

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? ___ Y ___ N
*If yes, you must still check one of the races below.

PLEASE check all races that apply

_____ American Indian or Alaska Native

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ Asian

_____ White

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
Student 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)			
1 st Student's LEGAL Name: _____			SCHOOL ATTENDING
First	Middle	Last	GES
Social Security # _____ - _____ - _____			JNC
Date of Birth	___/___/___	Grade	YES
			KACMS
			MCHS
2 nd Student's LEGAL Name: _____			SCHOOL ATTENDING
First	Middle	Last	GES
Social Security # _____ - _____ - _____			JNC
Date of Birth	___/___/___	Grade	YES
			KACMS
			MCHS
3 rd Student's LEGAL Name: _____			SCHOOL ATTENDING
First	Middle	Last	GES
Social Security # _____ - _____ - _____			JNC
Date of Birth	___/___/___	Grade	YES
			KACMS
			MCHS
4 th Student's LEGAL Name: _____			SCHOOL ATTENDING
First	Middle	Last	GES
Social Security # _____ - _____ - _____			JNC
Date of Birth	___/___/___	Grade	YES
			KACMS
			MCHS
5 th Student's LEGAL Name: _____			SCHOOL ATTENDING
First	Middle	Last	GES
Social Security # _____ - _____ - _____			JNC
Date of Birth	___/___/___	Grade	YES
			KACMS
			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

Employer _____ Work Phone _____

Cell Phone _____ Email Address _____

____ Parent/Guardian ____ Foster Parent ____ Other (specify) _____

____ Legal Guardian (by court) ____ Stepparent

____ Portal
____ Mailings
____ Emails

Parent or Guardian 2

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

Name _____

First Middle Last

Employer _____ Work Phone _____

Cell Phone _____ Email Address _____

____ Parent/Guardian ____ Foster Parent ____ Other (specify) _____

____ Legal Guardian (by court) ____ Stepparent

____ Portal
____ Mailings
____ Emails

Parent or Guardian 3

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

Name _____

First Middle Last

Employer _____ Work Phone _____

Cell Phone _____ Email Address _____

____ Parent/Guardian ____ Foster Parent ____ Other (specify) _____

____ Legal Guardian (by court) ____ Stepparent

____ Portal
____ Mailings
____ Emails

Parent or Guardian 4

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

Name _____

First Middle Last

Employer _____ Work Phone _____

Cell Phone _____ Email Address _____

____ Parent/Guardian ____ Foster Parent ____ Other (specify) _____

____ Legal Guardian (by court) ____ Stepparent

____ Portal
____ Mailings
____ Emails

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 _____

Speech Therapy
Screening/Consent Form

Dear Parent/Guardian:

The Monroe County School System's Speech Therapy Department offers free of charge screening for possible speech problems upon special request made by the classroom teachers to the school Speech-Language Pathologist.

Signed consent will allow screening, at school, for the entire period a student is enrolled in any public school in the Monroe County School System. Consent may be rescheduled in writing at any time.

You will be invited to attend a meeting to discuss screening results should your child have a possible speech or language delay.

I understand that if this consent is not signed, the student named below will not be screened.

Student: _____
Parent/Guardian: _____
Date: _____

_____ YES, the speech therapist has my permission to screen for speech related problems, if needed.

_____ NO, the speech therapist does not have my permission to screen for speech related problems if needed.

HOME LANGUAGE SURVEY

Date: _____ School: **Tompkinsville Elementary** Grade: _____

Child's Name: _____

Parent or Guardian's Name: _____

Address _____

Phone Number: _____

1. Child's date of birth: _____ Month/Day/Year

Was your child born in the United States? _____ Yes _____ No

If yes, in which state? _____

If no, date child entered the United States? _____

2. Has your child attended any school in the United States for any 3 years during their lifetime? _____ Yes _____ No

If yes, please provide school name(s), state and date attended:

Name of School _____ State: _____ Date Attended: _____

Name of School _____ State: _____ Date Attended: _____

Name of School _____ State: _____ Date Attended: _____

3. What is the language most frequently spoken at home? _____

4. If available, in what language would you prefer to receive Communication from school? _____

5. Please check if your child is:

_____ Native American Indian _____ Native Pacific Islander

_____ Alaska Native _____ Native US Virgin Islander

6. Is your child's first-learned or home language anything other than English? _____ Yes _____ No

7. In what country did your child most recently reside? _____

8. Which language did your child learn when he/she first began to talk? _____

9. What language does your child most frequently speak at home? _____

10. What language do you most frequently speak to your child? (Father) _____

(Mother) _____

11. Please describe the language understood by your child. (Check only one)

_____ Understands only the home language and no English.

_____ Understands mostly the home language and some English.

_____ Understands the home language and English equally.

_____ Understands mostly English and some of the home language.

_____ Understands only English.

Parent/Guardian Signature

Date

Kentucky Migrant Education Program

Parent Employment Survey

The information provided below is used to identify students who may qualify to receive additional educational services. A program employee may contact you for further information if needed. All information is kept confidential. The Monroe County Migrant Education Program is a Title I, Part C program of the Kentucky Department of Education.

Child's Name: _____
 Birthdate: _____ Grade: _____ School: _____

1. In the past three years, has your family lived in another Kentucky school district, another state, and/or another country?

Yes _____ (continue to #2) No _____ (stop here)

2. In the past three years, has anyone in your household had a job working with any of these products on a farm, in a field, in a greenhouse, in a nursery, or in a factory? Please circle all that apply.



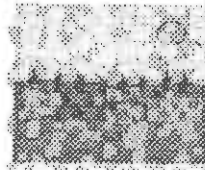
Livestock



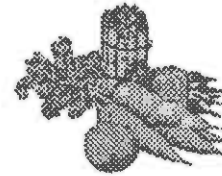
Vegetables



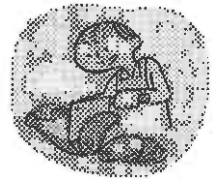
Processing (meat,



Eggs



Chickens



fruit, vegetables)

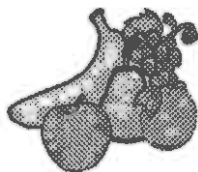
Crops (wheat, corn,

soybeans, etc.)

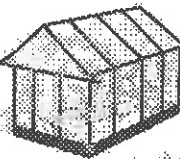
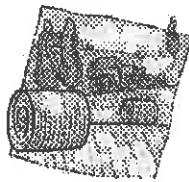
Pigs, sheep, dairy,
Etc.)



Tobacco



Fruit



Hay



Nursery, Sod,



Trees, Timber,

Soil Preparation

Greenhouse

Plants, Flowers

If you circled one or more, continue to #3.

None of these _____ (stop here)

3. Parents' Names: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Please list all children in the household less than 22 years of age:

Student Name _____ Grade _____ Age _____ DOB _____
 Medication Allergies _____

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

<input type="checkbox"/> Tylenol	<input type="checkbox"/> Benadryl	<input type="checkbox"/> Tums	<input type="checkbox"/> Antibiotic Ointment
<input type="checkbox"/> Ibuprofen	<input type="checkbox"/> Cough Drops	<input type="checkbox"/> Aloe Vera	<input type="checkbox"/> Hydrocortisone Cream
<input type="checkbox"/> Orajel	<input type="checkbox"/> Vaseline/Chapstick	<input type="checkbox"/> Eye Drops	

Comments: _____

I give permission for (student's name) _____ to receive the above medication at school according to standards 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 from 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 the 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 treatment so long as reasonable and customary care is provided and I will not hold the school distinct 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: _____ Medical Allergies: _____

Food Allergies: _____

Medication taken on a regular basis: _____

Tompkinsville Elementary School

2018-2019

Student Name: _____ Teacher _____

A. Student Handbook Agreement

I acknowledge that we have thoroughly reviewed the TES Student Handbook for the 2018-2019 school year, and that we agree to abide by the policies and requirements outlined in the handbook.

