

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



## Muscookee County School District – Student Enrollment Form

School Name: \_\_\_\_\_ School Year: 20 \_\_\_\_ - 20 \_\_\_\_ 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: \_\_\_\_\_<sup>1</sup> 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 \_\_\_\_\_<sup>2</sup>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

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. \_\_\_\_\_

<sup>3</sup>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 #: \_\_\_\_\_

<sup>1</sup> If not the parent/legal guardian, Non-Parental Affidavit of Residency must be completed. (State Board of Education Rule 160-5-1-.28)

<sup>2</sup> Affidavit of Residency may be required for proof of residency (State Board of Education Rule 160-5-1-.28)

<sup>3</sup> 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 or Reason If Not in School \_\_\_\_\_

Name \_\_\_\_\_ Birthdate (MM/DD/YYYY) \_\_\_\_\_ School Attending or Reason If Not in School \_\_\_\_\_

Name \_\_\_\_\_ Birthdate (MM/DD/YYYY) \_\_\_\_\_ School Attending or Reason If Not in School \_\_\_\_\_

**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 to Student: \_\_\_\_\_  
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 PEOPLE WITH PROPER STATE/MILITARY ISSUED I.D. \*\*\*Please indicate individuals other than registering person\*\*\***

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  
(Enrolling Adult)

\_\_\_\_\_  
Date Submitted

<i>Office Use Only</i>	
SCHOOL YEAR _____	
____ SS#	____ Birth Certificate
____ Immunization	____ Proof of Residency
____ EED	____ Clinic Card

## Distrito Escolar del Condado de Muscogee – Información Escolar

Nombre de la Escuela \_\_\_\_\_ Año Escolar: 20\_\_\_\_ - 20\_\_\_\_ 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 la matricula: \_\_\_\_\_ 1Relacion al estudiante: \_\_\_\_\_  
Apellido Primer Nombre Segundo Nombre

Estado de los Padres:  Casados  Separados  Divorciados  Solteros

¿Cuál (es) idioma (s) habla la persona que hace la matricula? \_\_\_\_\_

Dirección de domicilio: \_\_\_\_\_ Ciudad \_\_\_\_\_ Estado \_\_\_\_\_ Código Postal \_\_\_\_\_

Teléfono de casa: \_\_\_\_\_ Teléfono celular: \_\_\_\_\_ Teléfono del trabajo: \_\_\_\_\_

Ocupación/Empleador: \_\_\_\_\_ Correo electrónico: \_\_\_\_\_

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

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

### Información adicional del estudiante

Origen étnico: Hispano/Latino  Sí  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 última Escuela que asistió \_\_\_\_\_ Ciudad \_\_\_\_\_ Estado \_\_\_\_\_

¿Ha asistido el estudiante a alguna escuela en Columbus?  Sí  No

Si asistió, dé año y el nombre de la escuela \_\_\_\_\_

¿Ha asistido el estudiante a alguna escuela pública en otro distrito?  Sí  No

Si asistió, dé año y el nombre de la escuela \_\_\_\_\_

¿Ha recibido el estudiante Educación Especial?  Sí  No

¿Esta el estudiante en el programa de estudiantes dotados?  Sí  No

¿Tiene actualmente el estudiante un IEP?  Sí  No

¿Esta el estudiante en el Plan 504?  Sí  No

¿Inglés para estudiantes que hablan otro idioma (ESOL)?  Sí  No

¿Recibe terapia del habla en la escuela?  Sí  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?  Sí  No

### ENCUESTA OBLIGATORIA 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 hablar primero? \_\_\_\_\_

¿Cuál(es) idioma(s) habla el estudiante en casa? \_\_\_\_\_ ¿Cuál(es) idioma(s) habla el estudiante mas a menudo? \_\_\_\_\_

### 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 affidavit de residencia. (Reglas del Departamento de Estado de Educación 160-5-1-.28)

2 Affidavit 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 ESTUDIANTE (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) \_\_\_\_\_

Teléfono de casa \_\_\_\_\_ Calle Ciudad Estado Código postal

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  
(Adulto que matriculó al estudiante)

