

Student Registration Information – Bells Elementary School
Bells City School System Confidential

Student's Name: _____ Date of Birth: _____
 Physical Address: _____ Telephone: _____
 Mailing Address: _____ Social Security#: _____
 _____ State ID: _____
 City State Zip Code County

NAME OF LOCAL PERSON TO CONTACT IF PARENT(S) ARE NOT AVAILABLE. (THIS MUST BE COMPLETED.)

Name: _____ Address: _____ Phone: _____

Sex: Male Female Race: Asian White Hispanic Indian African Amer. Pacific Islander

Date Enrolled: _____ Grade: _____ Teacher: _____

Is student transferring from another school: Yes No If yes, give date last attended: _____

Has student previously attended this school: Yes No If yes, give Name and Date of last attended on next line:

Previous School: _____ Date last attended: _____

Bus rider: Yes No Bus#: _____ AM PM Car Rider: Yes No Walker: Yes No

Student's Birth Information: (State Required)

Mother's Maiden Name: _____
Last Name

Country Code: _____ State Code: _____ County: _____ City: _____

Who has legal custody of this student: Both Parents Mother Father Guardian
 Student lives with: Both Parents Mother Father Mother/Stepfather Father/Stepmother Guardian

Custody: _____ First Last Address: _____ Street _____ City State Zip Code	Home Telephone: _____ Cell/Pager number: _____ Work Telephone: _____ Email: _____ Place of Employment: _____
Father: _____ First Last Address: _____ Street _____ City State Zip Code	Home Telephone: _____ Cell/Pager number: _____ Work Telephone: _____ Email: _____ Place of Employment: _____
Mother: _____ First Last Address: _____ Street _____ City State Zip Code	Home Telephone: _____ Cell/Pager number: _____ Work Telephone: _____ Email: _____ Place of Employment: _____

Current custody papers are required when applicable.

Special Services: Title I Special Education Speech Section 504 ELL Gifted

Was this student born in the USA: Yes No If No, when did the student enter the USA: _____

What is the first language this student learned to speak: _____

What language does this student speak outside of school: _____

What language is spoken in this student's home: _____

If the first language is one other than English, please provide a copy of this completed form to the ELL teacher within 10 days.

Highest level of education completed by: Mother Last grade completed High School College

(OPTIONAL) Father Last grade completed High School College

Where does your child stay at night? (Please check one)

Home/apartment owned or rented by the parent(s)/guardian(s)

With a relative or friend (family does not have a residence)

In a shelter

In a motel

In an automobile

A campsite

In housing that is inadequate (i.e. no electricity, running water, etc.)

Other housing (please explain) _____

I hereby certify that the above information, including my home address, is true and correct.

Signature of person giving the information: _____

Relationship to the student: _____ Date: _____

**CROCKETT COUNTY SCHOOLS
TRANSPORTATION DEPARTMENT**

BELLS ELEMENTARY SCHOOL

Student Information

Please Print Legibly

NAME _____ GRADE _____ Last
 First Middle

HOME ADDRESS _____
 Street City Zip

MAILING ADDRESS _____
(If different from above)

SCHOOL ATTENDING _____

TRANSPORTATION INFORMATION

_____ No bus transportation Reason: _____ Drive _____ Walk _____ Parent Transport

Do you ever ride a bus? If yes, bus # _____

.....
Will your child ride to or from an alternate location other than their home address? If yes, please provide address for this location.

MORNING STOP LOCATION: _____ No transportation needed _____ Home

ALTERNATE ADDRESS

(If this is a child care facility, include name, address and telephone no. of facility)

AFTERNOON STOP LOCATION: _____ No transportation needed _____ Home

ALTERNATE ADDRESS

(If this is a child care facility, include name, address and telephone no. of facility)

Parent/Guardian Printed Name _____ Contact Phone _____

Signature of Parent/Guardian _____ Date _____

BELLS ELEMENTARY SCHOOL

HOME LANGUAGE SURVEY-For New Students Only.

