

Returning Student
Enrollment Forms



2016-2017

Monroe County Schools

Student Enrollment Form

Entry Date

___/___/___

Demographic Information

Student's Legal Name _____
First Middle Last

Physical Address _____

City _____ State _____ Zip Code _____

Mailing Address (if different) _____

City _____ State _____ Zip Code _____

Home Phone: _____ County _____

Birthdate: ___/___/___ GRADE _____
Month Day Year

Social Security # _____ Sex: ___ Male ___ Female

For Office Use Only

Homeroom _____

Is this child Hispanic/Latino? ___ Yes* ___ No

*If yes, you must still check one of the races below.

Please check all races that apply

___ American Indian or Alaska Native ___ Asian

___ Black or African American ___ White

___ Native Hawaiian or Other Pacific Islander

Last School Attended

Name of School: _____ Grade: _____

FOR OUT OF DISTRICT TRANSFERS:

Physical Address _____
Number Street Apt/Lot

City _____ State _____ Zip Code _____

Phone Number: _____

___ I give permission to request all records from this school. Signature _____

Transportation

Check the one that applies to your child

___ My child will ride the bus **both mornings and afternoons:**

___ My Child will ride the bus **over 1 mile**

___ My Child will ride the bus **less than 1 mile**

___ My Child will ride the bus **once per day either in the mornings or afternoons but not both**

___ My Child will ride the bus **over 1 mile**

___ My Child will ride the bus **less than 1 mile**

___ My Child will **NEVER** ride the bus.

Please list 2 people locally that we may contact in case of emergency. Please note that we will attempt to reach the parent/guardian first.

1. _____ Work _____ Home _____ Cell _____

2. _____ Work _____ Home _____ Cell _____

Monroe County Schools Household Enrollment Form

Entry Date

___/___/___

The Household Enrollment Form will be filled out at only the first school enrollment site.

Students in Same Household Attending School (Ages 3 and Above)

1st Student's LEGAL Name : _____			School Attending
	First	Middle	GES _____
		Last	JHC _____
Social Security #	_____ - _____ - _____	Date of Birth	TES _____
		_____ / _____ / _____	MCMS _____
		Grade	MCHS _____

2nd Student's LEGAL Name : _____			School Attending
	First	Middle	GES _____
		Last	JHC _____
Social Security #	_____ - _____ - _____	Date of Birth	TES _____
		_____ / _____ / _____	MCMS _____
		Grade	MCHS _____

3rd Student's LEGAL Name : _____			School Attending
	First	Middle	GES _____
		Last	JHC _____
Social Security #	_____ - _____ - _____	Date of Birth	TES _____
		_____ / _____ / _____	MCMS _____
		Grade	MCHS _____

4th Student's LEGAL Name : _____			School Attending
	First	Middle	GES _____
		Last	JHC _____
Social Security #	_____ - _____ - _____	Date of Birth	TES _____
		_____ / _____ / _____	MCMS _____
		Grade	MCHS _____

5th Student's LEGAL Name : _____			School Attending
	First	Middle	GES _____
		Last	JHC _____
Social Security #	_____ - _____ - _____	Date of Birth	TES _____
		_____ / _____ / _____	MCMS _____
		Grade	MCHS _____

**List any additional students on a separate sheet of paper.*

Primary Household (This is the address where the students above reside)

Parent or Guardian 1 (This is the primary parent/guardian for the students listed above)

Name _____
First Middle Last

<input type="checkbox"/> Portal
<input type="checkbox"/> Mailings
<input type="checkbox"/> Emails

Employer _____ Work Phone _____

Cell Phone _____ Email Address _____

Parent/Guardian Foster Parent Other (specify) _____

Legal Guardian (by court) Stepparent

Parent or Guardian 2

(This is either the second parent/guardian or the stepparent living in the household)

Name _____
First Middle Last

<input type="checkbox"/> Portal
<input type="checkbox"/> Mailings
<input type="checkbox"/> Emails

Employer _____ Work Phone _____

Cell Phone _____ Email Address _____

Parent/Guardian Foster Parent Other (specify) _____

Legal Guardian (by court) Stepparent

Parent/Guardian 3

(This will be a parent/guardian who does NOT live in the Primary Household with the students)

