularly back up all files and data to external media such as Microsoft's OneDrive or the Google Drive.
Accidental Damage Protection Warranty	Each student-issued Chromebook comes with an Accidental Damage Protection (ADP) Warranty entitled VirtuCARE Plus. This warranty is provided "free of charge" by the Muscogee County School District. The ADP warranty covers a variety of unintentional and/or accidental damage to the Chromebook. Students should follow all school procedures and policies when reporting damage to a Chromebook. Damage caused by intentional acts, fire, theft or loss, are not covered.
Fees or Fines for Intentional Damage to or Loss of the Device	Students and parents or guardians must comply with all District policies, procedures, and regulations as outlined online and in the MCSD Student Handbook and Code of Conduct and MCSD's RUP (Responsible Use Policy). A violation of any of these policies could result in a loss of privilege to use the Chromebook, appropriate discipline action and/or restitution. <u>Board Policy JS: Student Fees, Fines, and Charges</u> The Muscogee County School District Board of Education retains the right to charge students a reasonable fee for restitution of lost, damaged, or abused school system property, including textbooks, library books or media materials. The current replacement cost to MCSD from our Chromebook vendor, Virtucom, is listed below. All repairs must be completed by Virtucom. Prices can change at any time, and parents and students may be charged the current rate for intentional damage or loss of the device: • Chromebook Replacement Cost - $388.00 • Lenovo USB-C Charger Cost - $41.00
Inspection & Security Measures by MCSD	The student has no expectation of privacy in his/her use of the device. MCSD reserves the right to monitor the student's use of the device and to inspect the device and anything stored on it without prior notice. MCSD has installed security measures on the device that are intended to filter or block access to sites MCSD deems to be inappropriate, in keeping with CIPA [http://fcc.gov/cgb/consumerfacts/cipa.html]. MCSD does not collect personal student info for commercial purposes per COPPA [http:ftc.gov/privacy/coppafaqs.shtm]. While MCSD uses these technology protection measures to limit access to material considered inappropriate to students, it may not be possible for the system to absolutely prevent such access, and the parent/guardian should supervise the student's use of the device while at home. If the device is lost or stolen, MCSD will remotely render the device inoperable. G-Suite accounts are school-managed, therefore administrators have access to information stored in them.

Google's G Suite for Education Information	MCSD will be utilizing Google's G Suite for Education with the Chromebook. G Suite Core Services include Gmail, Calendar, and Classroom; these are required for Chromebook login. G-Suite also offers additional Services like YouTube, Maps, and Blogger are used with G Suite for Education accounts only if appropriate and only for educational purposes. Full listings of Services and additional information is available at the links below. Google does not own student data stored or created in MCSD G Suite for Education, nor does it sell student information residing in MCSD G Suite for Education. MCSD G Suite does not show advertising to logged-in students. Google's adherence to its contractual obligations to protect student privacy is audited by several third parties. You can learn more at the G Suite for Education FAQ (https://support.google.com/a/answer/139019?hl=en) and notice(https://support.google.com/a/answer/7391849) and the G Suite for Education Privacy and Security page (https://edu.google.com/why-google/privacy-security/?modal_active=none). Students may, where appropriate, access Google services such as Google Docs and Sites for collaborative work, which include features where users can choose to share information with others or publicly. Google uses the information collected from all Additional Services to provide, maintain, protect and improve the services, to develop new ones, and to protect Google and its users. Google may also use this information to offer tailored content, such as more relevant search results, and may combine personal information from one service with information, including personal information, from other Google services. Google does not use any user personal information (or any information associated with a Google Account) to target ads.

Behavior Contract

Student – Parent – School

2020 – 2021

Administrators, please have each student review the Muscogee County School District Behavior Code and Discipline Policy Handbook, sign, and return this form to be maintained by the school. Students, please place your initials by each statement and sign at the bottom. Parents please review the statements with your child and sign. Your signature indicates that you and your child/ren have read, reviewed, and understand the School District Behavior Code and Discipline Policy and all School Board policies contained therein.

Board policies are available at www.muscogee.k12.ga.us

____ I have received, read, and understand the Muscogee County School District Behavior Code and Discipline Policy Handbook.

____ I will not disrupt or interfere with the day-to-day operations of the school.

____ I will not damage or attempt to cause damage to school property.

____ I will not bully others or verbally or physically harm any student, or employee.

____ I will not have a weapon or anything that could be considered a weapon on school property, on the school bus, on the way to school, or at a school function or event.

____ I will not sell, possess, or be under the influence of alcohol, tobacco products, or illegal substances while on school property, on the way to school, or at a school function or event.

____ I will comply with all directions and commands given by any authorized school personnel.

____ I will take pride in my appearance by maintaining the MCSD dress code.

____ I will attend all classes and not leave the school without permission.

____ I will not demonstrate gang signs, nor will I draw or wear gang insignia.

____ While at school or any school function, I will not participate in any inappropriate sexual behavior verbally, written, or physically.

_____ _____

Student Signature Date

_____ _____

Parent Signature Date

Parent & Student Notification Agreement

The Compulsory Attendance Law O.C.G.A §20-2-690.1

The Compulsory Attendance Law O.C.G.A. §20-2-690.1 continues to be in effect for the current academic year, which pertains to every school district in Georgia. The Compulsory Attendance Law states "children between their sixth and sixteenth birthday shall enroll and attend a public school, a private school, or a home study program". If a child is under 6 years of age and has attended more than 20 days in a public school, he/she is then subject to this law. The law also provides "penalties for parent(s), guardian(s), or other person residing in Georgia who are in violation of O.C.G.A §20-2-690.1; which are imposed at the discretion of the court having jurisdiction". Each day's violation of this law, after the School District has notified the parent, guardian, or other person in charge of a child having five unexcused absences from school, shall constitute a separate offense subjecting the person notified to the following measures:

- Fine of not less than $25 and not greater than $100
- Imprisonment not to exceed 30 days
- Community service
- Any combination of the above penalties

Elementary and middle school students may only miss **15** days per year before possible retention. High school students may miss only seven (**7**) days per semester to prevent loss of credits. Parents are required to provide proof of excused absences **within three days after the absence occurred**. Handwritten notes from parent(s), a doctor's excuse, or a copy of a court order are a few examples of acceptable proof of absences. Schools may require additional verification for those students who have established a pattern of excessive absences.

The Muscogee County School District is required to obtain signatures from parents and students (who are ten years-old by September 1) as acknowledgment of receipt of the **Parent & Student Notification Agreement** and of the possible consequences due to non-compliance.

Thank you for your cooperation in acknowledging receipt of this agreement and the consequences in the event of any violation of the Compulsory Attendance Law. Please return this to your school's administration.

School Name: _____

Student Name (please print) _____ Date: _____

Parent/Guardian Signature: _____

Student Signature: _____

Student's Age as of September 1, (2020): _____

La forma esta disponible en Espanol – Por favor preguntale al Principal de su Escuela.

Muscogee County School District – Student Enrollment Form

School Name: _____ School Year: **2020- 2021** Grade: _____

STUDENT INFORMATION

_____ _____

Last Name First Name Middle Name Preferred Name

Gender: _____ Male _____ Female Birth Date: _____/_____/_____ Social Security Number: _____

ENROLLING ADULT INFORMATION (Parent/Guardian 1) (The enrolling adult must sign at the bottom of this form in order to complete enrollment).
NOTE: The student must reside primarily with the enrolling adult.

