HIXSON ELEMENTARY SCHOOL

A Title I School
5950 Winding Lane
Hixson, Tennessee 37343
(423) 870-0621 Phone
(423) 870-0628 Fax
Julie Fine, Principal
Ursula Greene, Assistant Principal

Record or Information Requested:

_____ Basic Student Record (includes: assigned grade; special class placement, if applicable; attendance record; standardized test scores; and physical examination and immunization record.)

_____ Other (specify) _____
Ex: Gifted, Inclusion, Speech, Sp.Ed resource

The following student(s) have enrolled at Hixson Elementary School.

Name of Student	**Grade**
_____	_____
_____	_____
_____	_____
_____	_____

Name and address of school last attended: _____

_____

_____

Have you attended a Hamilton County school before? _____YES or NO _____
Please list the name of the Hamilton County school your child attended:_____

I authorize the release of the above specified information to Hixson Elementary School.

_____ _____
Date Parent or Legal Guardian

ENGLISH

Migrant Education Program
Occupational Survey

STATE OF TENNESSEE
DEPARTMENT OF EDUCATION
6th FLOOR, ANDREW JOHNSON TOWER
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243-0375

BILL HASLAM
GOVERNOR

KEVIN HUFFMAN
COMMISSIONER

Student Information: _____
Last Name First Name Gender Race

District _____ **School:** _____ **Grade** _____ **Year** _____

Migrant students may be eligible for additional services and assistance. Please answer the following questions and return the survey to the school so that we can determine if your child qualifies for migrant services.

1. **Did you or someone in your family come to Tennessee looking for temporary or seasonal work in agriculture, fishing, dairy, or in any plant processing foods (examples: working with tobacco, tomatoes, cotton, strawberries, nurseries, trees, pork, chickens, vegetables, etc)?**

   YES _____ **NO** ____

   If yes, please mark which member of the family does or did this kind of work:

   Mother ____ **Father** ____ **Children** ____ **Other** _____

2. **Do you or someone in your family currently work in agriculture fishing, dairy, or in any plant processing foods (examples: working with tobacco tomatoes, cotton, strawberries, nurseries, trees, pork, chicken, vegetables, etc).**

   YES _____ **NO** ____

   If yes, please mark which member of the family does this kind of work:

   Mother ____ **Father** ____ **Children** ____ **Other** _____

3. **If your current job is not temporary work in agriculture or fishing, did you or someone in your family work in a temporary or seasonal agriculture of fishing in the last 3 years?**

   YES _____ **NO** _____

   If yes, where? _____ _____ _____
   City State Country

If you answered "yes" to any of the questions above, please answer questions 4, 5 and 6.

4. **How long have you been in this county?** _____
   months years

5. **What is your current address?** _____

6. **What is your current telephone number?** _____

NOTE TO THE LEA: PLEASE RETURN ONLY SURVEYS WITH ONE OR MORE "YES" RESPONSES TO JESSICA CASTANEDA 4660 HILLS CREEK ROAD, MCMINNVILLE TN 37110 CALL 931-668-4139 IF YOU HAVE QUESTIONS.

TN form #ED-5438

Hamilton County Schools
Technology Acceptable Usage Agreement

I have read and agree to comply with the Hamilton County Department of Education Technology Acceptable Usage Agreement (http://www.hcde.org/aup). I understand that any violations of these regulations are unethical, potentially illegal, and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and disciplinary action may be taken up to and including termination (employee) or suspension/expulsion (student).

Student/Parent Section Only:

_____ _____
Student's Name (Please Print) Location

_____ _____
Student's Signature Date

As the parent or legal guardian of the student signing above, I grant permission for him/her to access networked computer services such as electronic mail (e-mail) and the Internet. I further understand that deliberate misuse by the student resulting in hardware and/or software damage will be the responsibility of the parent/guardian.

_____ _____
Parent/Guardian Signature Date

Employee Section Only:

_____ _____
Employee's Name (Please Print) Location

_____ _____
Employee's Signature Date

Hixson Elementary School

A Title I Program

School/Student/Parent Compact

DATE: _____

PARENT/GUARDIAN AGREEMENT

Any person interested in helping this student may sign in place of a parent.