Name _____
First Middle Last

<input type="checkbox"/> Portal
<input type="checkbox"/> Mailings
<input type="checkbox"/> Emails

Employer _____ Work Phone _____

Cell Phone _____ Email Address _____

Parent/Guardian Foster Parent Other (specify) _____

Legal Guardian (by court) Stepparent

Parent/Guardian 4

(This will be the individual living with the parent/guardian in the Secondary Household)

Name _____
First Middle Last

<input type="checkbox"/> Portal
<input type="checkbox"/> Mailings
<input type="checkbox"/> Emails

Employer _____ Work Phone _____

Cell Phone _____ Email Address _____

Parent/Guardian Foster Parent Other (specify) _____

Legal Guardian (by court) Stepparent

Secondary Household Address

(This section should **ONLY** be completed if both parents do not live in the Primary Household)

Physical Address _____

Number Street Apt/Lot

City State Zip Code

Mailing Address _____

(if different)

City State Zip Code

Check if unlisted Home Phone _____

STUDENT PICK UP CONSENT FORM

1. Student Name _____

Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Home phone number _____

Cell phone number _____

Other than Parents/Guardians, please list persons that **ARE permitted to pick up your child** in case of an emergency.

****NO TELEPHONE CHECK-OUTS.**

1. Name _____ Relationship _____

Home: _____ Cell: _____ Work: _____

2. Name _____ Relationship _____

Home: _____ Cell: _____ Work: _____

3. Name _____ Relationship _____

Home: _____ Cell: _____ Work: _____

4. Name _____ Relationship _____

Home: _____ Cell: _____ Work: _____

5. Name _____ Relationship _____

Home: _____ Cell: _____ Work: _____

Below list persons who **ARE NOT permitted** to pick up or have contact with your child:

1. Name _____ Relationship _____

2. Name _____ Relationship _____

3. Name _____ Relationship _____

4. Name _____ Relationship _____

****If you have Legal Documents that someone is not permitted to see/pick up your child the school must have a copy of these.**

ONE CALL NOW SYSTEM

Student Name _____

Grade Student will be in for the 2016/2017 school year _____

School (circle one): TES JHC GES MCMS MCHS

Male ____ Female ____

The One Call Now System is a specialized voice mail message delivery service that allows the Monroe County School District to send a message to all students, staff or selected groups.

Please complete the blanks below for the phone numbers that you want to be contacted to receive messages from your child's School District.

NOTE: All numbers on this list will be called each time a One Call goes out.

****IF YOUR NUMBERS CHANGE CONTACT YOUR SCHOOL OR YOU WILL NOT RECEIVE CALLS.**

Phone Number	Type	Relationship	Guardian
	Cell ____		Yes ____
	Home ____		No ____
	Cell ____		Yes ____
	Home ____		No ____
	Cell ____		Yes ____
	Home ____		No ____
	Cell ____		Yes ____
	Home ____		No ____

****If you wish to receive text notifications from the Monroe County School District, text the word "Alert" to "22300". NOTICE: Your phone must be listed in our One Call Now system for you to receive text notifications.**

WAIVER TO OPT-OUT

I do not wish to participate in the Monroe County School District School Notification System. I understand that I will not be receiving important messages concerning my child's school.

Parent/Guardian Signature _____

Date: _____

Tompkinsville Elementary School

Student Name: _____ Teacher _____ Grade _____

Student Handbook Agreement

I acknowledge that we have thoroughly reviewed the Tompkinsville Elementary School Student Handbook for the 2016-2017 school year, and we agree to abide by the policies and requirements outlined in the handbook.

Student Signature _____

Parent Signature _____ Date _____

In- County Field Trips Student Permission Form

I give my child permission to attend all in-county field trips and to ride school-provided transportation to and from the trip destination for the 2016-2017 school year.