Name of Enrolling Adult: _____ [1] Relationship to Student: _____
Last First Middle

Parent Status: _____ Married _____ Separated _____ Divorced _____ Single

What is the primary language of the enrolling adult?: _____

Residential Address: _____ City _____ State _____ Zip _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Occupation/Employer: _____ Email: _____

Do you: _____ Own your home _____ Rent your home or _____ [2] Share a residence with another family

Is a parent/guardian on active duty military? _____ Yes _____ No Is a parent/guardian a civilian employed at Ft. Benning? _____ Yes _____ No

ADDITIONAL STUDENT INFORMATION

Ethnicity: Hispanic/Latino _____ Yes _____ No *In the next line, check all options that apply.*

Race: _____ White _____ Black/African-American _____ Asian _____ American Indian/Alaska Native _____ Native Hawaiian/Other Pacific Islander _____ Multiracial

If Not Born in the USA: Country of Birth _____ Date First Enrolled in School in the USA(DD/MM/YYYY) _____

School Last Attended: _____ City _____ State _____

Has student ever attended a Columbus school? _____ Yes __ No If yes, give year and name of school. _

[3] Has student ever attended public school in another district? _____ Yes __ No If yes, give year and name of school. _

Has student ever been served by a Special Ed. program? _____ Yes __ No Gifted Education? _____ Yes _____ No

Does the student have a current IEP? _____ Yes __ No Is the student on a 504 Plan? _____ Yes _____ No

English for Speakers of Other Languages (ESOL)? _____ Yes __ No Speech Therapy at School? _____ Yes _____ No

Has the child moved within the past 36 months across state or school district lines to enable the child, the child's guardian, or member of the child's family to obtain temporary or seasonal employment in an agricultural or fishing activity? _____ Yes _____ No

HOME LANGUAGE SURVEY (Required prior to enrollment – State Board of Education Rule 160-4-5-.02)

What language(s) did the student first learn to speak? _____

What languages(s) does the student speak at home? _____ What language(s) does the student speak most often? _____

TRANSPORTATION

Morning: _____ Car Rider _____ Student Driver _____ Before School Program _____ Walker _____ Bus Rider (Bus #_____)

Afternoon: _____ Car Rider _____ Student Driver _____ After School Program _____ Walker _____ Bus Rider (Bus #_____)

Name of Day Care: _____ Phone #: _____

[1] If not the parent/legal guardian, Non-Parental Affidavit of Residency must be completed. (State Board of Education Rule 160-5-1-.28)
[2] Affidavit of Residency may be required for proof of residency (State Board of Education Rule 160-5-1-.28)
[3] Release of Records form may be required.

Student Name:_____ Grade: _____

SIBLING INFORMATION (Brothers and sisters 18 years of age or under)

Name_____Birthdate (MM/DD/YYYY)_____School Attending/Reason If Not inSchool_____

Name_____Birthdate (MM/DD/YYYY)_____School Attending/Reason If Not inSchool_____

Name_____Birthdate (MM/DD/YYYY)_____School Attending/Reason If Not inSchool _____

STUDENT HEALTH RECORD ** THE ATTACHED CLINIC CARD MUST BE COMPLETED *****

Does the student need to take medication at school?:_____Yes_____No Medication: _____

Food/Drug or other Allergies?:_____Yes_____No Allergies: _____

What medical information does the school need to know about the student?: _____

_____

Student's Physician Name:_____Phone: _____

In the event of an emergency, the school will have the student transported to the closest doctor or medical facility for treatment. Parents/guardians will assume full responsibility for all charges incurred. Please indicate your preferred hospital (note: the school cannot guarantee transport to this facility):

Martin Army Hospital Doctors Hospital Midtown Medical Center St. Francis Other (Specify.) _____

STUDENT RELEASE INFORMATION

ADDITIONAL PARENT/GUARDIAN(#2) _____ Relationship toStudent: _____
Last First Middle

Address (if different from Parent/Guardian#1): _____
Street City State Zip

Home Phone #:_____Cell Phone #:_____Work Phone #: _____

Occupation/Employer:_____Email: _____

Parent/Guardian #2 is authorized to pick up the student from school and may be called in case of emergency if enrolling adult cannot be reached?:

_____ **YES** _____ **NO**

STUDENT MAY BE CHECKED OUT BY THE FOLLOWING ADDITIONAL PEOPLE WITH PROPER STATE/MILITARY ISSUED I.D. ***Please indicate individuals other than enrolling adult***

Name:_____Cell Phone:_____Work Phone:_____Relationship _____

Name:_____Cell Phone:_____Work Phone:_____Relationship _____

EMERGENCY CONTACT *****Please indicate an individual other than parents/guardians*****

Name_____Cell or Home Phone:_____Work Phone:_____Relationship _____

_____ _____
Signature of Parent/Legal Guardian Date Submitted
(Enrolling Adult)

ONLY THE ENROLLING ADULT DESIGNATED ON THIS DOCUMENT IS AUTHORIZED TO WITHDRAW THE STUDENT.

Office Use Only

SCHOOL YEAR **2020-2021**

____ SS# ___Birth Certificate
____ Immunization____Proof of Residency
____ EED ___Clinic Card

Revised: June 2020

Distrito Escolar del Condado de Muscogee – Información Escolar

Nombre de la Escuela_____ Año Escolar: **2020 - 2021** Grado _____

INFORMACION DEL ESTUDIANTE

_____

Apellido Primer Nombre Segundo Nombre Nombre Preferido

Sexo: _____Masculino _____Femenino Fecha de Nacimiento:____/____/___ Número de Seguro Social_____

INFORMACION DEL ADULTO INQUE HACE LA MATRICULA (Padres/Encargados 1) El adulto que hace esta matricula debe de firmar este formulario para poder completar la matricula). **NOTA: El estudiante debe de principalmente vivir con el adulto que hace la matricula.**

Nombre del Adulto que hace lamatricula: _____ 1Relacion alestudiante: _____
Apellido Primer Nombre Segundo Nombre

Estado de los Padres: __Casados _Separados Divorciados Solteros

¿Cuál (es) idioma (s) habla la persona que hace lamatricula?_____

Dirección de domicilio:_____Ciudad_____Estado_____Código Postal _____

Teléfono de casa:_____Teléfono celular:_____Teléfono deltrabajo: _____

Ocupación/Empleador:_____Correo electrónico: _____

Usted, es dueño de su casa renta su casa o 2comparte su casa con otra familia

¿Es el padre/madre/encargado militar activo? Si No Es el padre/madre/encargado empleado civil en Ft. Benning? Si No

Información adicional del estudiante

Origen étnico: Hispano/Latino__Si __No en la próxima línea, indique todas las opciones que apliquen
Raza: ____Blanco_____Africano-Americano_____Asiático_____Indio-Americano/Nativo de Alaska_____Hawaiano/De otra isla del Pacifico

Si no nació en USA: País de Nacimiento_____Fecha cuando empezó escuela en USA (día/mes/año) _____
La ultima Escuela que asistió_____Ciudad_____Estado _____

¿Ha asistido el estudiante a alguna escuela en Columbus? __Sí __No
3¿Ha asistido el estudiante a alguna escuela pública en otro distrito?__Si __No
¿Ha recibido el estudiante Educación Especial? __Sí __No
¿Tiene actualmente el estudiante un IEP? __Sí __No
¿Inglés para estudiantes que hablan otro idioma (ESOL)? __Si __No