I want my child to achieve; therefore, I will encourage him/her by doing the following:

_____ See that my child is punctual and attends all day, every day

_____ Support the school in its efforts to maintain proper discipline

_____ Establish a time for homework in a quiet, well lit place for study

_____ Encourage my child's efforts and be available for questions

_____ Read with my child and listen to him/her read

_____ Explain when and how I use Mathematics to solve real life problems on a daily basis (bills, shopping, finance, receipts, measurements, etc.)

SIGNATURE _____

STUDENT AGREEMENT

It is important that I work to the best of my ability; therefore, I will do the following:

_____ Attend school all day, every day

_____ Come to school each day with necessary supplies

_____ Complete and return homework assignments

_____ Observe regular study hours

_____ Be responsible, respectful, willing, and wonderful

SIGNATURE _____

TEACHER AGREEMENT

It is important students achieve; therefore, I will do the following:

_____ Ensure students are actively engaged in learning

_____ Provide reasonable homework assignments for students as practice

_____ Provide information to parents about students' learning, achievement, and behavior

_____ Provide a 90 minute Literacy and Math block

SIGNATURE _____

ADMINISTRATIVE AGREEMENT

I will provide a safe environment that encourages positive communication, set high expectations for our learning community, monitor achievement by reviewing school data, and will participate in daily classroom visits with students and teachers.

SIGNATURE _____

SIGNATURE _____

Revised August 2014

Hamilton County Department of Education
Student Services
3074 Hickory Valley Rd
Chattanooga, TN 37421
423.209.8400
www.hcde.org

2015-2016 School Attendance Procedures

1. Families are notified of Attendance Law and Procedures via each school's Student Handbook. Schools must include the Attendance Notification Contract in their registration packets (to save paper schools may want to put the contract on the back of the registration form). When the signed form is returned, the school is required to keep a copy in a designated notebook or file. A copy of this signed form will be required in the event a truancy petition is filed.

2. When a student reaches five **(5) unexcused absences**, the school is responsible for sending the HCDE approved Attendance Notification Letter that is generated from PowerSchool. The school is required to keep a copy of this letter in a designated notebook or file. A copy of this letter will be required in the event a truancy petition is filed.

3. Upon receipt of the Attendance Notification Letter, if the parent disagrees with the number of absences, it is their responsibility to contact the school for an attendance meeting and to provide documentation to support claims.

4. When the student reaches **ten (10) or more unexcused absences**, the student will be referred to the School Social Worker. The school will need to fully complete the referral and attach a copy of the Student Registration Form, a copy of the signed Attendance Contract, and a copy of the Attendance Notification Letter. The referral must have the signature of the Principal or Principal designee.

5. If absences continue after the signed referral, the Social Worker may initiate interventions and/or court procedures. If court procedures are necessary, a Legal Notice is mailed by the social worker. This notice shall serve as intent to file a truancy or dependent and neglect petition with Hamilton County Juvenile Court, unless proper documentation is provided to the school within five (5) days of receipt of this notice.

2015-2016 Hamilton County Department of Education
Attendance Law/HCDE Policy/Procedures

Attendance Law Explained
According to the law (Tennessee Code Annotated 49-6-3001(c)) every parent, guardian, or other person residing in this State having control or charge of any child between the ages of six (6) and seventeen (17), both inclusive, shall cause such child or children to attend a public or non-public school, and in event of failure to do so, shall be subject to the penalties hereinafter provided.

Any child who is habitually and unlawfully absent from school must be reported to the appropriate judge having juvenile jurisdiction in that county, the child to be dealt with in such manner as the judge may determine to be in the best interest of the child. The judge may assess a fine of up to fifty dollars (50.00) or five (5) hours of community service against the parents or legal guardians of Kindergarten through grade twelve (K-12) children if the child is absent more than five (5) days during any school year. (Tennessee Code Annotated 49-6-3007(f)).