Parent Signature _____ Date _____

Code of Acceptable Behavior and Discipline for Students/District Handbook

I am aware of the Monroe County Schools' Code of Acceptable Behavior and Discipline for Students/District Handbook. I understand that the handbook is located on the district website as well as a hard copy located in the school's front office and that I may access the handbook and/or request a copy at any time. As student(s)/parent(s)/guardian, we understand and agree to abide by the policies contained within this Code of Acceptable Behavior and Discipline for Students/District Handbook.

Student Signature _____

Parent Signature _____ Date _____

Corporal Punishment Form
(Please complete one of the following options.)

Yes, I hereby give the authorized school officials the permission to administer reasonable and appropriate corporal punishment to my child after following the procedures stated in the Monroe County Code of Acceptable Behavior and Discipline Policy/District Handbook.

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

NO, I do not grant the school permission to administer reasonable appropriate corporal punishment to my child.

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

SCHOOL SAFETY

KRS 158.000 requires a parent/guardian of a child who has been adjudicated guilty or previously expelled for homicide, assault, or violation of state law or school regulation to weapons, alcohol or drugs notify a new school of the fact by a sworn statement given to the school at the time of registration. In compliance with this requirement, please check any of the following that apply to this situation.

_____ adjudicated guilty

_____ expelled from school (If applicable, please list the name of the school: _____)

_____ disciplined for a violation of state law or school regulations to weapons, alcohol or drugs

The facts are as follows:

Student Early Release Plans

Student Name _____ Date: _____

Dear parents,

Staff at TES want to be prepared to get all our students home safely in the event of an early release from school due to bad weather conditions or emergency situations. Please complete this form and return to school so that we will have clear instructions as to how your child will need to be transported if we have any early release days. (Please complete separate forms for each child you have enrolled at TES.)

_____ My child will ride the same bus they ride on a regular daily basis if school is dismissed early.
Bus number/Driver name: _____

_____ My child will be PARENT PICK-UP if school is dismissed early

_____ I cannot determine at this time what my child will need to do if school is dismissed early. Please call to get accurate instructions at the following telephone number(s).

ONE CALL NOW TEXT MESSAGE

One Call Now and text messaging are our only means of communicating changes in school cancellations and early release days.

If you do not get regular ONE CALL NOW calls from TES and/or the Board of Education, call the front office as soon as possible to get your telephone numbers corrected. Also, If you would like to receive text messages, **simply text the word ALERT to 22300** from your mobile phone (ALERT is in all caps).

CUB CLUB Bad Weather Policy

1. If schools dismiss EARLY (prior to 2:35), there are no after school programs.
2. If schools go the full day, but activities such as ballgames, etc. are cancelled, we WILL still have regular CUB CLUB activities at TES.

Permission Form for Over-the-Counter Medication

Students Name _____ Grade _____ Student's Age _____ DOB _____

Medication Allergies _____

Please **place a check** beside the following medications that **you give** the school **permission** to give to your child

- Tylenol Benadryl Tums Antibiotic Ointment
- Ibuprofen Cough Drops Aloe Vera Gel Hydrocortisone Cream
- Orajel Vaseline/Chapstick Eye drops

Comments: _____

I give permission for (student's name) _____ to receive the above medication at school according to standard school policy and expressly Hold Harmless and waiver any liability on behalf of the school or its employees and agents concerning any injuries or reactions resulting from administration of the above medication unless such is the result of negligence or misconduct on behalf of the school or its employees.

Date _____ Signature _____ Relationship _____

Home Phone _____ Work Phone _____ Emergency Phone _____

Emergency Treatment Release Form

Family Doctor _____

Parent/Guardian:

I, the undersigned do authorize officials of the Monroe County Schools to contact directly the persons named on the student information form and do authorize the named physician(s) to render such treatment as deemed necessary in an emergency, for the health of the student listed. I also authorize the school staff to render treatment as deemed necessary related to accident or illness.

In the event the parent/guardian and other persons named on the Student Information Form cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of the student.

By signing the consent, I release the Monroe County Schools from any liability related to the administration of medication or treatments so long as reasonable and customary care is provided and I will not hold the school district financially responsible for emergency care and/or transportation for the above student.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND AGREE TO ALL CONDITIONS LISTED ABOVE.