Si asistió, dé año y el nombre dela escuela _____
Si asistió, dé año y el nombre dela escuela_____
¿Esta el estudiante en el programa de estudiantes dotados? Si No
¿Esta el estudiante en el Plan 504? Si No
¿Recibe terapia del habla en la escuela? Si No

¿En los pasados 36 meses, se ha cambiado el estudiante a través del estado o distrito escolar que haga que el estudiante, padre o encargado legal obtenga un trabajo temporero o de época con la industria agrícola o de pesca? Si No

ENCUESTA OBIGATORIA EN EL IDIOMA NATIVO (Requerido para la registración – Reglas del Departamento de Estado de Educación 160-4-5-.02)

¿Cuál(es) idioma(s) aprendió el estudiante hablarprimero? _____
¿Cuál(es) idioma(s) habla el estudianteen casa?_____¿Cuál(es) idioma(s) habla el estudiante mas amenudo? _____

TRANSPORTACION

En la mañana: __Auto __Estudiante conduce __Programa antes de clase __Caminador __Autobús (Escriba el número del autobús_____)
En la tarde: _Auto __Estudiante conduce __Programa después de clase __Caminador Autobús (Escriba el número del autobús_____)

Nombre de la Guardería_____ Número de teléfono _____

---

1 Si no es el Padre o encargado legal, tiene que completar un afidávit de residencia. (Reglas del Departamento de Estado de Educación 160-5-1-.28)
2 Afidávit de Residencia puede ser requerida como prueba de residencia (Reglas del Departamento DE Estado de Educación 160-5-1-.28)
3 Tal vez se requiera el expediente de la escuela anterior

Nombre del estudiante_____ Grado_____

INFORMACION DE LOS HERMANOS DEL ESTUIDANTE (hermanos y hermanas menores de 18 años)

Nombre_____Fecha de Nacimiento (mes/día/año)_____Nombre de la escuela _____

Nombre_____Fecha de Nacimiento (mes/día/año)_____Nombre de la escuela _____

Nombre_____Fecha de Nacimiento (mes/día/año)_____Nombre de la escuela _____

ESTADO DE SALUD DEL ESTUDIANTE ***LA TARJETA INCLUIDA PARA LA CLINICA DEBE SER COMPLETADA***

¿Necesita el estudiante tomar algún medicamento en la escuela? __Si __No Medicamento: _____

¿Tiene el estudiante alergia a alguna comida/medicamento?: __Si __No Alergias: _____

¿Qué información médica la escuela necesita saber acerca del estudiante?: _____

Nombre del doctor:_____ Número de teléfono _____

En caso de emergencia, la escuela se encargará de trasladar el estudiante al doctor o a la facilidad médica más cercana para que reciba tratamiento. Los padres o encargado legal se harán responsables de cubrir los gastos médicos. Por favor indique su hospital de preferencia (nota: la escuela no garantiza que el estudiante sea trasladado a esta facilidad médica)

Martin Army Hospital Doctor's Hospital Midtown Medical Center St. Francis Otro (Especifique) _____

INFORMACION PARA RECOGER EL ESTUDIANTE

Padre/Madre/Encargado (#2) _____ Relación con el estudiante: _____
Apellido Primer Nombre Segundo Nombre

Dirección (Si es diferente a la del Padre o Encargado#1) _____
Calle Ciudad Estado Código postal

Teléfono de casa_____Teléfono celular_____Teléfono de Trabajo_____
Ocupación/Empleador_____Correo electrónico _____

Padre/Madre/Encargado #2 está autorizado para recoger al estudiante de la escuela y para ser llamado en caso de emergencia si no se logra conseguir el adulto que hizo la matricula:
__Si __No

LAS SIGUIENTES PERSONAS TIENEN PERMISO PARA RECOGER A MI HIJO(A) DE LA ESCUELA MOSTRANDO IDENTIFICACION VALIDA DEL ESTADO O MILITAR * Por favor nombre personas que no sea usted**. ***

Nombre_____Teléfono de casa_____Teléfono de trabajo_____Relación _____

Nombre_____Teléfono de casa_____Teléfono de trabajo_____Relación _____

CONTACTO DE EMERGENCIA * Por favor nombre a otra persona que no sea Padre/Madre/Encargado**.***

Nombre_____Teléfono de casa_____Teléfono de trabajo_____Relación _____

_____ _____
Firma del Padre/Madre/Encargado Fecha
(Adulto que matriculó al estudiante)

SOLAMENTE EL ADULTO DESIGNADO EN ESTE DOCUMENTO, QUE HAYA MATRICULADO AL ESTUDIANTE, ESTA AUTORIZADO PARA RETIRAR AL ESTUDIANTE.

Uso de la oficina solamente

Año Escolar **2020-2021**

___ *Número de Seguro Social* ___ *Certificado de Nacimiento*
___ *Inmunización* ___ *Comprobante de residencia*
___ *EED* ___ *Tarjeta Clínica*

Revisado: Junio 2020

Assistance with Homelessness: McKinney-Vento Students

Students experiencing homelessness are protected by the McKinney-Vento Homeless Assistance Act.

MCSD is committed to assisting students who qualify as McKinney-Vento Students. Please contact your School Counselor or Principal at your school or the McKinney-Vento Department at the Muscogee County Public Education Center.

The McKinney-Vento Act states that children and youth who lack "a fixed, regular, and adequate nighttime residence" will be considered homeless [42 U.S.C. §11434A(2)(A)]. The Act does not define those terms. However, the following definitions may provide guidance:

(1) Fixed: Securely placed or fastened; not subject to change or fluctuation. A fixed residence is one that is stationary, permanent, and not subject to change.

(2) Regular: Normal, standard; constituted, conducted, or done in conformity with established or prescribed usages, rules, or discipline; recurring, attending, or functioning at fixed or uniform intervals. Consistent. A regular residence is one which is used on a regular basis.

(3) Adequate: Sufficient for a specific requirement; lawfully and reasonably sufficient. Fully sufficient; equal to what is required; lawfully and reasonably sufficient. An adequate residence is one that is sufficient for meeting both the physical and psychological needs typically met in home environments.

The following definition of "homeless" is given in the McKinney-Vento Homeless Assistance Act

A. Means individuals who lack a fixed, regular, and adequate nighttime residence…; and

B. Includes:

1. Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship or similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;
2. Children and youths who have a primary nighttime residence that is a public or private place not designed
   for or ordinarily used as a regular sleeping accommodation for human beings;
3. Children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
4. Migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (1) through (3).

Unaccompanied Youth

Unaccompanied youth includes youth in homeless situation who are not in the physical custody of a parent or guardian.

Children and youth who are sharing the housing of others due to loss of housing, economic hardship, or a similar reason are covered by the McKinney-Vento Act [42 U.S.C. § 11434A(2)(B)(i)]. This can include unaccompanied youth who are running away from home, even if their parents state a desire for the youth to return home. It could also include families who move in with others as a result of an emergency related to a job loss, reduction in work hours or pay, unexpected medical bills, natural disaster, or domestic violence. Families who share adequate housing on a long-term basis due to preference or convenience would not be covered by the McKinney-Vento Act.

MCSD will follow state procedures to ensure that youth in transition are identified and given equal access to appropriate secondary education and support services. School personnel shall refer children and youth in transition to appropriate health care services, including dental and mental health services. The liaison will assist the school in making referrals, as necessary. School personnel must also inform parents of all educational and related opportunities available to their children and provide parents with meaningful opportunities to participate in their children's education. All parent

information required by any provision of this policy must be provided in a form, manner, and language understandable to each parent.