Hamilton County Department of Education Board Policy (6.200)
The following are legal reasons for excusing a student from attending school:
Personal Illness- Students are excused who are sick and whose attendance would be detrimental to their health and the health of other students. A physician's statement may be required.
Death in Immediate Family- Students may be excused for three days in the event of a death in their immediate families including mother, father, step-parent, brother, sister, or grandparent. Extenuating circumstances may require a longer period of excused absence.
Family Illness- Students having an illness in the family which requires them to give temporary help will be excused from attendance after receipt of a physician's statement concerning the necessity of the student's assistance.
Religious Holiday- Students shall be excused on special or recognized religious holidays regularly observed by that particular faith. Prior approval is required should these days occur while school is in session.
Personal- Students who are absent for a good cause (doctor or dental appointment which cannot be scheduled at times other than school hours, court appearances, etc.) may be excused upon proof of appointment. Prior approval by parent or guardian, and the principal or his designee is required.
Approved School-Sponsored Activities- Students shall be marked present when participating in a school-sponsored activity away from the school building.

HCDE attendance procedures for 2015-2016 are as follows:
By law students must attend school daily. It is the parent's responsibility to report all absences to the school. HCDE will allow parent/guardian excuses to serve as documentation for three (3) personal illness days only. After three (3) parent/guardian excused personal illness days, parents must provide medical services documentation for the following: personal illness, family illness, or personal (as defined above). To avoid student absences being recorded as unexcused, a written statement signed and dated by the parent/guardian and any medical documentation should be presented to the appropriate school official within five (5) days of the student returning to school. HCDE will not begin legal actions until after a student is absent for more than five (5) days without adequate legal excuse (as defined above.)

If the following conditions apply, a referral will be made to the school social worker:
After ten (10) or more unexcused absences:
Parent/guardians will be notified via legal notice indicating that their child has become truant and a petition may be filed with Hamilton County Juvenile Court. If unexcused absences continue after the Informal Truancy Hearing at Juvenile Court, parent/guardians will be petitioned to attend a Formal Hearing before a Juvenile Court Judge at which time fines and community service may be assessed.

Hamilton County Department of Education
Student Services
3074 Hickory Valley Rd
Chattanooga, TN 37421
423.209.8400
www.hcde.org

2015-2016
Attendance Notification Contract

- Tennessee State Law requires that all children between the ages of six (6) and seventeen (17), both inclusive, must attend school regularly.
- The Hamilton County Department of Education has determined that each child will be allowed three (3) absences per school year that may be excused by a note from a parent/guardian. These should only be used in cases when a child is sick, but the parent/guardian determines that a doctor visit is not necessary.
- After three (3) parent/guardian excused personal illness days, any further absences must be excused by professional documentation. These include doctors, mental health professionals, dentists, court, or other professional services. Other legal reasons for excused absences are death in immediate family, religious holiday regularly observed by that faith (prior approval required), and approved school sponsored activities. (HCDE Board Policy 6.200)
- Excuses must be turned in to the appropriate school official within five (5) days of the student returning to school.
- After five (5) unexcused days, the school will notify the parent/guardian that their child must attend school on a regular basis by mailing the Attendance Notification Letter.
- Upon receipt of the Attendance Notification Letter, if the parent disagrees with the number of absences, it is their responsibility to contact the school for an attendance meeting and to provide documentation to support claims.
- If a student acquires ten (10) or more unexcused days (no legal reason for absence as defined above) the school will make a formal referral to the School Social Worker.
- If the child continues to accrue unexcused absences after the referral, a Legal Notice will be mailed to the parent/guardian indicating that their child has become truant. This notice shall serve as intent to file a petition with Hamilton County Juvenile Court unless proper documentation is provided to the school within five (5) days of receipt of this notice.

Please print all information except signature

School _____

Student Name _____ Student Date of Birth: _____

I, _____, have read and understand the information regarding Tennessee State Law and Hamilton County Department of Education Attendance Policy as they apply to my child.

Parent/Guardian Signature _____ Date _____

*****Return this form to your child's teacher*****

Parental Notification Form

Parents/guardians are requested to sign and date this form. A signature acknowledges receipt of the Nondiscrimination Policy and Grievance Procedure.

NOTICE OF NONDISCRIMINATION

It is policy of the Hamilton County Boards of Education not to discriminate on the basis of sex, race, national origin, creed, age, or religion in any of the programs or practices in the school system. A complaint may be filed by anyone who has a grievance regarding discrimination as set forth in one of the following statutes: (1) The Rehabilitation Act of 1972, Section 504: (2) Title VI of the Civil Rights Act of 1964: or (3) Title IX of the Educational Amendments 1972. The school system encourages the reporting party or complainant to use the complaint form available from the principal of each school or available from the central office location.