Date: _____

Name: _____ Sex: _____ Date of Birth: _____

School: _____ Grade: _____ Student # _____

The native/home language of each student must be recorded in his/her permanent record. Please answer the following questions about your child's language background:

1. What is the first language this child learned to speak?

2. What language does this child speak most often outside of school?

3. What language do people usually speak in this child's home?

Bells City School District Internet Acceptable Use Policy

Internet access is available to students and teachers in the Bells City School District through ENA (Education Networks of America). We are very pleased to have Internet access, as we believe it offers valuable, diverse, and unique resources to both students and teachers. Our goal in providing this service is to promote educational excellence in the districts by facilitating resource sharing, innovation, and communication.

For those not familiar with the term, the Internet is an “electronic highway” connecting millions of computers all over the world, and millions of individual users. Access to the Internet will enable students to explore thousands of libraries, databases, and bulletin boards while exchanging messages with users throughout the globe. In addition, the system will be used to increase District communication, enhance productivity, and assist District employees in upgrading their skills through greater exchange of information with their peers. The system will also assist the District in sharing information with the local community, including parents, social service agencies, government agencies, and businesses.

With access to computers and people from around the world comes the availability of material that may not be considered to be of educational value in the context of the school setting. Families should be warned that some material obtained via the Internet might contain items that are illegal, defamatory, inaccurate, or potentially offensive. Bells City School District has taken precautions to restrict access to controversial materials. However, on a global network it is impossible to control all materials and an industrious user may discover controversial information, either by accident or deliberately. We firmly believe, however, that the benefits to students from online access far outweigh the possibility that users may procure material that is not consistent with the educational goals of the District.

The purpose of this agreement is to ensure that use of the Internet’s resources is consistent with the district’s stated mission, goals, and objectives. The smooth operation of the network relies upon the proper conduct of the students and faculty who must adhere to strict guidelines. These guidelines are provided here so that you are aware of the responsibilities you are about to acquire. If a School District user violates any of these provisions, his or her account will be terminated and future access could be denied in accord with the rules and regulations of the School District.

To gain access to the Internet, all students under the age of 18 must obtain parental permission and parent and student must sign this document. Your signature indicating that you have received and read the student handbook is legally binding and indicates the party who signed has read the terms and conditions of these guidelines carefully and understands their significance.

Internet Terms and Conditions

Students are responsible for good behavior on the school computer networks, just as they are in a classroom, or a school hallway. General school rules for behavior and communications apply.

The network is provided for students to conduct research and communicate with others. Access to network services is given to students who agree to act in a considerate and responsible manner. Access is a privilege – not a right. That access entails responsibility.

Inappropriate use will result in a suspension or cancellation of Internet privileges. The system administrators will deem what is inappropriate use and their decision is final. Also, the administrators may close an account at any time as required. The administration, faculty, and staff may request the system administrator to deny, revoke, or suspend specific user accounts.

Users are expected to abide by their generally accepted rules of network etiquette and conduct themselves in a responsible, ethical, and polite manner while online.

Users are not permitted to use the computing resources for commercial purposes, product advertising, political lobbying, or political campaigning. However, political research for educational purposes is acceptable.

Users are not permitted to transmit, receive, submit, or publish any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, offensive, or illegal material.

Physical or electronic tampering with computer resources is not permitted. Damaging computers, computer systems, or computer networks intentionally will result in cancellation of privileges as well as other disciplinary means by the school administration.

Users must respect all copyright laws that protect software owners, artists, and writers. Plagiarism in any form will not be tolerated.

Security on any computer system is a high priority, especially when the system involves many users. If you feel you can identify a security problem in the school's computers, network, or Internet connection, you must notify a system administrator. Do not demonstrate the problem to others. Using someone else's password or trespassing in another user's folders, work, or files without written permission is prohibited. Attempts to logon to the Internet as anyone but you may result in cancellation of user privileges.