- Under federal law, McKinney-Vento students must have access to a free appropriate public education, including preschool, and are given an opportunity to meet state and local academic achievement standards. They must be included in state and district-wide assessments and accountability systems.
- Information regarding the rights and services for McKinney-Vento students will be: distributed to all students and parents in August and January and upon enrollment. Information is posted in every school in the District, as well as other places where children, youth, and families in transition receive services, including family and youth shelters, motels, campgrounds, welfare departments, health departments and other social service agencies.

For more information, please see Board Policy JBC-1 and Georgia Department of Education Rule 160-5-1-28.

McKinney-Vento Parent and Student Rights

The school district shall provide an educational environment that treats all students with dignity and respect. Every McKinney-Vento student shall have equal access to the same free and appropriate educational opportunities for students who are not homeless. This commitment to the educational rights of students experiencing homelessness and youth not living with a parent or guardian applies to all services, programs, and activities provided or made available.

All McKinney-Vento Students Have Rights To:

- Immediate school enrollment. A school must immediately enroll students even if they lack health, immunization, school records, proof of guardianship, or proof of residency.
- Enroll in:
  The school he/she attended when permanently housed (school of origin)
  The school in which he/she was last enrolled (school of origin)
  Any school that non-homeless students living in the same attendance area in which the McKinney-Vento child or youth is actually living are eligible to attend.
  The school is in the best interest of the student.
- Remain enrolled in his/her selected school for as long as he/she remains in a homeless situation or, if the student becomes permanently housed, until the end of the academic year.
- Priority in preschool programs.
- Participate in a tutorial-instructional support program, school-related activities, and/or receive other support services.
- Obtain information regarding how to get fee waivers, free uniforms, and low-cost or free medical referrals.
- Transportation services: A McKinney-Vento student attending his/her school of origin has a right to transportation to go to and from the school of origin as long as he/she is in a homeless situation, or if the student becomes permanently housed, until the end of the academic year.

McKinney-Vento students may receive appropriate full or partial credit, such as: consulting with prior school about partial coursework completed; evaluating students' mastery of partly completed courses; offering credit recovery.

If a dispute arise over any issues dealing with enrollment or other concerns, the McKinney-Vento student shall be immediately admitted to the school in which enrollment is sought, pending final resolution of the dispute. The student shall also have the rights of a student experiencing homelessness to all appropriate educational services, transportation, free meals and Title I services while the dispute is pending.

MSCD McKinney-Vento Department (Homeless Resources) below:

McKinney-Vento Liaison
Dr. Trikella Nelson 706-748-2226
Nelson.Trikella.L@muscogee.k12.ga.us

McKinney-Vento Outreach Specialist
Ms. Kimberly Brown 706-748-2276
Brown.Kimerly.D@muscogee.k12.ga.us

McKinney-Vento Case Worker
Ms. Monique Roberts 706-748-3226
Roberts.Quanasia.M@muscogee.k12.ga.us

Muscogee County School District
Columbus, Georgia
Student Health Services

Dear Parent or Guardian:

Student Health Services is proud to be a part of the team effort that supports student success in Muscogee County. We are a team of a Lead Nurse, 9 Registered Nurses, 7 Licensed Practical Nurses and 54 Clinic Workers who work diligently to ensure your child remains healthy while at school. The RNs and LPNs travel throughout the school district to support students. School Clinic Workers are available 4 hours per day in your child's school to provide first aid, administer daily medications and emergency medications, and provide assistance during an acute illness. As your child's school nurse works with you this year, we need your assistance and cooperation in preparing for the possibility that your student might need to take medication, become ill, or have an injury during school hours.

School Medication Administration

The Muscogee County School District's medication administration policy (JGCD) is available on the MCSD website for your review. Important points to remember:

- The parent or legal guardian must complete and sign the Medication Administration Authorization form for ALL medications given at school. This applies to both prescription and over-the-counter medications. A new form is required each school year, and whenever there is a change in the student's medication (dosage, timing, etc.).
- A parent or legal guardian must bring all medication to the school clinic.
- All medication (prescription and over-the-counter) must be in their original containers, with unexpired dates and labeled in English. Prescription medications must be clearly labeled with the physician's name, medication's name, strength, dosage, time for administration and dispensing pharmacy. Over-the-counter medications must be provided in the original unopened containers.
- If your student has a life-threatening condition (i.e. asthma, diabetes, or severe allergy), permission may be granted to the student to carry medication on his/her person. Your health care provider's signature is required on the Permission to Carry Prescription Medication form.
- If medication can be provided BEFORE school, while the student is at home, then please do so. School clinics are staffed 4 hours per day and morning medications cannot be safely given prior to clinic worker arrival.
    - Medications should be given at home whenever possible.
        - Once a day medications should be given at home, before school.
        - If medication must be taken with food it should be given at home.
        - If medication is twice a day, both doses should be given at home (before and after school), unless specified differently on the prescription.
        - If medication is three times a day, all three doses should be given at home (before school, after school, and before bed), unless specified differently on the prescription.
- All students with medication administered during school hours, and those with emergency medication, must have a Student Health Care Plan signed by a physician and on file in the school clinic.

- School clinics are not stocked with medication. Any and all medication, to include antibiotic ointment, anti-itch lotion, cough drops, acetaminophen, ibuprofen, and antacids must be provided by the parent/guardian.

Student Illness and Injury

- The main reasons for keeping your student home from school are he/she is too sick to participate comfortably at school or might spread a contagious disease to other students. If your student has been diagnosed with a contagious disease, please contact the school principal and school clinic immediately.
- Your child will be sent home from school for fever of 100 degrees or greater; vomiting; diarrhea; drainage from a wound, eyes, rash or nose; head lice/nits; scabies; or unexplained rash.
- Your student may not return to school until they have been fever-free and symptom-free for 24 hours **without** the use of medication.
- Whenever there is a doubt about whether or not your child should attend school, please contact your physician.
- Students who become ill at school must be picked-up in a timely manner. Please ensure the school office and school clinic have working telephone numbers for you and an emergency contact. Always answer the phone when your child's school calls; they may be reaching you to inform you of an emergency.
- Ill students not picked up from school in a timely manner may result in a referral to the Department of Children and Family Services (DFACS).

Chronic Illnesses and Conditions

- If your child has a chronic illness or other health condition (i.e. asthma, diabetes, migraine headaches, seizures, sickle cell, or severe allergy, etc.) which may require medication or special care during school hours a Student Health Care Plan is required.
    - The Student Health Care Plan requires a physician's signature to be valid, and a new plan is required each school year.
- Any student returning to school following surgery or a hospitalization must present a physician's release to return to school. The release to return to school must include any instructions for care during the school day (i.e. activity restriction, use of crutches, etc.).
- If your child requires a procedure to be performed during the school day (i.e. catheterization, diaper change, tube feeding, trach care, etc.) a physician's order is required, as well as a completed Student Health Care Plan and Authorization for Administration of Health Procedure form. The parent/guardian of the student is required to provide training to all staff who will be performing the procedure.

Working together, we can promote the health and well-being of your student and ensure they obtain the maximum educational benefit while at school.