Mrs. Marsha J. Drake	Mrs. Nancy Reed/Gloria Reed
Title VI and IX Coordinator	504 Coordinators
3074 Hickory Valley Road	3074 Hickory Valley Road
Chattanooga TN 37421	Chattanooga TN 37421
(423) 209-8654	(423)209-8590/209-8589

Date_____ Parent Signature_____

HIXSON ELEMENTARY SCHOOL

A Title 1 Support School

5950 Winding Lane
Hixson, Tennessee 37343
(423) 870-0621
Fax: (423) 870-0628

Julie Fine
Principal

Ursula Greene
Assistant Principal

Dear Parent,

Hixson Elementary School photographs students at school throughout the year in various settings and events. The pictures are used for display on school property, on the Hixson Elementary Facebook page (www.facebook.com/HixsonElementarySchool), the Hixson Elementary School yearbook, the Hixson Elementary School website, and to media outlets including newspapers and television stations. We invite the news media to visit Hixson Elementary during the year. Please sign and return the form below indicating you will allow your child to be photographed or videotaped.

PARENTAL PERMISSION FOR RELEASE & PUBLICATION OF STUDENT PHOTOGRAPH/VIDEO/IMAGE

Hixson Elementary has my permission to publish a photograph and/or video/likeness of my child (name) _____ for promotional and informational materials in support of Hixson Elementary School. These promotional and informational materials may include any of the following: press releases, public service announcements, billboards, print ads, brochures, flyers, newsletters, Hixson Elementary website, Hixson Elementary Facebook Page, Hixson Elementary yearbook, annual reports, PowerPoint slides, audio visual presentations, video productions or audio recordings. I further understand that by signing this release, I waive any and all present or future compensation rights to the use of the above stated material(s).

Check below:

_____ I grant permission to use my child's photograph as described above.

_____ I DO NOT grant permission to use my child's picture as described above.

(Child's Name) _____

(Print Name of Parent/Guardian) _____

(Phone Number) _____

(Email) _____

(Signature/Date) _____

HAMILTON COUNTY DEPARTMENT OF EDUCATION
3074 Hickory Valley Road, Building, Chattanooga, TN 37421
423-209-8400

Dear Parent or Guardian:

In compliance with the requirements of The Family Educational Rights and Privacy Act (FERPA), Hamilton County Schools may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary. The primary purpose of directory information is to allow Hamilton County Schools to include this type of information from your child's education records in certain school publications. Examples include:

- The annual yearbook
- Honor roll or other recognition list
- Graduation programs
- Sports activity sheets

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks, colleges, and universities. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories—names, addresses and telephone listings—unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.
If you do not want Hamilton County Schools to disclose directory information from your child's education records without your prior written consent, **you must sign and return the following statement TO YOUR STUDENT'S SCHOOL by August 28, 2015.**

Please sign below and return this letter to the student's school immediately.

Your signature indicates your **denial of consent** for _____ School to grant access to directory information as defined above for _____(Student's Name)

_____ _____
(Signature of Parent/Guardian) Date

AFTER COMPLETION OF THIS LETTER, PLEASE RETURN IT TO STUDENT'S SCHOOL.

Emergency Messaging Service
Parent Phone Number Confirmation

Student Name #1: _____

Student Name #2: _____

Student Name #3: _____

Student Name #4: _____

Directions: Please indicate which phone numbers and email addresses you want us to use when contacting you through the ***Connect-ED***® messaging service.

1. Fill in all available numbers and e-mail addresses on the lines provided below.
2. Check one Primary Phone. This number will be called for non-emergency messages.
3. Check one Attendance Phone if you'd like attendance calls to go to a number other than the Primary Phone.
4. Check one Additional Phone if you'd like a second number to receive all non-emergency messages (including attendance).
5. Indicate whether you would like to receive SMS "text" messages and provide a mobile number.