\_\_\_\_\_  
Fecha

**SOLAMENTE EL ADULTO QUE HAYA MATRICULADO AL ESTUDIANTE ESTARA AUTORIZADO A DAR DE BAJA O TRANSFERIR AL ESTUDIANTE, COMO TAMBIEN PARA BUSCARLO O RECOGERLO DE LA ESCUELA, A MENOS QUE SE HAYA INDICADO DE OTRA FORMA**

<i>Uso de la oficina solamente</i>	
Año Escolar _____	
___ SS #	___ Certificado de Nacimiento
___ Inmunización	___ Comprobante de residencia
___ EED	___ Tarjeta Clínica



## 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:

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List any medication that your student is currently taking:

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Reason for medication:

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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: \_\_\_\_\_

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

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Parent / Guardian Signature

Date

Notes:

# Behavior Contract

## Student – Parent – School

2018 – 2019

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](http://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







**ACKNOWLEDGMENT OF RECEIPT OF HANDBOOK & CODE OF CONDUCT**

The undersigned hereby acknowledges receipt of the Muscogee County School District Handbook and Code of Conduct (“Handbook”) for the 2018-2019 school year. I have received, read, and discussed the requirements of the Handbook with my child, including but not limited to the code of conduct, disciplinary procedures, 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.

**Parent Right To Know**

**2018-2019**

Parents may request, in writing, the following information about his/her student’s teacher:

- Whether the teacher met the state requirements for the Georgia Professional Standards Commission for certification for the grade level and subject area which they teach
- Whether the teacher is teaching under an emergency or other temporary status through which Georgia qualifications or certification criteria have been waived
- What undergraduate or graduate degree(s) the teacher holds, including graduate certificates and additional degrees, and major(s) or area(s) on concentration
- Whether your child is provided services by paraprofessionals, and if so, their qualifications.

**Point of contact: Title I (706)748-2154 or Professional Learning, Brandon McDonald (706) 748-2138.**

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

**Parent/Guardian Signature:** \_\_\_\_\_

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

**Attention Principals:**

**Federal regulations require the collection of this document from each of your parents.  
Please send a sampling (10-15) to Professional Learning, MCPEC**



2018-2019 Compulsory Attendance Law O.C.G.A §20-2-690.1  
Parent & Student Notification Agreement

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 six (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.; 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:

1. Fine of not less than \$25 and not greater than \$100
2. Imprisonment not to exceed 30 days
3. Community service
4. 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 the parent, guardian, or other person who has control or charge of child or children and students (who are ten-years-old by September 1) as an acknowledgment of receipt of the Parent & Student Notification Agreement and 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: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Student's Age as of September 1, 2018: \_\_\_\_\_



## **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.

MCS D 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

**GUIDANCE AND COUNSELING  
SAFE AND DRUG-FREE SCHOOLS ACTIVITIES/SURVEYS  
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 totally anonymous, voluntary and ask for responses that pertain to student involvement in substance abuse/use, bully prevention, nutrition, mental health, suicide prevention, college and career readiness, and school climate. Students and/or parents have the right to opt out.

The data collected will be used 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.
- ~ 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 Guidance/Counseling curriculum and activities are based on following domains:

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

**Please check one:**

<input type="checkbox"/> I give permission for my child to participate in these important Safe and Drug-Free Schools' activities and surveys.
<input type="checkbox"/> I DO NOT give permission for my child to participate in the Safe and Drug-Free Schools' 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.**



## 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:

\_\_\_\_\_

# Muscogee County School District Acceptable Use Policy

For purposes of this document, a user is anyone who is authorized to gain access to the MCSD Network, Internet, or Intranet. Unauthorized use or access is prohibited.

The Network is the connection between the WAN (Wide Area Network), the LANs (Local Area Networks) and the technology components at a school or building.

**“Technology”** refers to district issued or privately owned wireless and or/portable electronic handheld equipment that includes, but is not limited to, existing and emerging mobile communication systems and smart technologies, portable internet devices, Personal Digital Assistants, handheld entertainment systems or portable information technology systems that can be used for word processing, wireless Internet access, image capture/recording, sound recording and information transmitting, receiving, storing, etc.

**Internet:** Only the internet gateway provided by the District may be accessed while on campus. Personal devices with internet connectivity, such as but not limited to, cell phones/cell network adapters, are not permitted to be actively used to access outside internet sources at any time.