Sincerely,

Jeannie Polhamus, RN
Lead Nurse
Muscogee County School District

May 2020

Student Health Record

School: _____ Year: _____

Student's Name: _____ D.O.B. ___ / ___ /_____

Last First Middle

Grade: _____ Teacher: _____ Sex (Check One): Male ☐ Female ☐

Race / Ethnicity (Check One):

☐ Black / African American ☐ White ☐ Hispanic ☐ American Indian ☐ Multi-Racial ☐ Other

Student Address: _____ Zip Code: _____

Mother / Legal Guardian: _____ Home Phone: _____ Work Phone: _____

Father / Legal Guardian: _____ Home Phone: _____ Work Phone: _____

Emergency Contacts:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Special Health Issues (Please check all that apply and explain below):

☐ ADD / ADHD ☐ Drug Allergy (Name of Drug): _____ ☐ Prosthesis

☐ Asthma ☐ Food Allergy (Name of Food): _____ ☐ Glasses

☐ Diabetes ☐ Insect Sting Allergy (Type of Insect): _____ ☐ Braces

☐ Epilepsy (Seizures) ☐ Heart Condition (Type): _____ ☐ Hearing Aid

Please explain any/all medical conditions, surgeries or problems that your child has had that may or may not present a problem while at school:

_____

_____

_____

_____

_____

List any medication that your student is currently taking:

_____

Reason for medication:

_____

Is there a medical reason that prohibits your student's participation in physical education?

□ Yes □ No

If yes, please supply a doctor's statement for school files.

Additional Medical Emergency Contacts:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Physician's Name: _____ Phone Number: _____

Dentist's Name: _____ Phone Number: _____

We will continue to work with parents of medically fragile students to create/comply with Health Care Plans. Parents whose children may need a health care plan for the first time this year due to COVID-19 should contact the Administrator immediately so that it can be created.

For COVID-19 resources, please refer to MCSD home page or
http://sites.muscogee.k12.ga.us/covid-19/

The Registered nurse or clinic worker will contact your child's physician regarding child's health care needs if necessary.

In the event of an emergency, a representative of the school will contact the family doctor if the parent or legal guardian cannot be reached.

In the event of an emergency, the school will contact an ambulance to transport your student to the hospital.

The following information is optional. It is being asked in order to provide you with health insurance information:

Does your child have health insurance coverage (Ex.: Medicaid, Peachcare, Tri-Care, Blue Cross, etc.)?

□ Yes □ No

_____ _____

Parent / Guardian Signature Date

Notes:

7/20

Muscogee County School District
School Nutrition Program

Instructions for Special Dietary Needs Prescription Form

MCSD School Nutrition Program will make modifications and substitutions to the regular school meals for a student **with a disability that restricts their diet.** The MCSD Special Dietary Needs Prescription Form **must be** completed and signed by a physician for a student with a disability before the school cafeteria can provide any modifications or substitutions. The completed form must be provided to the School Nutrition Program, including the school cafeteria Manager and the Special Needs Dietitian. The school cafeteria staff will prepare the meal along with the other meals being served that day.

Follow these steps to ensure a student with a disability requiring special nutrition needs is served the proper diet in the school breakfast, lunch, and snack programs:

1. Have the Special Dietary Prescription Form completely filled out. The prescription must be completed and signed by a licensed physician if the student has a disability.
2. **Regulations require that this documentation be on file for each student who receives a special meal.** This documentation must be on file in the school cafeteria and nurse's office, and with the Special Needs Dietitian.
3. Work with the cafeteria Manager and the Special Needs Dietitian to know what foods will be served at school.
4. The dietitian, school nurse, or other health professional may suggest that the special dietary needs be included in the Individual Education Plan (IEP) or the 504 Plan, as appropriate.

MCSD School Nutrition Program will try to accommodate special dietary needs or religious preferences for students without a disability. Such determinations are made on a case-by-case basis by the MCSD dietitian, and must be supported by the same Special Dietary Prescription Form signed by an authorized licensed medical authority.

For further information, including definitions of disability and of other special dietary needs, and school's responsibility, please visit USDA's Student Nutrition website at http://www.fns.usda.gov/cnd/Guidance/.

This institution is an equal opportunity provider.

Special Dietary Needs Prescription Form

This form **must be fully completed and signed by a licensed physician** for a child with a disability, and by the recognized medical authority for a child with a medical/dietary needs in order for a student to receive modifications or substitutions to the regular school meals.

Date:_____

Student Name:_____ Student Number:_____

Date of Birth:_____ Grade:_____ School:_____

Diagnosis(es):_____ ICD-9 code(s):_____

Parent/Guardian:_____ Phone Number:_____

Describe the Student's: ◯ Disability ◯ Medical Condition that requires the student to have a special diet **and** the major life activity affected by the student's disability or condition:

_____

_____

History of anaphylaxis reaction due to severe food allergy: ◯ Yes ◯ No
(If yes, please provide documentation)
Does your child use an EPI pen? ◯ Yes ◯ No
History of allergy testing to indicate food allergy: ◯ Yes ◯ No Date:_____
List food(s) to be omitted from the diet **and** food(s) that may be substituted:

_____

_____

Registered Dietitian consulting with the patient:

Name:_____ Phone Number:_____

Physician's Signature:_____ Phone Number:_____

Physician's: Name:_____ Fax Number:_____

Please complete and return as soon as possible.

To be completed by office:
Clinic Worker/RN contacted: ◯ Yes ◯ No
School cafeteria Manager contacted: ◯ Yes ◯ No
POS system updated: ◯ Yes ◯ No

This institution is an equal opportunity provider.

April 2020

Parent's Right To Know

Parents may request the following information about his/her student's teacher:

- Whether the teacher has met Georgia qualifications as licensing criteria for the grade level and subject matter he/she teaches.
- Whether the teacher is teaching under emergency or other provisional status through which Georgia requirements have been waived.
- The teacher's college major, whether the teacher has an advanced degree, and, if so, the subject of the degree.
- Whether any teachers' aides or similar paraprofessionals provide services to the child and, if so, their qualifications.

Point of contact: Federal Programs Office (706)748-2138

School: _____

Parent/Guardian Signature: _____

Date: _____

*Principals: Federal regulations require the collection of this document from each of your parents. Please send a sampling (25 copies) to Federal Programs, Muscogee Public Education Center.

Revised: April 8, 2020

Distrito Escolar del Condado de Muscogee
El Derecho de Saber de los Padres

Los padres pueden solicitar la siguiente información profesional de calificaciones sobre el/la maestro/a o asistente de su hijo/a:

- Si el/la maestro/a o asistente ha cumplido con los requisitos y certificaciones de la Comisión del estado de Georgia para el grado y las asignaturas que está enseñando.
- Si el/la maestro/a recibió un certificado provisional o condicional con los cuales el estado de Georgia ha excusado la calificación.
- Que títulos universitarios y de maestría posee el/la maestro(a)
- Si su hijo/a recibe ayuda de una asistente de maestro(a) podrá obtener sus cualificaciones.

Punto de contacto: Oficina de Programas Federales (706) 748-2138

Escuela: _____

Firma de la Madre/Padre/Encargado: _____

Revised: April 8, 2020

Protection of Pupil Rights Amendment Notice

The protection of Pupil Rights Amendment (PPRA), 20 U.S.C. § 1232h, requires MSCD to notify you and obtain consent or allow you to opt your child out of participating in certain school activities. These activities include a student survey, analysis, or evaluation that concerns one or more of the following eight areas ("protected information surveys"):

1. Political affiliations or beliefs of the student or student's parents;
2. Mental or psychological problems of the student or student's family;
3. Sex behavior or attitudes;
4. Illegal, anti-social, self-incriminating, or demeaning behavior;
5. Critical appraisals of other with whom respondents have close family relationships;
6. Legally recognized privileged relationships, such as with lawyers, doctors, or ministers;
7. Religious practices, affiliations, or beliefs of the student or the student's parents; or
8. Income, other than as required by law to determine program eligibility.