B. Field Trip Form

I give my child permission to attend in-county field trips and to ride school provided transportation to and from the trip destination for the 2018-2019 school year.

I also give my child permission to attend field trips and to ride school provided transportation to and from the trip destination for the 2018-2019 school year within a 30 mile radius outside Monroe County.

**Field trips with destination of more than 30 miles outside of Monroe County will have a separate permission slip sent home.*

C. Code of Acceptable Behavior and Discipline for Students/District Handbook

I am aware of the Monroe County Schools' Code of Acceptable Behavior and Discipline Students/District Handbook. I understand that the handbook explains each policy and procedure put in place by the Monroe County Board of Education and is located on the district website. These policies include, but are not limited to, attendance, transportation, drug testing policy, use of alcohol or drugs harassment, weapons, etc. I understand that I may access the handbook and/or request a copy at any time. As student(s) and 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.

I have read and agree with the above information, unless specifically noted otherwise in the margins of each area.

Parent Signature: _____ Date: _____

STUDENT PICK UP CONSENT FORM

Student Name _____
 First Middle Last

Parent/Guardian(s) _____

Please list numbers that **parent/guardian** may be reached in case of emergency:

- | | | | |
|----------|----------------|----------|----------------|
| 1. _____ | Home/Cell/Work | 4. _____ | Home/Cell/Work |
| 2. _____ | Home/Cell/Work | 5. _____ | Home/Cell/Work |
| 3. _____ | Home/Cell/Work | 6. _____ | Home/Cell/Work |

Other than Parents/Guardians, please list persons that **are permitted to pick your child.**

1. Name _____ Relationship _____

Home _____ Cell _____ Work _____

2. Name _____ Relationship _____

Home _____ Cell _____ Work _____

3. Name _____ Relationship _____

Home _____ Cell _____ Work _____

4. Name _____ Relationship _____

Home _____ Cell _____ Work _____

Below list persons who **are not permitted** to pick up or have with your child.

1. Name _____ Relationship _____

2. Name _____ Relationship _____

3. 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.

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:

One Call Now System

Student Name _____

Grade Student will be in for the 2018/2019 school year _____

School (circle one): GES JHC TES 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 Notification System. I understand that I will not be receiving important messages concerning any child's school.

Parent/Guardian Signature _____

Tompkinsville Elementary School 4-H

2018-2019

Child's Full Name: _____

Birthday: _____ Grade: _____ Sex: Male Female

Circle Race: White Black Alaskan/Am Ind. Asian Hawaiian/Pac Island

Circle Ethnic: Hispanic Not Hispanic Phone: _____

Circle Residence: Farm Rural School: JHC GES TES MCMS MCHS

Are you currently enrolled in another 4-H club? Yes or No

If yes, what club? _____

Give us your email address if you would rather receive email newsletters.

Legal Guardian's Name: _____

Child's Mailing Address: _____

City: _____ State: _____

Authorization of Use (Permission to use child's photograph or video)

I, (print parent full name) _____ hereby grant permission to the University of Kentucky and its affiliates and subsidiaries, including but not limited to the College of Agriculture Cooperative Extension and Agricultural Alumni Association, to interview photograph and/or videotape me or my minor child, and/or supervise any others who may do the interview, photography, and/or videotaping and/or to use and and/or permit others to use information from the aforementioned interview and/or the aforementioned images in educational and promotional activities for the following without compensation:

*University Educational Publications/Videos

*University Electronics Publishing (e.g. World Wide Web)

*University Promotion/Advertising

*Local/regional/national news media (w/permission of the University of Kentucky)

Parent or guardian signature: _____ Date: _____

Student Early Release Plans

Name: _____ Date: _____

Dear Parents,

Staff at TES want to be prepared to get all of our students home safely in the event of 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.

