

McNairy County Schools Enrollment Application

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|--|--------------------------------|---|-----------------------------------|
| School Entering: | | Previously enrolled in McNairy County? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Date: | | If Yes, what school and year? | |
| Student's Name: | | | |
| Student's Address: | | | <input type="checkbox"/> 2 Proofs |
| AM Bus: | PM Bus: | Number of Miles from School: | |
| Grade Level: | <input type="checkbox"/> Proof | PK use only: # of Application: | |
| Date of Birth: | Gender: | Ethnicity: | |
| City of Birth: | County of Birth: | State of Birth: | |
| Country of Birth: | Mother's Maiden Last Name: | | |
| Birth Certificate #: | <input type="checkbox"/> Copy | Social Security #: | <input type="checkbox"/> Copy |
| Tennessee Permanent Certificate of Immunization <input type="checkbox"/> Yes <input type="checkbox"/> No | | If no, attach Temporary or PK Certificate | |

| | | |
|--------------------------|------------|------------|
| Parent's/Guardian's Name | | |
| Relationship to Student: | | |
| Home Phone | Cell Phone | Work Phone |
| Address | | |
| City: | State: | Zip Code: |
| E-Mail: | | |

| | | |
|--------------------------|------------|------------|
| Parent's/Guardian's Name | | |
| Relationship to Student: | | |
| Home Phone | Cell Phone | Work Phone |
| Address | | |
| City: | State: | Zip Code: |
| E-Mail: | | |

Alternative Emergency Contacts

| | | |
|---------------------------|------------|------------|
| Primary Emergency Contact | | |
| Home Phone | Cell Phone | Work Phone |
| Address | | |
| City: | State: | Zip Code: |

| | | |
|-----------------------------|------------|------------|
| Secondary Emergency Contact | | |
| Home Phone | Cell Phone | Work Phone |
| Address | | |
| City: | State: | Zip Code: |

Medical Information

| | |
|-----------------------------|----------------|
| Hospital/Clinic Preference: | |
| Physician's Name: | Phone Number: |
| Insurance Company: | Policy Number: |

Allergies/Special Health Considerations:
 I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

Home Language Survey

If a language other than English is marked for any of numbers 1-4, the student must be assessed for his/her English proficiency to determine whether or not the student needs ESL support services. Please notify the ESL teacher when it is determined that an assessment is necessary.

1. What language did your child first learn to speak/use?

English Spanish Other _____

2. What language does your child most often speak/use at home?

English Spanish Other _____

3. What language do you most often speak to/use with your child?

English Spanish Other _____

4. What language do the adults at home most often speak/use?

English Spanish Other _____

Records Request Information

School Leaving:

Phone Number:

FAX Number:

School Address:

Principal's Name:

Reason for Leaving:

Was the student receiving any special services?
If yes, Records Release form must be signed.

Yes

No

Signatures

I hereby certify that the above information is true and correct.

Parent's/Guardian's Signature

Date

I request that the above pupil be admitted to _____

Principal's Signature

TO BE COMPLETED BY SCHOOL STAFF

Date and Time Application Received _____

Initials _____

Are all documents attached to application? Yes No

DECLARATION OF LEGAL RESIDENCE

Adamsville Elementary School, Adamsville, Tennessee
(McNairy County School System)

A SEPARATE FORM IS REQUIRED FOR EACH PUPIL

Pupil Name _____ Grade _____
 Last First Middle

Name of Parent or Guardian: _____ Home Phone _____

Address of Parent or Guardian: _____
(P.O. Box is NOT acceptable. If route, give physical location / directions below.)

1. I declare my legal residence to be that given above.
2. I understand that a pupil is not legally enrolled in Adamsville Elementary School until this form is completed and signed by the parent or guardian.
3. I understand that a pupil admitted under false information is not legally enrolled and is subject to penalty.
4. I understand that I must present two proofs of residence to the school.
5. I understand that if my address changes I must notify the Adamsville Elementary office immediately.

I hereby certify that the information given above on this form is a true and correct statement of my legal residence and that the above address has not changed since my child enrolled in school last year.