This parental notification requirement and opt-out opportunity also apply to the collection, disclosure or use of personal information collected from students for marketing purposes ("marketing surveys"). Please note that parents are not required by PPRA to be notified about the collection, disclosure, or use of personal information collected from students for the exclusive purpose of developing, evaluating, or providing educational products or services for, or to, students or educational institutions. Additionally, the notice requirement applies to the conduct of certain physical exams or screenings. This includes any non-emergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent, and not necessary to protect the immediate health and safety of a student. This does not include hearing, vision, or scoliosis screenings, or any physical exam or screening permitted or required by State law.

MCSD will provide parents, within a reasonable period of time prior to the administration of the surveys and activities, notification of the surveys and activities, an opportunity to opt their child out, as well as an opportunity to review the surveys. (Please note that this notice and consent/opt-out transfers from parents to any student who is 18 years old or an emancipated minor under State law.)

Parents who believe their rights have been violated may file a complaint with:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, S.W.
Washington, D.C. 20202-8520

June 2020

UNIVERSAL SCREENING

BASC-3 Behavioral and Emotional Screening System (BESS)

Fall 2020, Winter 2021, & Spring 2021

BASC™3 Pearson

5 Things you need to know about Universal Screening in MCSD

1. The screener is for all grades (PK-12).
2. The screener includes teacher/parent surveys.
3. Teachers and students will complete the survey at school.
4. Parents/legal guardians can complete the survey at home.
5. This will NOT be used to diagnose students but to help identify resources that can improve your child's overall well-being.

muscogee.k12.ga.us

FREQUENTLY ASKED QUESTIONS (FAQS)

Q: To what types of statements will a child be asked to respond?

A: Sample statements from the student form include: “I am liked by others,” “I worry but I don’t know why,” and “I like the way I look.”

Q: To what types of statements will a child’s teacher be asked to respond?

A: Sample statements from the teacher form include: “Pays attention,” “Is easily upset,” and “Has trouble keeping up in class.”

Q: To what types of statements will a child’s parent be asked to respond?

A: Sample questions from the parent form include: “Disobeys,” “Is easily distracted,” and “Organizes chores and other tasks well.”

Q: How much time will it take a child, teacher, or parent to complete the survey?

A: The average completion time of all surveys range from 10 minutes to 15 minutes but might be longer based on the individual.

Q: Will the results of the child’s survey be available to parents?

A: Yes, parents will have access to results of their child’s survey. Additional consultation may also be provided by a professional at the child’s school.

Q: How will all survey information be protected?

A: All survey information will be stored within a data system, with the highest level of encryption.. Access to information will be limited to parents and specific instructional leaders and staff for instructional planning purposes.

Q: How will all survey information be used by schools?

A: The survey information will be used for the planning and implementation of social, emotional or behavioral supports to improve the wellness and academic achievement of all students. Outside resources may also beprovided.

Q: Can a parent or child opt-out of completing this survey? If so, how?

A: Children under the age of 18 may not opt-out of the survey. However, parents may opt–out their child/children by submitting the following statement, in writing or by email, with date of request and name of parent/legal guardian . Written statements must include signature of parent/legal guardian. See the Protection of Pupil Rights Amendment Notice for additional information:

“I would like to opt-out, (name of child/children), from the completion of the BESS for the 2020-2021 school year.”

Q: What contact information should be used for additional questions or concerns?

A: Contact your child’s school first. If further assistance is needed, contact MTSS@muscogee.k12.ga.us.

Revised: June 2020

PROYECCION UNIVERSAL

Sistema de Proyección
Conductual y Emocional BASC-3
(BESS)

Otoño 2020, Invierno 2021, & Primavera 2021

BASC3 Pearson

5 Cosas que usted necesitasaber acerca de Proyección Universal enMCSD

1. La proyección es para todos los grados (PK-12).
2. La proyección incluye encuestas de maestros/padres.
3. Maestros y estudiantes completaran las encuestas en la escuela.
4. Padres/tutores legales pueden completar la encuesta en la casa.
5. Esto NO será utilizado para diagnosticar a los estudiantes, sino para ayudar a identificar los recursos que pueden mejorar el bienestar general de su hijo.

muscogee.k12.ga.us

PREGUNTAS FREQUENTES (FAQS)

P: ¿A qué tipos de declaraciones se le pedirá a un niño que responda?

R: Las declaraciones de muestra del formulario del estudiante incluyen: “le caigo bien a los demás”, “me preocupo, pero no sé por qué” y “me gusta cómo me veo”.

P: ¿A qué tipos de declaraciones se le pedirá que responda el maestro de un niño?

R: Las declaraciones de muestra del formulario del profesor incluyen: “presta atención”, “se molesta fácilmente” y “tiene problemas para mantenerse al día en la clase”.

P: ¿A qué tipos de declaraciones se le pedirá a los padres de un niño que respondan?

R: Las declaraciones de muestra del formulario del padre/tutor incluyen: “desobedece”, “se distrae fácilmente” y “organiza bien las tareas y otras cosas”.

P: ¿Cuánto tiempo le tomará a un niño, maestro o padre completar la encuesta?

R: El tiempo promedio de finalización de todas las encuestas se extiende de 10 minutos a 15 minutos, pero puede ser más largo dependiendo del individuo.

P: ¿Los resultados de la encuesta del niño estarán disponibles para los padres?

R: Sí, los padres tendrán acceso a los resultados de la encuesta de su hijo. Una consulta adicional también puede ser provista por un profesional en la escuela del niño.

P: ¿Cómo será protegida toda la información de la encuesta?

R: Toda la información de la encuesta será almacenada dentro de un Sistema de datos, con el más alto nivel de encriptación. El acceso a la información se limitará a los padres y líderes de instrucción específicos y al personal con fines de planificación educativa.

P: ¿Cómo será que las escuelas utilizarán toda la información de la encuesta?

R: La información de la encuesta se utilizará para la planificación y la implementación de apoyos sociales, emocionales o de comportamiento para mejorar el bienestar y el logro académico de todos los estudiantes. Recursos externos también pueden ser provistos.

P: ¿Puede un padre o hijo excluirse de completar esta encuesta? ¿Si es así, cómo?

R: Los niños menores de 18 años no pueden excluirse de la encuesta. Sin embargo, los padres pueden optar por excluir a su hijo/hijos por medio de la presentación de la siguiente declaración, por escrito o por correo electrónico, con la fecha de solicitud y el nombre de padre/tutor legal. Las declaraciones escritas deben incluir la firma del padre/tutor legal. Consulte el aviso de protección de derechos de los alumnos para obtener información adicional:

“Me gustaría excluir, (nombre del niño/niños), de la participación y compleción de la BESS para el año escolar 2020-2021.”

P: ¿Qué información de contacto se debe utilizar para preguntas o preocupaciones adicionales?

R: Comuníquese primero con la escuela de su hijo. Si necesita más ayuda, comuníquese con MTSS@muscogee.k12.ga.us.

Revisado: Junio 2020

SCHOOL COUNSELING and SCHOOL SOCIAL WORK SERVICES
Safe and Drug-Free Schools

PARENTAL PERMISSION FORM

In order to provide the most effective prevention resources and/or activities for your child, Safe and Drug-Free Schools collect survey information from students at various grade levels during the school year. The surveys are anonymous, voluntary and ask for responses that pertain to student involvement in substance abuse/use, bully prevention, nutrition, mental health, suicide prevention, child abused prevention, college and career readiness, and school climate. Students and/or parents have the right to opt-out.