 Signature Date Relationship to student

Please provide the following health information:

Medical conditions: _____

Medication allergies: _____

Food allergies: _____

Medications taken on a regular basis: _____

***If your child is to take prescription medication during the school day, a separate consent form will need to be completed.**

**Tompkinsville Elementary
CLC YOUTH Participant Registration Form -- 2016-2017 (Summer 2016)**

*** ALREADY REGISTERED AT A SITE? COMPLETE GRAY - PLEASE PRINT ***

I am registered THIS YEAR at another Site. Please check which Sites.

My contact information has changed in the past year. I have completed information below.

Tompkinsville Elementary

OFFICE USE ONLY

Site # _____
 Bus # _____
 Date Entered in Computer ____/____/____
 Data Staff Initials _____

Last Name _____ First Name _____ MI _____ Date of Birth _____

*** NEW REGISTRANTS AREA - PLEASE COMPLETE FOR ALL PARTICIPANTS IN THE HOUSEHOLD - PLEASE PRINT ***

Last Name _____ First Name _____ Middle _____ Student ID _____ Date of Birth ____/____/____	Gender (check 1) <input type="checkbox"/> F <input type="checkbox"/> M Lunch Status (check 1) <input type="checkbox"/> Free <input type="checkbox"/> Full <input type="checkbox"/> Reduced <input type="checkbox"/> Unknown	Ethnicity (check 1) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black (not of Hispanic origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other/Unknown <input type="checkbox"/> White (Not of Hispanic origin) <input type="checkbox"/> Other	Primary Language (check 1) <input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/> Spanish <input type="checkbox"/> Other	Address _____ Zip Code _____ Phone _____ E-mail _____ School _____ Grade _____ Elem Teacher Name _____ Math Teacher Name _____ English Teacher Name _____	Lives With (check 1) <input type="checkbox"/> Both parents <input type="checkbox"/> Foster Care <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Joint Custody <input type="checkbox"/> Other <input type="checkbox"/> Single parent father <input type="checkbox"/> Single parent mother <input type="checkbox"/> Other	Transportation Home (check 1) <input type="checkbox"/> City Bus <input type="checkbox"/> CLC/school Bus <input type="checkbox"/> Other/Unknown <input type="checkbox"/> Picked up <input type="checkbox"/> Walk Home If Site Bus: Bus Route _____ Closest Corner Stop _____	Special Needs (allergies, medications, diet, etc.)
Last Name _____ First Name _____ Middle _____ Student ID _____ Date of Birth ____/____/____	Gender (check 1) <input type="checkbox"/> F <input type="checkbox"/> M Lunch Status _____	Ethnicity _____	Primary Language _____	Address _____ Zip Code _____ Phone _____ E-mail _____ School _____ Grade _____ Elem Teacher Name _____ Math Teacher Name _____ English Teacher Name _____	Lives With _____	Transportation Home _____ If Site Bus: Bus Route _____ Closest Corner Stop _____	Special Needs (allergies, medications, diet, etc.)

**Tompkinsville Elementary
CLC YOUTH Participant Registration Form**

HOUSEHOLD INFORMATION PAGE --- Fill out only ONE per family ---

Parent/Guardian Last Name	First Name	Home Phone	Work Phone	Relationship

ADDITIONAL CONTACTS: List additional contacts for the child(ren) and use the check boxes to indicate if these individuals are authorized to pick up the child(ren) and/or will serve as an emergency contact. Checking the 'Lives With' box indicates that the person listed is a member of the same household. If no adults are listed below, and no boxes are checked, ONLY THE PARENT(S)/GUARDIAN(S) WILL be able to pick up the student(s).

Last Name	First Name	Address	Home Phone	Work Phone	Relationship	Pick Up?	Emergency Contact	Lives With?
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check box if legal restrictions are in effect. List persons not allowed to see student at Site and/or persons not allowed to pick up students per legal restrictions.

Last Name: First Name:

PARENT/GUARDIAN PERMISSION FOR CLC

Must be signed by Parent/Guardian for student participants 18 and under. If you have any question please contact your 21st CCLC Director prior to completing the permission form.