_____ My child will ride the same bus they ride on a regular basis if school is dismissed.

Bus Driver: _____

*Please remember that bus drivers will not let student off the bus if an adult is not present at the drop off location.

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

*Always use the Parent Pick Up line in the front of the school.

_____ I cannot determine at this time what my child will need to do if school is dismissed. 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 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 work ALERT to 22300 from your mobile phone (ALERT is in all caps).

Cub Club Bad Weather Policy

- If school dismisses EARLY (prior to 2:40), there are no after school programs.

CUB Club Student Information Sheet

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Date of Birth: _____ Age: _____ Gender: _____

Grade: _____ (For 2018-2019 School year)

Emergency Contact	Phone Number	Relationship
-------------------	--------------	--------------

1. _____	(____) _____ - _____	_____
----------	----------------------	-------

2. _____	(____) _____ - _____	_____
----------	----------------------	-------

3. _____	(____) _____ - _____	_____
----------	----------------------	-------

Please list anyone who WILL be allowed to pick your child up from CUB Club:

Please list anyone who CAN NOT pick your child up from CUB Club:

Parent/Guardian Permission Form for 21st CCLC

Please Read Carefully

I hereby give permission for the participant(s) listed on the reverse side to take part in the School District's 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 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's 21st Century Community Learning Centers (CLC) 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 21st Century Learning Centers (CLC) to share the participant's records with each other for purposes of providing educational support and assistance. In addition, I understand that the School District will use participant records to evaluate individual progress and improvement, as well as evaluate the impact of the program on student achievement. The student data will also be used to fulfill the State/Federal annual progress reporting requirements to obtain continued funding for program.

I hereby certify that I have read and do understand the above information.

Signature: _____

Print Name: _____

Date: _____

Monroe County School System Code of Acceptable Behavior

2018-2019 School Year

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

- ACCESS TO ELECTRONIC MEDIA TERMS AND CONDITIONS
- ACCEPTABLE USE POLICY (TECHNOLOGY) 25-28
- APPLICATION OF THE CODE TO EXTRA-CURRICULAR ACTIVITIES 6
- ASSAULT 20
- ATTENDANCE 49-50
- BUS TRANSPORTATION 47-48
- CARE OF SCHOOL AND PERSONAL PROPERTY 15
- CELL PHONE USE VIOLATION FORM 30
- CHILD FIND SYSTEM 38
- COMPLIANT PROCEDURE FOR TITLE IX, TITLE V AND REHABILITATION
- ACT OF 1973, SECTION 504 18
- CONDUCT ON BUS 23
- CONSEQUENCES VIOLATIONS 29
- CORPORAL PUNISHMENT 15
- CRIMINAL VIOLATIONS 11
- DISCIPLINARY RESPONSES TO STUDENT MISCONDUCT 15
- DISRUPTING THE EDUCATIONAL PROCESS 15
- DRUG TESTING POLICY 40-46
- FALCON ACADEMY SERVICES 14
- HARASSMENT/DISCRIMINATION/BULLYING 18-20
- IMPLEMENTATION 6
- ORIENTATION 6
- MISSION STATEMENT 5
- MONROE BOARD OF EDUCATION STATEMENT 4
- NONDISCRIMINATION POLICY 5
- NOTIFICATION OF FERPA RIGHTS 31-32
- NOTIFICATION OF PPRA RIGHTS 33-36
- PARENT/GUARDIAN RESPONSIBILITIES 8
- PRINCIPAL/DESIGNATED TEACHER IN CHARGE RESPONSIBILITIES 8
- PRINCIPAL/DESIGNATED TEACHER IN CHARGE RIGHTS 8
- PROCEDURE FOR CONDUCTING THE ANNUAL REVIEW 6
- PUPILS' BUS RIDING RESPONSIBILITIES 22-24
- RATIONALE AND PHILOSOPHY 6
- SAFE SCHOOLS 15
- SEARCH AND SEIZURE 14
- SPECIAL EDUCATION/SECTION 504 12
- STUDENT RESPONSIBILITIES FOR ACCEPTABLE BEHAVIOR 7
- STUDENT RIGHTS 6-7
- SUPERINTENDENT MESSAGE 4
- SUSPENSION OR EXPULSION OF PUPILS 13
- TEACHER RESPONSIBILITIES 9
- TEACHER RIGHTS 8
- USE OF ALCOHOL, DRUGS AND OTHER CONTROLLED SUBSTANCES 17
- USE OF STUDENT ASSISTANCE/THREAT ASSESSMENT COUNCIL 13
- VISION 5
- WEAPONS 21-23
- WHEN AND WHERE THE CODE WILL APPLY 6