Bells City School District makes no warranties of any kind, whether expressed or implied, for the service it is providing. The district assumes no responsibility or liability for any phone charges, line costs or usage fees, nor for any damages a user may suffer. This includes loss of data resulting from delays, non-deliveries, misdeliveries, or service interruptions caused by its own negligence or your errors or omissions. Use of any information obtained via the Internet is at your own risk. The District specifically denies any responsibility for the accuracy or quality of information obtained through its services. All communication and information accessible via the computer resources shall be regarded as private property. However, people who operate the system may review files and messages to maintain system integrity and insure that users are using the system responsibly. Messages relating to or in support of illegal activities may be reported to the authorities. Any violations may result in a loss of computer access, as well as other disciplinary or legal action. Users are considered subject to all local, state, and federal laws.

Bells Elementary School Internet Use Agreement

STUDENT SECTION:

I have read the Bells City School District Internet Use Agreement. I agree to follow the rules contained in this policy. I understand that if I violate the rules my access privileges can be terminated and I may face other disciplinary measures.

Student Name (please print) _____ Grade _____

Student Signature _____ Date _____

PARENT OR GUARDIAN SECTION

As the parent or legal guardian of the student signing above, I have read the Bells City School District Internet Use Agreement and grant permission for my child to access the Internet. I understand that the district's computing resources are designed for educational purposes. I also understand that it is impossible for the School District to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network.

Parent Name (please print) _____ Date _____

Parent Signature _____

Community Safe Service

We will be using our Community Safe Service throughout the school year. We will be able to communicate with you instantly to share things like school closings due to inclement weather or other school news. It will call all of our parents and guardians in a matter of seconds! We just need the following important information from you to make this work for us all. (Please know that this information will remain confidential and for school use ONLY.) Please complete the following information and return this form to your child's teacher within 3 days...preferably today. Thank you! We hope you'll look forward to hearing from us!

Bells Elementary School Staff

Student Information

Student's Name _____

Student's Grade _____

Please only give the **TWO** phone numbers you would like the system to call for your family. Remember, if you change your phone numbers throughout the year, you must notify us so that we can change them in the instant call system. The program will only take two numbers, so please do not give more than two. Please include area codes along with your numbers.

Phone number 1 _____

Phone number 2 _____

Health Information

To be completed by parent or guardian

Student Name :		Gender: M F
Date of Birth:	Grade:	
Person Completing Form:		Relationship:
Mother's Name:		Phone Number:
Father's Name:		Phone Number:
Emergency Contact:		Phone Number:
Physician's Name:		Phone Number:
Please list all medications your child is currently taking. Include Prescription and over the counter medications.	<u>Medication</u>	<u>Indication</u>

Medical History

<input type="checkbox"/> Allergies	<p>Allergy Type:</p> <input type="checkbox"/> Food List food _____ <input type="checkbox"/> Medication List Medication _____ <input type="checkbox"/> Bee Sting List Type of Insect _____ <input type="checkbox"/> Other List _____ <p>Reactions: <input type="checkbox"/> Mild <input type="checkbox"/> Severe Date of last severe reaction: _____</p> <p>Symptoms: <input type="checkbox"/> Coughing <input type="checkbox"/> Hives/Rash <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Swelling at the site <input type="checkbox"/> Wheezing <input type="checkbox"/> Nausea <input type="checkbox"/> Generalized Swelling <input type="checkbox"/> Other _____</p> <p>Currently Prescribed Medications and Treatments: <input type="checkbox"/> Oral Antihistamine (Bendryl, Claritin, etc.) <input type="checkbox"/> Epi-Pen <input type="checkbox"/> Other _____</p> <p><u>If your child has an Epi-Pen Prescribed, it is strongly advised that he/she have one available at school.</u></p>
<input type="checkbox"/> Asthma	<p>Triggers: <input type="checkbox"/> Exercise <input type="checkbox"/> Environmental <input type="checkbox"/> Other _____</p> <p>Symptoms: <input type="checkbox"/> Chest discomfort or tightness <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Coughing <input type="checkbox"/> Throat itch, tightness, or soreness <input type="checkbox"/> Hoarseness <input type="checkbox"/> Wheezing <input type="checkbox"/> Other _____</p> <p>Currently Prescribed Medications and Treatments: <input type="checkbox"/> Inhaler <input type="checkbox"/> Oral Antihistamine (Bendryl, Claritin, etc.) <input type="checkbox"/> Nebulizer <input type="checkbox"/> Other _____</p>
<input type="checkbox"/> Seizure	<p>Type of Seizure: _____</p>

