

Tennessee Department of Education (TDOE)
Title I, Part C of the Elementary and Secondary Education Act (ESEA)
Migrant Education Program
Occupational Survey

Student Information: _____ **DATE:** _____
Last Name First Name Gender Race

District: _____ **School:** _____ **Grade:** _____ **School 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 a factory processing foods or working in agriculture, fishing, or dairy (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 a factory processing foods or in agriculture, fishing, or dairy? (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 or did 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 or 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.

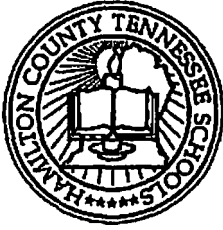
4. How long have you been in this county in Tennessee? _____
months years

5. What is your current address? _____
Street Address City State Zip Code

6. What is your current telephone number with the area code? (____) _____

NOTE TO THE SCHOOL: Please send all surveys with at least one "yes" response to your district migrant liaison. Please make sure the form is filled out completely.

NOTE TO DISTRICT MIGRANT LIAISON: All surveys with at least one "yes" answer should be uploaded to the TNMEP site upon receipt. Please email migrated@blomand.net to Inform Jessica Castañeda that new surveys have been uploaded.



Hamilton County Department of Education
Student Services
3074 Hickory Valley Rd
Chattanooga, TN 37421
423.498.7020
www.hcde.org

2017-2018
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 into 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 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: **Hunter Middle School**

Student's Name: _____ Student's DOB: _____

I, _____, have read and understand the information regarding
Parent/Guardian Name

Tennessee State Law and Hamilton County Department of Education Attendance Policy as they apply to my child.

Parent/Guardian Signature: _____ Date: _____

Hamilton County Department of Education
Terms and Conditions for
Bring Your Own Device (BYOD)

The use of technology is an essential component of the school program and the educational process. The Hamilton County Department of Education will allow students and employees access to HCDE’s wireless network using personally owned devices. The use of HCDE’s network is a privilege not a right and may be revoked at the discretion of the administration. Therefore, it is important that students use their devices responsibly, respect the property of others, and demonstrate that this use benefits them academically and helps build good digital citizens.

Devices Permitted:

The principal or his/her designee must approve all devices.

Rules and Conditions:

The following rules and conditions are specific to our district’s BYOD program. All students and their parents must also read and sign the Technology Acceptable Use Policy before the device will be allowed on the network. **Failure to follow the Technology Acceptable Use Policy or any of the rules and conditions of the BYOD agreement listed below may result in further disciplinary action.**

Where/When/Storage

1. **Students may only use their device when instructed to do so by teacher.**
2. Students may **NEVER** use their device anywhere except under the direction of a staff member. **(The HCDE Cell Phone policy will apply in these incidents.)**
3. Students should not ask teachers or staff to hold or store their device.
4. No school employee should be asked to retrieve device left in school after normal school hours.
5. Students may not use their device to update social media sites or accounts during school hours. Students should not use device to call, text message, make pictures, videos or audio recordings, or electronically communicate with others during the school day without teacher supervision or permission.
6. Students should not possess, share, or download inappropriate videos, pictures, or audio recordings during the schoolday.

Network Access

1. Students are expected to use the school’s wireless network, not personal data plans to access the web. BYOD privileges may be revoked for students not using the approved network.
2. No guarantee is made that the school’s wireless network will always be available. Network outages may occur and signal strength may vary.
3. Students should bring devices fully charged to school.
4. All BYOD devices must connect to the school “HCDE Guest” network only. **(Password: hcdeguest)**

Theft/Loss, Etc.

1. The school district or school will not be held financially responsible for lost or stolen devices.
2. The school district will not be held responsible for any physical damage or data loss, including damage/data loss resulting from connecting devices to the school’s wireless network or power outlets.
3. School staff is not responsible for configuring, troubleshooting, or repairing student devices.
4. School officials may read, examine, or inspect the contents of any student’s personal device upon reasonable suspicion that the contents of the device may contain evidence of a violation of these or other rules and policies of the district, local, state or federal laws.
5. School officials may confiscate any student device if student is not following BYOD procedures. Confiscated devices will be locked in an administrative approved location.

I have read, understand, and agree to abide by these rules and conditions. I understand that bringing and using my device is a privilege, not a right, and that this privilege can be revoked for violations of these rules or any other Code of Conduct violation.

Student Name (Please Print)

Student Signature

Date

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

Hamilton County

Cell Phone/Electronic Device Policy

A county-wide policy has been adopted concerning the use of cell phones and other electronic devices during school hours.

Cell phones and other electronic devices may not be used anywhere in the building **except under the direction and supervision of a staff member (BYOD)**. If cell phones and/or other electronic devices are used anywhere in the building not under the direction of a staff member the following will apply:

Consequences for using cell phones or other electronic devices not under the supervision and direction of a Hunter Middle School staff member the following consequences will apply:

- 1st Offense: The phone or device will be taken and held for ten (10) calendar days.

- 2nd Offense: The phone or device will be taken and held for twenty (20) calendar days.

- 3rd Offense: The phone or device will be held for the remainder of the school year.

When cell phones and other electronic devices have been used not under the direction of a staff member they have become a hindrance in the school setting. This policy will be strictly enforced with no exceptions.

By signing below, you acknowledge that you and your child have read and understand the above stated rules. Your signature does not indicate whether you agree with the policy or not.