I hereby give permission for the participant(s) listed on the reverse side to take part in the 21st Century Community Learning Centers (CLC) activities, which may include off-site events, academic assistance, continuing education, and recreational programs. If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the participant and will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred. I agree that if a health condition exists now or in the future which would impact the participation of those listed on front, I will notify the 21st Century Community Learning Center staff.

I give my consent to the School District and the 21st Century Community Learning Centers (CCLC) programs to take the participant's photograph during program activities, to be used for education and public relations purposes. I further give my consent to the School District and the 21st Century Community Learning Centers (CCLC) to share the participant's student records with each other for purposes of providing educational support and assistance. In addition, I understand that the 21st Century Community Learning Center will use participant records to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement. The student data will also be used to fulfill the State and Federal annual progress reporting requirements to obtain continued funding for the program. I hereby certify that I have read and do understand the above information:

Signed _____ Date _____
 Print Name _____

OFFICE USE ONLY
 Site # _____
 Date Entered in Computer _____
 Data Staff Initials _____

REGULATIONS FOR STUDENTS RIDING SCHOOL BUSES

THE PRIVILEGE OF RIDING A SCHOOL BUS IS CONDITIONED UPON GOOD BEHAVIOR BY THE PUPIL, ANY PUPIL WHO VIOLATES THE RULES OR REGULATIONS FOR PASSENGERS ON A SCHOOL BUS WILL BE REPORTED TO THE PUPIL'S PRINCIPAL. CONTINUED UNACCEPTABLE BEHAVIOR MAY CAUSE THE PUPIL TO LOOSE BUS RIDING PRIVILEGES.

Waiting for the Bus

1. Be at your bus stop 5 minutes ahead of time.
2. Respect other people's property.
3. Wait in an orderly manner.
4. Do not enter the roadway.

Boarding the Bus

1. Only board the bus you are assigned to.
2. Wait for the driver's hand signal before approaching the bus or crossing the road.
3. Use the handrail when boarding.
4. Go quietly to your assigned seat and sit.

Items Not Allowed on School Buses

1. Weapons
2. Illegal drugs, alcohol, and tobacco
3. Radios not under driver's control
4. Glass containers
5. Animals
6. Items that cannot be held in the student's lap without extending above the seatback.
7. Any item that is likely to cause a disturbance.

Riding the Bus

1. Obey the driver's directions.
2. Sit quietly in assigned seat.
3. Do not distract the driver's attention.
4. Do not stand in the stepwell or landing.
5. Extend nothing out bus windows.
6. Eating and drinking in not permitted.
7. Keep all carry-on items in your lap.
8. Report to the driver any damage to the bus.
9. Do not throw items.

Leaving the Bus

1. Wait in your seat until the bus stops.
2. Do not crowd or push.
3. Use the handrail.
4. Do not jump off the steps.
5. Leave the bus only at your assigned stop.
6. Wait for the driver's signal before crossing road.

Responsibility of Parents:

- Parents should encourage students to observe all safety and conduct regulations established for the safe and efficient operation of the school bus.
- Parents should see that their children are at the stops five minutes before the bus is scheduled to arrive.
- Parents should report any misconduct on school buses to the Principal.
- Parents should help supervise large numbers of children at bus stops.
- Parents should report all traffic hazards and the bus numbers of all buses observed being operated carelessly to the transportation department.

SAFETY ALERT -Certain types of children's clothing can create a hazard as your child gets off the school bus. Especially dangerous are: Long, dangling jacket or sweatshirt drawstrings, Long backpack straps, Long scarves or other loose clothing. Such clothing can be caught in the bus handrail, door, or other equipment as the child gets off the bus. Please take the time to check your children's clothing to make sure it is safe. Remove drawstrings from clothing whenever possible -at least, cut off the drawstring tabs and knots.

Also, please talk with your child about the following safety rules:

Stay away from the Danger Zones around the bus.

Make eye contact with your driver before crossing, wait for the driver's signal.

Remember other motorists don't always stop for a stopped school bus, use extreme caution whenever getting on or off the bus.

Never try to pick up something dropped near the bus, the bus driver might not see you and you could be run over.

