

Claiborne County Public Schools Student Registration Form

1. **Pre-K-Kindergarten Only:** Did your child ever attend a Day Care, Head Start, or early childhood training center/program? Y or N

2. **Pre-K-Kindergarten Only:** Name of Day Care, Head Start or early childhood training center/program attended:

1. First language the child learned to speak _____ Language the child most often speaks

Language most often spoken in the child's home _____

2. Is your child currently enrolled in a gifted program? Y or N

3. Has your child ever received speech therapy services? Y or N

If so, please explain:

4. Is your child currently participating in any early intervention or First Steps program? Y or N

If so, please explain:

5. Does your child have difficulty pronouncing sounds? Y or N

6. Do you have difficulty understanding your child's speech? Y or N

7. Do others have difficulty understanding your child's speech? Y or N

8. Has your child ever received special services to assist with any current physical challenges? Y or N

If so, please explain:

9. Do you have any other concerns about your child's overall development? Y or N

If so, please explain:

10. Has your child ever received exceptional education service? Y or N

11. Has your child ever been diagnosed with asthma by a medical professional? Y or N

12. Has your child ever been diagnosed with diabetes by a medical professional? Y or N

McKinney-Vento Homeless Assistance Act Information:

Please check any of the following items that apply to this child. This information will help the district to identify students who may be eligible for special assistance.

___ Family resides in substandard housing. (Lacks or has inadequate utilities and/or facilities.)

___ Parents/guardians are migrant workers.

___ Family resides in temporary shelter. (Runaways, throwaways, domestic violence, substance abuse, etc.)

___ Family resides with relatives or friends temporarily. (i.e., job or housing loss, income loss, "doubling up" families, etc.)

___ Family resides in non/sub-standard domiciles or on the "streets." (Tents, vehicles, buses, abandoned buildings, condemned areas, etc.)

___ Family has a primary nighttime residence in a supervised public/private operated shelter. (Shelters, transitional housing, transient/welfare hotels, etc.)

___ Parent/guardian in placement of an institution (i.e., jail/prison, mentally ill facility, etc.)

___ Child does not reside with a parent or a legal guardian.

Claiborne County Public Schools Student Registration Form

Internet Acceptable Use Policy: I hereby request and **CONSENT / DO NOT CONSENT (circle and initial your choice)** that my child may use Internet resources at school this year. The Claiborne County School District Acceptable Use Policy, which addresses student use of the Internet and all district technology resources, is also contained in the district's *Handbook for Parents and Students*. Please review this policy carefully with your child. Completion of this form will allow your child to use the educational technology resources available at his or her school. No student will be allowed to use these resources unless this section includes your consent.

Off Campus Educational Experiences: I hereby request and **CONSENT / DO NOT CONSENT (circle and initial your choice)** that my child or ward be permitted to participate in any and all field trips this year. (You will be notified prior to each trip.) I understand that this trip is a part of the school's educational program and that my child or ward may be accompanied and transported by a teacher or other officials or volunteers of the school district. I agree that no teacher or other school district official or volunteer parent will be held responsible for any injuries or damages occurring on such trip. In the event a claim is made, I agree to limit such claim to my child's or ward's share of any insurance proceeds, if any, available on any policy held by the person against whom such claim is made.

Corporal Punishment: I **CONSENT / DO NOT CONSENT (circle and initial your choice)** to my child or ward's being paddled or spanked as a consequence for misbehaving in school. If corporal punishment is not allowed, my child may receive either In or Out of School Suspension as a consequence for his/her behavior when sent to the office.

PARENT AUTHORIZATION AND INDEMNITY AGREEMENT EMERGENCY TREATMENT

I, the undersigned parent/s or guardian/s of _____, a minor child attending the CCPS who is diabetic or potentially at risk for seizures, coma, or other such medical emergency request that the personnel of the Claiborne County School District summon Emergency Medical Services ("EMS") personnel to treat my child and/or to transport said child to any medical facility in the event of such medical emergency. I /We forever release, discharge and covenant to hold harmless the Claiborne County School District, its personnel and Board of Education from any all claims, demands, damages, expenses, loss of services and causes of action belonging to the minor child or to the undersigned arising out of or on account of any injury, sickness, disability, loss or damages of any kind resulting from the emergency treatment by said EMS or the transport of said child to any medical facility. The undersigned agree to repay the school district, its personnel, or Board of Education any sum of money, expenses, or attorney's fees that any of them may be compelled to pay in defense of any action or on account of any such injury to the minor child as a result of the administration of emergency treatment. I/We have read the foregoing release and indemnity agreement and fully understand it.

Photo/Video Release

AUTHORIZATION TO USE PHOTOGRAPHS AND/OR AUDIO-VISUAL

I, _____, hereby authorize the Claiborne County School District to use, reproduce, and/or publish photographs and/or video that may pertain to my child including his/her image, likeness and/or voice without compensation. I understand that this material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs) or for other related endeavors.

This material may also appear on the Claiborne County School District's Internet Web Page. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. Consequently, the Claiborne County School District may publish materials and use my child's photograph in and manner that may deem appropriate in order to promote/publicize service opportunities for the Claiborne County School District.