	<input type="checkbox"/> Absence (staring, unresponsive) <input type="checkbox"/> Complex Partial <input type="checkbox"/> Generalized tonic-clonic (convulsive) <input type="checkbox"/> Other _____ Physical Activity Restrictions: <input type="checkbox"/> No <input type="checkbox"/> Yes Please Explain: _____ _____ Medications needed in school: <input type="checkbox"/> No <input type="checkbox"/> Yes List Medication _____
<input type="checkbox"/> Diabetes	Currently Prescribed Medications and Treatments: <input type="checkbox"/> Insulin <input type="checkbox"/> syringe <input type="checkbox"/> pen <input type="checkbox"/> pump <input type="checkbox"/> Blood Sugar Testing <input type="checkbox"/> Carbohydrate counting <input type="checkbox"/> Glucagon <input type="checkbox"/> Oral Medications Please list _____
<input type="checkbox"/> Other	Please check all that apply: <input type="checkbox"/> Sight Impairment <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Kidney/Bladder Problems <input type="checkbox"/> Stomach Problems Please List any other health condition below: _____ Medication needed in school: <input type="checkbox"/> No <input type="checkbox"/> Yes List Medication _____

Release

If emergency treatment is required, and parents or legal guardian cannot be reached immediately, your signature below empowers the school authorities to exercise their own judgment in calling the physician indicated above, or if not available, to transport the child to a hospital emergency room. Likewise, your signature below is not sufficient for the release of confidential information protected by federal law.

Parent/Guardian Signature

Date

Bells City School
Parent/Student/Teacher/Principal Compact

Parent/Guardian Agreement

(Any person who is interested in helping this student may sign in lieu of the parent.) I want my child to achieve. Therefore, I will encourage him/her by doing the following:

- See that my child attends school regularly and on time.*
- Support the school in its efforts to maintain proper discipline.*
- Establish a time and provide a quiet place for homework and review it regularly.
- Check my child's homework daily and be available to help when needed.
- Communicate regularly with my child's teacher and be aware of what my child is learning.
- Encourage my child to check out and read library books.
- Read with my child and let my child see me read often.
- Provide necessary school supplies.
- Show respect and support for my child, the teacher, and the school.
- Teach social skills to promote positive interactions with all.
- Check with my child for information sent home, promptly read and sign it.
- I have received a copy of the school handbook.

Signature: _____

Date: _____

Student Agreement

It is important that I work to the best of my ability. Therefore, I shall strive to do the following:

- Attend school regularly and on time.*
- Come to school each day with necessary tools for learning. (pencil, paper, crayons)
- Complete and return homework assignments on time.
- Have regular study hours.
- Obey classroom rules and follow school discipline policy.*
- Always try to do my best in my work and in my behavior.
- Work cooperatively with my classmates.
- Show respect for myself, my school, and other people.

Signature: _____

Date: _____

Teacher Agreement

It is important that students achieve. Therefore, I shall strive to do the following:

- Provide homework assignments for students according to the Bells City Board of Education Policy. (See recommended time guidelines in principal's office.)
- Provide necessary assistance to parents so they can help with the assignments.
- Encourage students and parents by providing information about student progress.
- Use special activities in the classroom to make learning enjoyable.
- Show respect for each child and his/her family.
- Seek way to involve parents in their child's learning.
- Demonstrate professional behavior and a positive attitude.
- Give frequent student progress reports to parents.
- Provide high-quality curriculum and instruction.
- Ask parents for help, if needed.
- Provide a safe environment.
- Discuss the school-parent compact as it relates to an individual child's achievement at biannually held parent and teacher conferences.

Signature: _____

Date: _____

Principal Agreement

I support this form of parent involvement. Therefore, I shall strive to do the following:

- Provide an environment that allows for positive communication between the teacher, parent, student, and me.
- Enforce school rules fairly and consistently.
- Seek ways to involve parents in the total school program.
- Give parents access to staff, to volunteer, participate, and observe in their child's classroom.
- Provide a safe environment.