I have read and understand the regulations for students riding school buses and agree, as a passenger, to abide by them.

Student Signature or Name

Grade

School Attending

Address

City

State

Zip

Phone

Parent or Guardian: I have read and understand the regulations for students riding a school bus and agree to assume full responsibility for my child's conduct.

- Parent/Guardian Signature

**Monroe County Schools Student Acceptable Use Policy
Access to Electronic Media and other Technologies
Terms and Conditions**

The schools in Monroe County recognize that technology is a valuable teaching tool that should be utilized whenever possible to enhance student learning and teacher productivity including but not limited to: research, communications, individual and group projects, collaboration, curriculum materials, and idea sharing. We encourage the use of all approved technologies and require they be used correctly and properly.

Access is a privilege, not a right. Access entails responsibility.

RESPONSIBILITY FOR LOCAL TECHNOLOGY RESOURCES AND INTERNET USAGE:

- All forms of electronic media provided by the Monroe County Board of Education are owned by the Monroe County School District and may be accessed at any time by authorized personnel. An Internet Filter will track activities on the Internet and may be checked by school administration or designee.
- A student's name, photo, video, or work will only be displayed on the Internet or local Monroe County Schools Television (McTv) after written consent has been obtained from the parent or guardian.
- The school will not be responsible for supervising or continually monitoring every form of electronic communications and Internet sessions for every student on school/district property.
- A staff member will verify that all students have an Acceptable Use Policy signed by their parent or guardian. A list of those students not allowed to use the above mentioned technologies will be made available to staff. Students not returning the signed form will be added to the list. (Exception)--A teacher may choose to use the Internet in a group discussion with their entire class. If a child who does not have permission is in that classroom, they will be required to take part in the class project.

STUDENT RESPONSIBILITIES

- I WILL use all electronic media for educational purposes or activities only.
- I will NOT use electronic devices, either personal or district owned, to disrupt the education process. (Reference MCSD's Policy 09.426 for additional guidelines)
- I will NOT give my user ID or password to any unauthorized person or trespass using any other person's electronic media.
- I will NOT reveal my personal information (including, but not limited to: name, phone number, address).
- I will NOT use the network in such a way that would disrupt the network for others.
- I will NOT use obscene, rude, or disrespectful language or engage in personal attacks.
- I will NOT engage in any illegal activity including copyright infringement and/or plagiarism.
- I will NOT use any electronic media/devices, either personal or district owned, to Bully/Haze/Harass/Discriminate against another person while participating in any school function or using any MCSD resources. (Reference MCSD Policies 09.42811, 09.422, and 09.425 for additional guidelines)
- I WILL notify a staff member of any violations of this acceptable use policy-taking place by other users or outside parties. This may be done anonymously.
- I will NOT participate in unauthorized social media.
- I WILL notify a staff member immediately if I find I am on an inappropriate website.
- I understand that unauthorized E-mail accounts may not be accessed on Monroe County School District network.
- I understand that Email is only to be used for educational / school related purposes.
- I understand that I am financially responsible for any lost, stolen, damaged or vandalized property.
- I will NOT use electronic devices, either personal or district owned, to violate the privacy rights of others. This includes, but is not limited to, taking photographs, video, or audio recordings of others without the permission of the Principal/designee and the affected individual(s). (Reference District Policy 09.4261 for additional guidelines)
- I WILL follow all guidelines outlined in MCSD's Access to Electronic Media Policy 08.2323

CONSEQUENCES

User accounts may be denied, revoked, or suspended at any time for violation of the rules and procedures outlined in this acceptable use policy. This also applies to personal owned devices. Please refer to student handbook for specifics.

USE OF PERSONAL DEVICES

- I understand that student personal devices are required to connect through the district's "Monroe Co Internet Access Only" wireless network and all previous rules and responsibilities outlined in this document apply to personal devices. Furthermore, I also understand the school district will not be responsible for tech support, repair, damage, providing electrical power or theft of personal electronic devices.
- I will follow all guidelines outlined in MCSD's Telecommunication Devices Policy 09.4261.