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

Student Name: _____ School: Tompkinsville Elementary

Parent/Guardian: _____ Please mail a copy of the code to me or send it home with my child.

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 LOSE 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, and 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 of 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. (References 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 the 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 outside parties. They 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 unauthorized E-mail account 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 devices.
- I will follow all guideline outlined in MCSD Telecommunication Devices Policy 09.4261.

Kentucky Department of Education/Monroe County Student Agreement for 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 email 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 provides features such as online storage, online communications, and collaborations, and instant messaging. Use of those services is subject to either standard consumer terms or use of 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 users 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** _____

Kindergarten Requirements to Enroll

Physical Exam-(On the correct form – One year prior to entry to Kindergarten)

Immunization Certificate- (Up to date immunization certificate on a KY Immunization certificate form.)

Vision Exam (On the correct form - by an optometrist or ophthalmologist dated within one year prior to entry into Kindergarten)

Dental Exam- (On the correct form – 5 and 6 year olds entering kindergarten for the first time.)

Copy of State Birth Certificate

Copy of Social Security Card

All Forms are available on the Monroe County School District Webpage under Student/Health. www.monroe.kyschools.us

MONROE COUNTY BOARD OF EDUCATION

AMY THOMPSON, SUPERINTENDENT

309 Emberton St
Tompkinsville, KY 42167
Phone: 270-487-5456
Fax: 270-487-5571
E-mail:
Amy.thompson@monroe.kysc
hools.us

Dr. Michael Carter,
Chairman
Eddie Proffitt,
Vice-Chairman
Bobby Gentry
John Harlin
Carter Walden

District Technology Fee

Beginning School Year 2018-2019

Last year each school ask parents to fill out a survey concerning the collection of a technology fee. The results were 73.72% of the 1371 surveys returned agreed with the implementation of the fee. The sole purpose of this fee is to purchase chromebooks / laptops for student use. The amount of the fee is **\$25 per student / per year** and it will be collected during registration.

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 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 calculations 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 \$1,000 each month, but you missed some work last month and only made \$900, put down that you made \$1,000 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 our school for more information.

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

Sincerely,

Kathy Taylor

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: Check the appropriate category and call **Kathy Taylor at 270-487-9100**

Part 4: Skip this part.

Part 5: Sign the form.

If you have foster child(ren), 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 or 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, or 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 questions 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

Name of all people living in your household (First, Middle, and 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: BENEFITS

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, to go Part 3.

Name: _____
Case Number: _____

Part 3: Homeless, Migrant, Runaway Status

If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call Mike Gee at 270-487-9100.

HOMELESS MIGRANT RUNAWAY

Part 4: TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all income on the same as the person who receives it. Check the box for how often it is received. 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 (month, week, every 2 weeks)
(Example) John Smith	\$200	X				\$150	X				\$0					\$50 Month
	\$					\$					\$					\$
	\$					\$					\$					\$
	\$					\$					\$					\$
	\$					\$					\$					\$
	\$					\$					\$					\$

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 that if I purposely give false information, my child(ren) may lose benefits.

Sign Here: _____ Print Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number _____ Cell 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 US 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 of 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 x24; 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: _____