_____ Student Name (Please Print)	_____ Student Signature	_____ Date
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_____ Parent/Guardian Name (Please Print)	_____ Parent/Guardian Signature	_____ Date
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HUNTER MIDDLE SCHOOL

6810 Teal Lane • Ooltewah, Tennessee 37363
(423) 344-1474 • Fax (423) 344-1485



Dear Parents and Students,

In an effort to be consistent and fair to all students, Hunter Middle School has implement a school-wide late work policy. We believe this policy is fair. We encourage all students to turn their assignments in when they are due.

All teachers at Hunter Middle School are aware of the Late Work policy. We understand from time to time unusual circumstances arise. Please contact the teacher if needed. Teachers may be more lenient then the policy below but may not be more strict.

1. Make-up work for excused absences is required and shall receive full credit.
2. Make-up work for unexcused absences is required and may result in reduced credit. (Reduction may not exceed 10%.)
3. Make-up work must be completed within five (5) school days of the absence or by the last day of the progress report/grading period. Teachers may provide additional time if extenuating circumstances warrant.
4. An assignment turned in on the day it is due will be graded for full credit.
5. Assignments turned in late - **after the day it is due** - will be accepted until the last day of the progress report/grading period.
6. Assignments turned in late will be graded and the student will receive the grade minus 10% of the points earned. (This does not apply to excused absences.)
7. After the end date of the progress report/grading period, no late work will be accepted and the student will receive a zero.

The progress report dates are: September 1, September 22, November 3, December 1, January 26, February 16, April 13, and May 4. The end of quarter dates are 10/6, 12/19, 3/16, 5/25.

We encourage you to continue using Power School to keep up with grades and possible missing assignments. As always, do not hesitate to email your child's teacher with any questions or concerns.

I have read the late work policy.

Student Name (Please Print)

Student Signature

Date

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

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 Board 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 Drake

Title VI and IX Coordinator

3074 Hickory Valley Road

Chattanooga, TN 37421

(423) 498-7022

Mrs. Nancy Reed

504 Coordinators

3074 Hickory Valley Road

Chattanooga, TN 37421

(423) 498-7128

Student Name (Please Print)

Homeroom

Parent Signature

Date



HAMILTON COUNTY DEPARTMENT OF EDUCATION

3074 Hickory Valley Road, Building, Chattanooga, TN 37421

423-209-8400

MEMORANDUM

To: Parents or Guardians of Hamilton County Students

From: Office of School Operations

Date: August 10, 2017

Re: FERPA and Financial Aid

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.

Please sign and return this form to your child's teacher.

.....

_____ **Yes, I give consent for Hunter Middle School to grant access to directory information as defined above for _____ (Print student's full name on line)**

_____ **No, I deny consent for Hunter Middle School to grant access to directory information as defined above for _____ (Print student's full name on line)**

Parent/Guardian Signature

Date

Transportation Information

Please print as you fill out this form.

Student's Name: _____

Parent/Guardian Name: _____

My child gets to school in the morning by the following means:

_____ My child is a car rider in the **morning**.

_____ My child is a bus rider in the **morning**.

Bus Number: _____

My child gets home in the afternoon by the following means:

_____ My child is a car rider in the **afternoon**.

_____ My child is a bus rider in the **afternoon**.

Bus Number: _____

I have seen the sample Hamilton County Bus Referral Letter and I understand the consequences for misbehavior on the bus.

Student Name (Please Print)

Student Signature

Date

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

Hamilton County Schools

Responsible Use Policy

I have read and agree to comply with the Hamilton County Department of Education Responsible Use Policy (<http://www.hcde.org/rup>). 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 or suspension/expulsion.

Student's Name (Please Print)

Student's Signature

Hunter Middle School

School

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

HUNTER MIDDLE SCHOOL REGISTRATION FORM

Enrolling Grade: _____

School Year: _____

Student's Name _____
Last First Middle

Male Female Social Security No. _____ Birth Date _____

Ethnic Category: _____

Mailing Address _____ City _____ Zip _____

Residence (if different) _____ City _____ Zip _____
No P.O. Box or Route numbers

NAMES of Parents/Guardians with whom student lives: _____

Relationship to the student of the above named persons: _____

Home Phone _____

Mother/ Female Guardian Cell Phone _____ Work Phone _____

Father/ Male Guardian Cell Phone _____ Work Phone _____

Parent/Guardian email address(s): _____
Mother/ Female Guardian Father/ Male Guardian

Mother's Maiden Last Name: _____

Student's County, City, State of Birth _____
County City State

Services your child is receiving or has received: _____

Health/Emergency Information

Child's known health problems: _____
Allergies Asthma Diabetes Epilepsy Heart Other
(Please provide documentation regarding any of the above health problems)

Person(s) who you would like us to call in case of emergency, **if parent cannot be reached:**

Name _____ Phone # _____

Name _____ Phone # _____

Emergency Permission:

In case of emergency and I cannot be contacted, take my child to: _____ Hospital.
(I will assume financial responsibility.)

Family Doctor _____

Dismissal Information: Afternoon Transportation: Bus Car Walker

Is there a court order/degree on file at school prohibiting anyone from dismissing this child:

Person(s) permitted to dismiss this child: 1) _____ 2) _____ 3) _____

Person(s) **NOT** permitted to dismiss this child: 1) _____ 2) _____ 3) _____

Parent/Guardian Signature

Date

Print and sign this form