Kentucky Department of Education / Monroe County Student Agreement for the Microsoft Live@Edu, Google Apps for Education and Other Online Services

Please also be advised that data stored in relation to such services is managed by the District pursuant to policy 08.2323 and accompanying procedures. You also understand that the e-mail address provided to your child can also be used to access other electronic services or technologies that may or may not be sponsored by the District, which provide features such as online storage, online communications and collaborations, and instant messaging. Use of those services is subject to either standard consumer terms of use or a standard consent model. Data stored in those systems, where applicable, may be managed pursuant to the agreement between KDE and designated service providers or between the end user and the service provider.

Parent / Student Permission/Agreement Form

I have read the information about the appropriate use of all technology related equipment and programs at the school, and I understand this agreement will be kept on file. This policy will be in effect until revisions or updates are made.

Please choose one of the following:

My child may use electronic forms of communication.

I would prefer that my child not use electronic forms of communication.

Please choose one of the following:

My child's name and work along with photographs and videos can be published.

I would prefer that my child's name and work/pictures not be published on the Internet, in the newspaper, or on television.

Parent Name (print) _____

Parent Signature _____

Date: _____

Student Name (print) _____

Grade _____

Student Signature _____

Date: _____

Monroe County School System Code of Acceptable Behavior

2016-2017 School Year

The Monroe County School System Code of Acceptable Behavior for students is listed on the website, www.monroe.kyschools.us. This can be accessed from each of the schools webpage's as well. If you would like a paper copy please indicate below or contact the school. The Code contains the following information:

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"I have read the above and understand how to review and/or obtain a copy of the code of acceptable behavior."

Student Name: _____

Parent/Guardian Signature: _____

Please mail a copy of the code to me or send it home with my child.

Dear Parent/Guardian:

Our school is participating in the Community Eligibility Provision under the National School Lunch Program. The CEP provision is directed toward schools with a high percentage of economically disadvantaged students. Under CEP all students receive a breakfast/lunch at no charge for the entire school year. However, to determine eligibility to receive additional benefits for your child(ren) you will need to complete a household and income form.

1. **DO I NEED TO FILL OUT A FORM FOR EACH CHILD?** No. Use one Household and Income Form for all students in your household. We cannot use a form that is incomplete, so be sure to fill out all required information. Return the completed form to YOUR CHILD'S SCHOOL.
2. **MY CHILD(REN) ALREADY RECEIVE MEALS AT NO CHARGE. WHY SHOULD I COMPLETE THIS FORM AS WELL?** Many state and federal programs use socioeconomic status (that is, household and income information) to determine eligibility for their programs. In addition, the primary state funding calculation uses socioeconomic status. By completing this form your school is able to determine eligibility for additional programs your child(ren) may qualify for. Regardless, your child(ren) will still receive meals at no charge.
3. **WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
4. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
5. **WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
6. **MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it wasn't received before s/he was deployed, combat pay is not counted as income. Contact your school for more information.

If you have other questions or need help, call 270-487-9100

Sincerely,

Mike Gee

INSTRUCTIONS FOR APPLYING

Part 1: All Household Members (a household member is any child or adult living with you): All applicants should complete this part. List the name of each household member, the name of the school each child attends, and the child's grade. If the child is a foster child, check the box for foster child. If a household member has no income, check the box for no income. All household members, including foster children, should be included here. If you need additional space, attach a separate piece of paper.

If anyone in your household receives benefits from KTAP or SNAP benefits, please follow these instructions:

Part 2: List the case number for one household member (adult or child) who receives KTAP or SNAP benefits.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form.

If your child is non-alice, a migrant, or a runaway, follow these instructions:

Part 2: Skip this part.

Part 3: Check the appropriate category and call Mike Gee at 270-487-9100.

Part 4: Skip this part.

Part 5: Sign the form.

If you have foster children only, follow these instructions. You do not need to fill out a separate form for each foster child in your household. If there are both foster children and non-foster children in your household, follow the instructions below for All Other Households.

If all children in the household are marked as foster children in Part 1:

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form.