## Security and Damages

**Personal Devices:** responsibility to keep personal devices secure rests with the individual owner. MCSD is not liable for any personal device stolen or damaged on school district premises. It is recommended that skins (decals) and other custom touches be used to physically identify individually owned devices. Additionally, protective cases for technology are encouraged.

**District Issued Devices for School Use:** use of school computers is a privilege that is earned by abiding by the rules described in MCSD Student Behavior Code. Failure to use the computer properly and respectfully can result in the privilege being revoked and possible disciplinary action. The parent will be notified.

## Student Responsible Use Agreement:

The use of technology to provide educational material is a necessity today. Computer use is no longer an option that students can opt out of but a necessity for our 21<sup>st</sup> Century learning environments. Muscogee County uses a web-based learning management solution (LMS) that permits students to participate in an online learning environment in a format with which they are already familiar. Students log into the LMS with a district provided username and password so the activity can be monitored for safety and compliance. Students and parents will actively participate in the *Responsible Use* trainings at the start of school and agree to abide by the following acceptable use guidelines:

- Adhere to the Student Code of Conduct as well as all Board policies, particularly Internet Acceptable Use (Policy IFBG) and Internet Safety (Policy IFBGE).
- Take full responsibility of personal or district issued mobile devices and keep it with himself or herself at all times.
- Keep all devices in silent mode while on the school campuses and while riding school buses
- Access the computer with the assigned student user name and password and use the device for instructional purposes only.
- Be respectful of others and never use the device to record, transmit or post photographic images or video of a person, or persons on campus or while attending school sponsored events unless it is an explicit teacher requirement for a school assignment. Permission to photograph or video another person must be obtained even in the case of school assignments.
- Be respectful of other students' work and never copy, change, or remove another student's work from the device, the school network, the Internet, or any of the eLearning solutions used by MCSD.

- Make comments and discussion responses that are helpful and respectful and directly related to the purpose of the original post.
- Immediately inform a teacher or administrator whenever anything on the Internet is encountered or that may be inappropriate or a violation of school policies.
- As required by Children’s Online Privacy Policy Agreement (COPPA), never share personal information of any student online.
- Comply with teacher request to shut down the device, close the screen, or put away.
- Use the school’s connection to the internet without bypassing it so that the content filters can be applied to the connected device.
- Take care of the equipment being careful not to bring on the premises any Virus, Trojan, or program designed to damage, alter, destroy, or provide access to unauthorized data, and/or to participate in acts of “hacking” or bypassing the network security.
- Submit the device to be examined any time it is suspected of causing problems or is the suspected source of an attack or virus infection.
- Back up files on personal media or One Drive accounts in the case of loss of data on the issued device.
- Ensure the device is fully charged prior to bringing it to school each day
- Use the MCSD issued email account responsibly adhering to all the guidelines in Board Policy IFBG.
- Report any damage or problems with a District-provided device to a teacher who will create a work order for the device to be checked by a MCSD technician only as per the Property and Risk Management protocol.

### **Sanctions for Misuse**

Use of the Internet and any district issued or personally owned devices is contingent upon compliance with state and federal laws, district regulations, and the user responsibilities outlined in this document.

- Violations may result in loss of some or all privileges.
- Specific disciplinary actions involving student misuse will be determined in accordance with Board of Education Policies and the Muscogee County School District Behavior Code.



**Muscogee County School District**  
**Acceptable Use Policy (AUP) Agreement/Media Release Form**

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

School Year \_\_\_\_\_ Student # \_\_\_\_\_

**PARENT CONSENT FOR STUDENTS *UNDER AGE 18***

As the parent or guardian of this student, I understand that access to the Network and Internet is designed for educational purposes and that my student's school and MCSD have taken precautions to control controversial material; however, I also recognize it is impossible to restrict access to all such materials and I will not hold the school or MCSD responsible for materials acquired, viewed, or transmitted on the Network or Internet. I agree to abide by any changes in the AUP as approved by the Board. I understand that any violation may revoke my access and privileges or invoke disciplinary action and/or appropriate legal action.