Signature: _____

Date: _____

*See student handbook

- 1. I _____ (check one below)
 _____ Own a home which I rent to the party named below:
 _____ Rent/Lease an apartment to the party named below:
 _____ The party below lives with me at the address given:
- 2. I certify that the following persons are residing full time at the address shown below.
 _____ and _____
 Parent/Guardian student(s)

Street Address

City

Zip

- 3. **As Owner/Leaser:** I agree to provide proof of residency as follows:
 (a) Sales Contract or RENT/Lease on Property for the above address
 (b) Utility bill for electricity, gas, or water for the above address

As Owner/Leaser: I understand that this statement is being made in order to provide proof of residency so that the above named student(s) may be admitted to Bells Elementary School. I also attest that the living arrangement is not solely for the purpose of Enrollment eligibility. I further understand that is statement is being made under penalties of perjury should the information provided be fraudulent; and that if the child is found not to be a legitimate resident of this address, I will be legally responsible for the school districts cost to educate said child based on the annual per pupil expenditure retroactive to the first day of admission.

- 4. As the enrolling parent/guardian, I _____, also attest that I do not own or rent another home or residence outside the Bells City School District. If the school has reason to believe that the information in the Affidavit is incorrect, the student may be withdrawn and a referral made to the Attendance Officer for further investigation.

I have read and understand the above:

 Parent Signature

 Notary Public Signature

 Owner/Leaser Signature

Approved: _____

Date _____

Bells City School
School Medication Administration Authorization

This order is valid for the **current school year only**. This form **must** be completed fully and submitted in order for medication to be administered to your child at school.

A new form **must** be completed at the beginning of each school year, for each medication, and each time there is a change in dosage or time of administration.

Name of Student: _____ Grade: _____

Condition for which medication is being administered: _____

Medication: _____ Dose: _____ Route: _____

Time/frequency of administration: _____ If PRN, frequency _____

If PRN, for what symptoms: _____

Possible side effects: _____

Date _____

Prescriber's Name: _____

Address: _____

Phone Number: _____

Prescriber's signature: _____

.....

Parent/Guardian Authorization

I hereby give permission for my child to receive medication at school as prescribed by my child's medical provider. I understand that the medication must be brought to the school by a parent/guardian and at the end of the school year, an adult must pick up the medicine, otherwise it will be discarded. I authorize the school nurse to communicate with the provider as allowed by HIPAA.

Parent/Guardian Signature: _____

Date: _____ Phone number: _____

Bells City School
School Medication Administration Policy

We want you to be aware of our medication administration policies for the students in our school system. Please review closely the following policies so that you will be prepared for the school year.

1. All medication must be brought to the school by a parent or guardian. Please **DO NOT** send **ANY** medication with your child (including over the counter medications). When medication is brought in, you must count the number of pills (if applicable), sign the medication verification form, and give to the designated school official.
2. Medication **MUST** be in the original, pharmacy labeled container. The container shall display:
 - A. Student's Name
 - B. Prescription Number
 - C. Medication Number and Dosage
 - D. Administration Route or Other Directions
 - E. Date
 - F. Licensed Prescriber's Name
 - G. Pharmacy Name, Address, and Phone Number
3. Over the counter medicines (lotions, ointments, Tylenol, Motrin) should include:
 - A. Require an order form a licensed provider
 - B. The medicine must be provided in an unopened container with the manufacturer's original label with ingredients listed. The student's name must be affixed to the container.
4. All medication must be kept in a locked area designated by the delegator and will be dispensed in the office.
5. Please copy and utilize the physicians order and parental consent form (on the reverse side) for all medications.
6. Please discuss with your child's physician that whenever possible they should order medications to be given outside of school hours.

These policies are recommended by the State Department of Health and Education for the safety and well-being of our students. If you are uncertain about a policy, please contact us at 663-2041.

Thank you in advance for your cooperation.