All Other Households, including WIC households, households with non-foster children and households with both foster children and non-foster children, follow these instructions:

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

- **Section 1—Name:** List all household members who have income.
- **Section 2—Gross Income and How Often It Was Received:** List the income for each household member. Check the box to tell us how often the person receives the income—weekly, every other week, twice a month, or monthly.
 - **Earnings from work:** List the gross income, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Net income should *only* be reported for self-owned business, farm, or rental income.
 - **Welfare, Child Support, Alimony:** List the amount each person receives, and check the box to tell us how often.
 - **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits.** List the amount each person receives, and check the box to tell us how often they receive it.
 - **All Other Income:** List Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received weekly, every other week, twice a month, or monthly. Do not include income from KTAP, SNAP, WIC, federal education benefits and foster payments received by your family from the placing agency.
 - If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 5: An adult household member must sign the form. Please include your address and phone number in the event the FRAM Coordinator has a question about your information.

HOUSEHOLD AND INCOME FORM

Monroe County School District is participating in the Community Eligibility Provision (CEP) provision under the National School Lunch Program. Under CEP, all children in the school will receive a breakfast/lunch at no charge regardless of income or completion of this form. However, to determine eligibility for various additional state and federal program benefits that your child(ren) may qualify for, please complete, sign and return this application to your child's school.

PART 1. ALL HOUSEHOLD MEMBERS

Names of all people living in your household (First, Middle Initial, Last)	School the child attends, or indicate "NA" if household member is not in school	Grade Level	Check if a foster child (legal responsibility of welfare agency or court) if all children listed below are foster children, skip to Part 5 to sign this form.	Check if NO Income
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

PART 2.
 If any member of your household receives SNAP or KTAP, provide the name and case number for the person who receives benefits and skip to part 5. If no one receives these benefits, go to Part 3.
 NAME: _____
 CASE NUMBER: _____

PART 3. HOMELESS, MIGRANT, RUNAWAY STATE
 If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call Mike Geo at 270-487-9100.
 HOMELESS MIGRANT RUNAWAY

PART 4. TOTAL ADJUSTED HOUSEHOLD INCOME (Before Deductions) (List all income of the same type as well as any other income with regularity. List the type for flow of an irregularity. Record each income only once. If you provided a case number in Part 2, you do not need to provide income information.)

1. NAME (List only household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
	Earnings from work before deductions.	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All Other Income (indicate frequency, such as "weekly", "every 2 weeks", "monthly")
(Example) Jane Smith	\$700	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50 / monthly
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	/
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	/
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	/
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	/
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	/
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	/

PART 5. SIGNATURE (ADULT HOUSEHOLD MEMBER MUST SIGN)

An adult household member must sign the form.
 I certify (promise) that all information on this form is true and that all income is reported. I understand that the school will get state and federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child(ren) may lose benefits.

Sign here: _____ Print name: _____ Date: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Phone Number: _____ Cell Phone Number: _____

Privacy Notice

The Kentucky Department of Education is requiring schools to collect the information on this form. You do not have to give this information, but if you do not, we cannot determine your child's eligibility for additional benefits under state and federal programs. We will hold the information you provide us as private and confidential to the extent required by law. However, we will share your socioeconomic status with various state and federal programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules. Regardless, all students enrolled in a Community Eligibility Option school will receive a meal at no charge.

Non Discrimination Statement: In accordance with Federal Law and U.S. Department of Education policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write U.S. Department of Education, Office for Civil Rights, The Wanamaker Building, 100 Penn Square East, Suite 515, Philadelphia, PA 19107-3323 or call (215) 656-8541 (Voice). Individuals who are hearing impaired or have speech disabilities may contact U.S. DOE through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). The U.S. Department of Education is an equal opportunity provider and employer.

HOUSEHOLD CHECKLIST

- Have you included all your children as household members?
- For each household member receiving income, is the frequency checkbox checked?
- Have you signed the form?

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52; Every 2 Weeks x 26; Twice A Month x 24, Monthly x 12

Total Income: _____ Per: Week Every 2 Weeks Twice A Month Month Year Household size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ SES Code: Free _____ Reduced _____ Paid _____

Reason: _____

FRAM Coordinator: _____ Date: _____

Secondary Signature: _____ Date: _____