**I have read and agree to the AUP**

\_\_\_\_\_  
**Parent/Guardian Name (Please Print)**

\_\_\_\_\_  
**Parent Guardian Signature**

\_\_\_\_\_  
**Date**

**STUDENTS AT LEAST 18 YEARS OF AGE OR ADULTS**

As a user of the Network or Internet, I hereby agree to comply with this AUP and any Board-approved changes for the MCSD Network or Internet. I will use the Network and Internet in a responsible fashion while honoring all rules, policies, and restrictions. I understand that any violation may revoke my access and privileges or invoke disciplinary action and/or appropriate legal action.

**I have read and agree to the AUP**

\_\_\_\_\_  
**Student Name (Please Print)**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**PERMISSION FOR PUBLICATION OF PICTURE AND/OR STUDENT WORK**

Please review the MCSD Student Handbook for the District's statement of policy regarding the use of student information.

**STUDENT INFORMATION AND THE MEDIA**

As the parent or guardian of this student, I **do not** grant permission for my child to be photographed, video-taped, interviewed, posted/published online or in promotional materials for school related academics, awards or sports events.

\_\_\_\_\_  
**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](http://www.checkredi.com).

School: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## **ATTENTION CHECK WRITERS!!!**

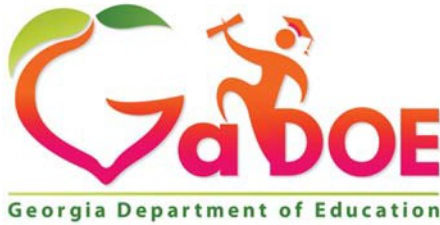
However, in the event your check is returned, your account will be debited electronically for the face amount and fees allowed by your state.

*Please include the following on your check:*

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

**Contact CHECKredi Toll-Free at:**

**(877) 524-7334**



**Richard Woods, Georgia's School Superintendent**  
"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 (such as tomatoes, squash, onions) or fruits (such as grapes, strawberries, blueberries)
- 2) Planting, growing, cutting, processing trees (pulpwood), or raking pine straw
- 3) Processing/packing agricultural products
- 4) Dairy/Poultry/Livestock
- 5) Meatpacking/Meat processing/Seafood
- 6) 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.

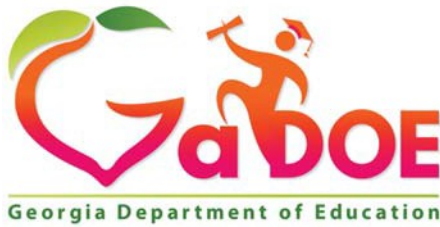
MEP funded school/district: Please give this form to the migrant liaison or migrant contact for your school/district.

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, P.O. Box 780, 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

Regional Office use only:



**Richard Woods, Georgia's School Superintendent**  
"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, ha trabajado, o tiene la intención de trabajar en una de las siguientes actividades de forma permanente o temporaria, o ha hecho este tipo de trabajo en los últimos tres años?  Sí  No

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

- 1. Sembrando/cosechando vegetales (como tomates, calabazas, cebollas, etc.) o frutas (como 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 o ganadería
- 5. Trabajo en empacadoras o procesadoras de carnes (como de res, pollo o mariscos)
- 6. Pesca o crianza de peces
- 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 este 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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Regional Office use only:

# MUSCOGEE COUNTY SCHOOL DISTRICT

## TRANSPORTATION DEPARTMENT

### PARENTAL ACKNOWLEDGEMENT FORM FOR BUS RIDERS - SY 18/19

All parents/guardians of students who will utilize a MCSD School Bus as means of transportation to and from school must have a Parent Acknowledgement Form signed prior to the student being provided a bus assignment & pass. **Every student must have their own signed PAF.**

Please read and initial each item...

\_\_\_\_\_ All students are required to be present at their designated bus stops five (5) minutes prior to their (AM) bus stop time.

\_\_\_\_\_ Students in grades ranging from Pre-K to Second (2<sup>nd</sup>) are required to have a parent/guardian present at their designated bus stop for PM drop-off. Bus riders within Pre-K to Second grades are permitted to exit the bus with an **older sibling who resides in the same household. That sibling needs to be present.**

\_\_\_\_\_ Parents/guardians meeting their children at their designated bus stops are to be present five (5) minutes prior to their child's bus stop time. **Tardiness is unacceptable and will be documented for review by the Zone's Supervisor.**

\_\_\_\_\_ Students are to only board and depart buses at their designated bus stops. Any temporary changes are to be requested by the parent/guardian to their child's school Principal whom grants permission for the change. **NO EXCEPTIONS!**

\_\_\_\_\_ **Under no circumstances** will Elementary School-Aged students be allowed to consume food or drinks on the bus. This poses a major choking hazard and is prohibited. It is the bus driver's discretion to allow their Middle & High-School students to consume snacks on their bus.