The data collected is to identify critical areas of need for our Safe and Drug-Free Schools efforts. Survey analysis of these data provides information/data that:

- ~ Assists in the maintenance of a school environment that is free of drugs and violence.
- ~ Drives School Counseling Core curriculum for grades PreK-12 (e.g. *Child/Teen Lures Prevention Program,* Character Education, Social-Emotional Learning, Soft Skills Development, etc.*)*
- ~ Promotes a classroom atmosphere that allows teachers to teach and students to learn.
- ~ Develops and offers experiences that involve students in applying the concepts of making healthy decisions, accepting responsibility for behaviors, and understanding consequences.

Safe and Drug-Free and School Counseling Core curriculum and activities are based on following domains:

- ~ Academic Development
- ~ Career Development
- ~ Social/Emotional Development
- ~ Mindsets and Behavior for Student Success

Please check one:

☐ I give permission for my child to participate in these important School Counseling and Safe and Drug-Free Schools' curriculum instruction, activities and surveys.

☐ I DO NOT give permission for my child to participate in School Counseling and Safe and Drug-Free Schools' curriculum instruction, activities and surveys.

Please sign and return this form to your child's school.

SCHOOL: _____

STUDENT NAME: _____ **GRADE:** _____

_____ _____

Parent/Guardian Signature **Date**

Thank you for your participation.

Revised 6/13, 7/14, 3/17, 5/18, 5/19, 6/20

Muscogee County School District
Parental Opt-Out of Club Participation/Event Activities

Student Name _____

School _____

I hereby acknowledge receipt of information regarding student clubs/event activities that are scheduled to be operational at the school during the current school year. I understand that if a club and/or event for which information has not been provided is started after this information is distributed, I will be provided with the information at that time and my written permission will be required prior to my student's participation.

I wish to withhold permission for my child to participate in the student club(s)/event(s) listed below:

1. _____
2. _____
3. _____

I wish to withhold permission for my child to participate in ALL clubs and/or events:

_____ YES _____NO

Parent/Guardian Name _____
(Please print)

Parent/Guardian Signature: Date:

_____ _____

PARENT AND STUDENT NOTIFICATION
BAD CHECKS

The Muscogee County School District has a contract with CHECKredi to collect checks that are returned unpaid.

In the event a check is returned marked Account Closed, Fraudulent, Stop Payment, or NSF Item, CHECKredi will contact the check writer and make arrangements for recovery of the funds in addition to a $35.00 fee.

For additional information, call CHECKredi at (877) 524-7334 or visit the CHECKredi website at www.checkredi.com.

School: _____

Parent/Guardian Signature: _____

Student Signature: _____

Date: _____

CHECKredi®

ATTENTION CHECK WRITERS!!!

However, in the event your check is returned, your account will be debited electronically .for the face amount and fees allowed by your state.

Please include the following on yourcheck:

- **Full Name**
- **Street Address**
- **Phone Numbers**

Contact CHECKredi Toll-Free at:

(877) 524-7334

June 2020

Georgia Department of Education

Educating Georgia's Future

School District: _____ **Date**: _____

Parent Occupational Survey
Please complete this form to determine if your child(ren) qualify to receive supplemental services under Title I, Part C

Name of Student(s)	Name of School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. Has anyone in your household moved in order to work in another city, county, or state, in the last three (3) years? ☐ **Yes** ☐ **No**

2. Has anyone in your household been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years? ☐ **Yes** ☐ **No**

If you answer "yes", check all that applies:

☐ 1) Planting/Picking vegetables (tomatoes, squash, onions, etc.) or fruits (grapes, strawberries, blueberries, etc.)
☐ 2) Planting, growing, cutting, processing trees (pulpwood), or raking pine straw
☐ 3) Processing/Packing agricultural products
☐ 4) Dairy/Poultry/Livestock
☐ 5) Packing/Processing meats (beef, poultry, or seafood)
☐ 6) Commercial fishing or fish farms
☐ 7) Other (Please specify occupation): _____

Names of Parent(s) or Legal Guardian(s) _____

Current Address: _____

City: _____State: _____ Zip Code: _____Phone: _____

Thank You! Please return this form to the school

Please maintain original copy in your files.
MEP funded school/district: Please give this form to the migrant liaison or migrant contact for your school/district.
Non-MEP funded (consortium) school/districts: When at least one "yes" **and** one or more of the boxes from 1 to 7 is/are checked, districts should fax occupational surveys to the Regional Migrant Education Program Office serving your district. For additional questions regarding this form, please call the MEP office serving your district:

GaDOE Region 1 MEP, 201 West Lee Street, Brooklet, GA 30415
Toll Free (800) 621-5217 Fax (912) 842-5440

GaDOE Region 2 MEP, 221 N. Robinson Street, Lenox, GA 31637
Toll Free (866) 505-3182 Fax (229) 546-3251

Family Contacted/Attempt Date: _____ Sent to Regional Office on: _____

Revised: June 2020

Georgia Department of Education

Educating Georgia's Future

Distrito Escolar: _____ **Fecha:** _____

Encuesta Ocupacional para Padres
Favor de completar este formulario para ayudarnos a determinar si su(s) hijo(s) califica(n) para recibir servicios suplementarios de parte del Programa de Título I, Parte C

Nombre del/los Estudiante(s)	Nombre de la Escuela	Grado
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. ¿Alguien en su casa se ha mudado para trabajar en otra ciudad, condado, o estado, en los últimos tres (3) años? ☐ **Sí** ☐ **No**

2. ¿Alguien en su casa trabaja o ha trabajado en una de las siguientes ocupaciones de forma permanente o temporaria en los últimos tres años? ☐ **Sí** ☐ **No**

Si la respuesta es "si", marque todo trabajo que aplique:

☐ 1. Sembrando/Cosechando vegetales (tomates, calabazas, cebollas, etc.) o frutas (uvas, fresas, arándanos, etc.)
☐ 2. Sembrando, cortando, procesando árboles, o juntando paja de pino *(pine straw)*
☐ 3. Procesando/Empacando productos agrícolas
☐ 4. Trabajo en lechería, polleras o ganadería
☐ 5. Empacando/Procesando carnes (res, pollo, o mariscos)
☐ 6. Trabajos relacionados con la pesca (pesca comercial, o criadero de pescados)
☐ 7. Otra actividad. Por favor especifique en cuál: _____

Nombre de los padres o guardianes legales: _____

Dirección donde vive: _____

Ciudad: _____ Estado: _____ Código Postal: _____ Teléfono: _____

¡Muchas Gracias! Por favor regrese éste formulario a la escuela

Please maintain original copy in your files.
MEP funded school/district: Please give this form to the migrant liaison or migrant contact for your school/district.
Non-MEP funded (consortium) school/districts: When at least one "yes" **and** one or more of the boxes from 1 to 7 is/are checked, districts should fax occupational surveys to the Regional Migrant Education Program Office serving your district. For additional questions regarding this form, please call the MEP office serving your district:

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Family Contacted/Attempt Date: _____ Sent to Regional Office on: _____

PHOTO

HERE

539 Brown Avenue
Columbus, GA 31906
(706) 748–3113/6983

SPECIAL NEEDS TRANSPORTATION

STUDENT INFORMATION FORM

Dear Parent,

Please complete this form in its entirety, front and back, and give to our bus staff prior to your child receiving bus transportation. This forms contains emergency contact and medical information that is mandatory to be present on the bus with your child. Please know, this information will be treated as highly confidential and extreme measures will be taken to protect your child's privacy. Your child's safety and welfare is of utmost importance to us. Thank you, and we look forward to a great school year.