Signature of Parent, Guardian or Other Adult

Date

STUDENTS

The director of schools shall develop and implement procedures for appropriate Internet use by students. Procedures shall address the following:

1. General rules and ethics of Internet use.
2. Prohibited or illegal activities, including, but not limited to:¹
 - Sending or displaying offensive messages or pictures;
 - Using obscene language;
 - Harassing, insulting, defaming, or attacking others;
 - Damaging computers, computer systems or computer networks;
 - Hacking or attempting unauthorized access;
 - Violation of copyright laws;
 - Trespassing in another's folders, work, or files;
 - Intentional misuse of resources;
 - Using another's password or other identifier (impersonation);
 - Use of the network for commercial purposes; and
 - Buying or selling on the Internet.

INTERNET SAFETY MEASURES²

Internet safety measures shall be implemented that effectively address the following:

- Controlling access by students to inappropriate matter on the Internet and World Wide Web;
- Safety and security of students when they are using electronic mail, chat rooms, and other forms of direct electronic communications;
- Preventing unauthorized access, including "hacking" and other unlawful activities by students on-line;
- Unauthorized disclosure, use and dissemination of personal information regarding students; and
- Restricting students' access to materials harmful to them.

The director of schools/designee shall establish a process to ensure the district's education technology is not used for purposes prohibited by law or for accessing sexually explicit materials. The process shall include, but not be limited to:

- Utilizing technology that blocks or filters Internet access (for both students and adults) to material that is obscene, child pornography or harmful to students;
- Maintaining and securing a usage log; and
- Monitoring on-line activities of students.²

The director of schools shall provide reasonable public notice of, and at least one (1) public hearing or meeting to address and communicate, its Internet safety measures.²

A written parental consent shall be required prior to the student being granted access to electronic media involving district technological resources. The required permission/agreement form, which shall specify acceptable uses, rules of on-line behavior, access privileges and penalties for policy/ procedural violations, must be signed by the parent/legal guardian of minor students (those under 18 years of age) and also by the student. This document shall be executed each year and shall be valid only in the school year in which it was signed unless parent(s) provide written notice that consent is withdrawn. In order to rescind the agreement, the student's parent/guardian (or the student who is at least 18 years old) must provide the director of schools with a written request.

E-MAIL

Users with network access shall not utilize district resources to establish electronic mail accounts

through third-party providers or any other nonstandard electronic mail system. All data including e-mail communications stored or transmitted on school system computers shall be monitored. ~~Employees/students have no expectation of privacy with regard to such data. E-mail correspondence~~ may be a public record under the public records law and may be subject to public inspection.³

INTERNET SAFETY INSTRUCTION⁴

Students will be given appropriate instruction in internet safety as a part of any instruction utilizing computer resources. The director shall provide adequate in-service instruction on internet safety. Parents and students will be provided with material to raise awareness of the dangers posed by the internet and ways in which the internet may be used safely.

SOCIAL NETWORKING

1. District staff who have a presence on social networking websites are prohibited from posting data, documents, photographs, or inappropriate information that is likely to create a material and substantial disruption of classroom activity.
2. District staff are prohibited from accessing personal social networking sites on school computers or during school hours except for legitimate instructional purposes.
3. The director of school discourages district staff from socializing with students on social networking websites. The same relationship, exchange, interaction, information, or behavior that

1 would be unacceptable in a non-technological medium is unacceptable when done through the
2 use of technology.

3 VIOLATIONS

4 Violations of this policy or a procedure promulgated under its authority shall be handled in accordance
5 with the existing disciplinary procedures of this District.

Student Signature

Date

Parent Signature

Date

Employee Signature

Date

Employee Name (Print)

Legal References

1. TCA 39-14-602
2. Children's Internet Protection Act (Public Law 106-554)
3. TCA 10-7-512
4. TCA 49-1-221

Cross References

Use of Electronic Mail (e-mail) 1.805
School and System Websites 4.407



Tennessee Migrant Education Program – Occupational Survey

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

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

1) In the past three years, has your family moved to another city, state, and/or county?

Yes No

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

Yes No

a. If yes, please circle all that apply:



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



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



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



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



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



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

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

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

| | | |
|--------|---------|--------|
| WEEKS: | MONTHS: | YEARS: |
|--------|---------|--------|

| | | |
|-----------------------------|--------|------|
| HOME ADDRESS: | | |
| CITY: | STATE: | ZIP: |
| TELEPHONE (WITH AREA CODE): | | |

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

| | | |
|------------------|-------------------|------------------|
| School District: | Student State ID: | Enrollment Date: |
|------------------|-------------------|------------------|