\_\_\_\_\_ **Students are never to run after a bus.** Students who miss their bus are to return home and notify their parent/guardian that they have missed their bus. The parent/guardian can then contact the Transportation Departments Dispatch Office for further assistance. We will do our best to get the student to school however, excessive tardiness will not be tolerated and will be documented for review by the Zone's Supervisor for disciplinary action.

\_\_\_\_\_ Animals are not permitted on MCSD buses and band instruments are only permitted if space is available.

\_\_\_\_\_ Students are not to wear ear devices while waiting at a bus stop for their bus to arrive nor while departing from a bus. Most bus-related accidents occur at the bus stop when students are boarding/departing from their buses, full attention must be paid by the driver as well as the student. Failure to adhere to this policy will result in disciplinary actions. Students are permitted to use their cell phones on the bus however, the use of ear pieces are required when listening to music or playing games.

\_\_\_\_\_ The following list of unfavorable behaviors are prohibited on any MCSD Bus and will be swiftly met with disciplinary actions if violated:

- **Fighting**
- **Profanity**
- **Vandalism/Theft**
- **Carrying/Using Weapons Aboard a Bus**
- **Sexual Misconduct**
- **Bullying, Harassment, Discrimination**
- **Disrespectful, Discourteous, or Offensive Behavior**

\_\_\_\_\_ Be aware and make your children aware that every school bus is equipped with audio/visual surveillance which is in place for the safety of your children and the bus driver alike.

\_\_\_\_\_ The MCSD, Transportation Office or the Bus Driver will not be held responsible for any lost and/or left behind personal items on a school bus.

\_\_\_\_\_ Bus drivers are given a ten (10) minute window for the pick-up and delivery of students. A driver will never arrive to a bus stop too early and if the bus is delayed beyond ten (10) minutes, the Dispatch will be notified. Parents/guardians can contact the Dispatch Office at 706.748.2876 to receive updated information of their child's bus.

The Muscogee County School District has adopted a **No Tolerance** approach to misbehavior on the school bus. Each student riding a school bus is expected to follow the same rules of courtesy and good conduct as in the classroom. These rules are necessary for the safety of everyone who rides. Infractions of the rules are documented by the bus driver on a discipline notice and turned in to the offending student's school office for the school administration to handle.

Should a parent need assistance with any aspect of their child's transportation please forward these concerns to the MCSD Transportation Office. Please discuss this acknowledgement form with your child prior to the first day of the new school year. A better understanding leads to a higher level of safety!

Please provide the appropriate student/parent information below. The email address provided will be used to convey your child's bus activity to include bus changes and/or delays. This will also be means of receiving your child's bus assignments & passes.

\_\_\_\_\_  
**Students Name (Please Print)**

\_\_\_\_\_  
**School of Attendance**

\_\_\_\_\_  
**Email Address**

\_\_\_\_\_  
**Contact Phone**

\_\_\_\_\_  
**Parent/Guardian Name (Please Print)**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

## Student Transportation Request

I am requesting Bus Transportation for my child. I have signed a Parental Acknowledgment Form.

School of Attendance \_\_\_\_\_

Student Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Contact Phone \_\_\_\_\_

EMAIL Address \_\_\_\_\_

Residential Address \_\_\_\_\_

---

Parent/Guardian Signature

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I am requesting Bus Transportation for my child. I have signed a Parental Acknowledgment Form.

School of Attendance \_\_\_\_\_

Student Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Contact Phone \_\_\_\_\_

EMAIL Address \_\_\_\_\_

Residential Address \_\_\_\_\_

---

Parent/Guardian Signature

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Contact Phone \_\_\_\_\_

EMAIL Address \_\_\_\_\_

Residential Address \_\_\_\_\_

---

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Student Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Contact Phone \_\_\_\_\_

EMAIL Address \_\_\_\_\_

Residential Address \_\_\_\_\_

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Parent/Guardian Signature