NOTE: *Emergency Messages will go to ALL available numbers.*

	Primary Phone Check ONE	**Attendance Phone (Optional)** Check ONE	**Additional Phone (Optional)** Check ONE
Home:_____	☐	☐	☐
Work:_____	☐	☐	☐
Mobile:_____	☐	☐	☐
Alternate Home:_____	☐	☐	☐
Alternate Work:_____	☐	☐	☐
Alternate Mobile:_____	☐	☐	☐

E-mail 1:_____

E-mail 2:_____

☐ I would like to receive SMS "text" messages at the mobile number listed below:

SMS Phone:_____

Date_____

Health/Emergency Information:

To be sent to School Nurse

Student's Name_____**Teacher**_____
Last **First** **Middle**

Date of Birth_____

Address_____**City**_____**Zip**_____

Lives with ( ) Mom ( ) Dad ( ) Both ( ) Other_____

****Legal Guardian (if other than parent)** _____

Relationship to student_____**Contact inform.**_____

Address_____
( ) Legal documentation on file

Mother's Name_____**Cell**_____
Address_____**Home**_____
( ) Same as Student's
Employer_____**Work**_____
Email_____ **Call: Mom ( ) First ( ) Second ( ) NA**

Father's Name_____**Cell**_____
Address_____**Home**_____
( ) Same as Student's
Employer_____**Work**_____
Email_____ **Call: Dad ( ) First ( ) Second ( ) NA**

Emergency Contacts: IF PARENT CAN NOT BE REACHED

1._____**2.**_____**3.**_____
_____ **#**_____ **#**_____

Hospital to be sent to_____
Childs Doctor_____**phone**_____

PLEASE COMPLETE INFORMATION ON THE BACK OF THIS FORM

IHP Packet given on_____
N/A_____

Medical Information
To be kept in Nurse Clinic

( ) No allergies. No health problems.

Health Related Issues:

Allergies: Please list allergies and reaction
( ) Seasonal-(Trees, pollen, grasses) _____ ( ) Bee Stings_____
( ) Food_____ ( ) Other _____
My child uses an Epi Pen. Yes No
Medications:_____
Medication provided/given at school: Yes No

Asthma: Yes No _____
My child uses an inhaler/nebulizer at home. Yes No
Medications:_____
Medication provided/given at school: Yes No

Diabetes: Yes No Type 1 Type 2
Medications:_____
Medication provided/given at school: Yes No

Seizure/Neurological Disorders/Head Aches: Yes No_____
My child uses DiaSTAT Yes No
Medications:_____
Medication provided/given at school: Yes No

ADHD/Autistic/Anxiety Disorders: Yes No_____
Medications:_____
Medication provided/given at school: Yes No

Heart Condition/Other health issues: Yes No_____
Medications:_____
Medication provided/given at school: Yes No

Do not write below this line
****
For the Nurse to complete:
Received and Reviewed: _____
IHP packet 2nd attempt to have completed: _____ ( ) Call to parent _____
Authorization to admin. Meds signed by parent and PCP and returned_____
Authorization to release information signed and returned_____

Household Information Survey

Hamilton County Department of Education

ADDRESS

Parent Name: _____

Street: _____

City: _____ State: _____ Zip: _____

*Please enter your students' **formal** name below:*

LAST NAME, FIRST & MIDDLE INITIAL	ATTENDING SCHOOL(S)	Do not fill out this section. For School Use Only:
		Student ID: _____ ☐ Y ☐ N
		Student ID: _____ ☐ Y ☐ N
		Student ID: _____ ☐ Y ☐ N
		Student ID: _____ ☐ Y ☐ N
		Student ID: _____ ☐ Y ☐ N
		Student ID: _____ ☐ Y ☐ N

Please check **TWO** boxes below:

1) Column 1 that indicates the number of people in your household; and
2) Column 2 that represents your annual income.
3) Both check marks must be in the same row.

Household Size	Annual Gross Income:		
☐ 1	☐ Between $0 - $21,590	OR	☐ Above $21,590
☐ 2	☐ Between $0 - $29,101	OR	☐ Above $29,101
☐ 3	☐ Between $0 - $36, 612	OR	☐ Above $36,612
☐ 4	☐ Between $0 - $44,123	OR	☐ Above $44,123
☐ 5	☐ Between $0 - $51,634	OR	☐ Above $51,634
☐ 6	☐ Between $0 - $59,145	OR	☐ Above $59,145
☐ 7	☐ Between $0 - $66,656	OR	☐ Above $66,656
☐ 8	☐ Between $0 - $74,167	OR	☐ Above $74,167

SIGNATURE An adult household member must sign the application.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive federal and state funding based on the information provided. I understand that school officials may verify (check) the information.

Sign here: _____ Date: _____