STUDENT'S NAME_____**DATE OF BIRTH** _____

ASSIGNED SCHOOL_____**ASSIGNED PROGRAM** _____

HOME ADDRESS_____**PHONE #** _____

PARENT / GUARDIAN NAME _____

MOTHER'S WORK #_____**FATHER'S WORK #** _____

A.M. PICK UP (If other than home address) _____

CONTACT PERSON_____**CONTACT PHONE #** _____

P.M. DROP OFF (If other than home address _____

CONTACT PERSON_____ **CONTACT PHONE #** _____

EMERGENCY CONTACTS

(1) NAME_____**PHONE #** _____

(2) NAME_____**PHONE #** _____

PERSONS OTHER THAN PARENT/GUARDIAN ALLOWED TO RECEIVE STUDENT FROM BUS AT DROP OFF, IF PARENT/GUARDIAN IS UNAVAILABLE

***** BUS STAFF WILL ASK FOR I.D. FROM INDIVIDUALS TO CONFIRM IDENTITY BEFORE RELEASING STUDENT TO THEM.**

(1)_____**(2)**_____

(3)_____**(4)**_____

EMERGENCY MEDICAL INFORMATION

Student's Name_____ Date_____

Hospital Preference _____

Any Exiting Medical Conditions _____

_____

Allergies _____

_____

Current Medication(s) Dosage(s)_____

_____

Special Instructions for Attending Physician _____

_____

CHECK ALL THAT ARE APPLICABLE

[] Verbal [] Non Verbal [] Walk-On [] Wheelchair [] Epileptic

[] Diabetic [] Hemophiliac [] Visually Impaired [] Medically Fragile

[] Other _____

SPECIAL BUS EQUIPMENT

[] Safety Vest [] Car Seat [] Lap Belt [] Other _____

SPECIAL INSTRUCTIONS FOR MANAGING STUDENT _____

_____

_____

EMERGENCY EVACUATION DRILLS (Conducted twice a year in school bus loop)

I give my child my permission to participate in bus evacuation drills Yes_____ No _____

Signature Parent/Guardian_____ Date _____

This regulation implements the District goals and objectives for unpaid meal charges and alternate meals as outlined.

USDA REQUIREMENTS

The USDA has set certain standards and guidelines to be followed in the development and implementation of a policy or procedure on unpaid meal charges and alternate meals.

A. A policy or procedure must be in place by July 1, 2017 for any district with schools not participating in Community Eligibility Provision (CEP) district-wide.

B. Each State Food Authority (SFA) and Local Food Authority (LEA) has the discretion to set their own policy or procedure but should consider the following:

- Maintain the financial integrity of the Programs
- Provide children with adequate nutrition to focus in school
- Minimize stigmatization of children with meal charges – no negative impact
- Different payment options
- Identify the stakeholders involved
- Delinquent debt against the School Nutrition Program
- Establish standard operating procedures for schools
- Policy information must be shared annually at the start of each year with schools, parents, and School Nutrition personnel in direct contact with the students. Information should also be shared with students transferring into the district throughout the year. Examples: Student Handbooks, General Administrators' meetings, School Nutrition trainings, MCSD website, and/or again to parents after all avenues of payment has been exhausted.
- SFAs must maintain documentation of policy communication methods.
- SFAs must provide policies to the State agency during the Administrative Review.

UNPAID MEAL CHARGES

a. Elementary students may charge up to three (3) breakfasts and three (3) lunches before an alternate meal is given. Middle and high school students may charge up to one (1) breakfast and one (1) lunch. There are no provisions for adult meal charges.
b. No a la carte items may be charged.
c. Students may not charge meals after May 1st for the duration of the school year. All outstanding charges must be paid by the end of the school year.
d. Unpaid meal charges are rolled over into the next school year as delinquent debt and remain on the student's account until paid.
e. Any meal charges are considered a debt against a federal program and must be repaid.
f. Bad debt costs are unallowable. SNP account funds may not be used to cover costs related to bad debt and may not be absorbed.

PAYMENT OPTIONS

- Cash daily
- Pre-pay for meals with cash or through the School Nutrition on-line payment system.
- Meal re-payment plans can be set up for outstanding charges.

FREE AND REDUCED MEAL APPLICATIONS

- Meals at any time during the school year, especially if their financial status changes
- Any student transferring from a CEP school, free, to a non-CEP school, paying, will have a 10 day grace period in meal status to give them time to submit a Free and Reduced Meal Application.
- Students will begin the new school year with the same status as the previous year. A 30 day grace period is given to give time to submit a new Free and Reduced Meal Application. If no new application is received, the student's status becomes paid after the grace period has ended.
- Parents are responsible for meal payments until a Free and Reduced Meal Application has been submitted and approved.

SCHOOL PROCEDURES FOR UNPAID MEAL CHARGES

a. Negative balance letters will be sent home weekly beginning as soon as the student's account becomes delinquent. For those accounts that have reached or exceeded the limit, letters will be sent home multiple times during the week. Telephone calls will also be made to the parents.
b. Principals will be informed of the outstanding charges and made aware of the steps taken to collect the debt owed. Ask for assistance in contacting parents before having to serve an alternate meal.
c. Send the Outstanding Balance Report weekly to the SNP office. A Connect-Ed call will be made to parents advising them of the outstanding balances.

<u>Procedures for Alternative Meals</u>

When funds allow, a School Lunch Fund account at all non-CEP schools will be activated to help students who may not have money for meal purchases. Students will be allowed to use this fund for two (2) days before an alternate meal is given.

After all avenues have been exhausted and you are forced to serve the alternate meal, speak to the student's teacher before lunch and let them know the student needs to see the Manager when they come to the cafeteria. A good practice would be to leave the list in the teacher's mailbox at the end of the day so he/she would have it first thing the following morning.

If payment is not received in time for meal service, an alternate meal will be provided. One suggestion is to place it in a bag with a smiley face or something cute on it. Remember, it is not the student's fault. Be sensitive to them and avoid embarrassment. There should be not negative impact on the students.

If a student that has met/exceeded the charge limit comes through the line and already has a tray, ask the child to come to the Manager's office after he finishes his meal. From there have the child call the

parent and let you speak to them. Advise the parent of the meal charges, that you served the student that day, and if no money is received the following day, the student will be given an alternate meal. Recheck to make sure the student's name is on the list provided to the teacher. Never take a tray from a student and throw the food away.

If a child has money to purchase a reduced or paid priced meal at the time of meal service, the child must be provided a meal. This money may not be used to repay previously unpaid charges if the child intends to use the money to purchase that day's meal.

ALTERNATE MEALS INCLUDE

- Breakfast – cereal, fruit, and milk
- Lunch – peanut butter sandwich or a cheese sandwich, fruit, vegetable, milk

ACCOUNT COLLECTIONS

If parents are not being responsible in providing meals or payments for students, principals may contact school social workers or the Department of Family and Children's Services (DFACS) for assistance as needed. Students who repeatedly abuse the payment policy may not be allowed to charge in the future.

If the school continues to be unable to collect outstanding charges from student's parent/guardian, the student may not be allowed to participate in senior activities including commencement or extra curricula activities.

CHANGE IN STATUS

At any time during the school year, if a family income decreases, an application for free or reduced price meals may be completed to determine eligibility.