

**HAMILTON COUNTY DEPARTMENT OF EDUCATION REGISTRATION FORM**

Date Enrolled  Grade  Teacher   
Student Name     
Gender:  Male  Female SSN  Birth Date   
Race (Check all that apply):  Asian  Black  Hispanic  Indian (American)  Pacific Islander  White

Transportation:  
 Car Rider AM  PM   
 Other AM  PM

Student Address      
Street City State Zip Student's Cell Phone   
Lives with:  Both Parents  Mother  Father  Other (Guardian)

Mother - Name (Last, First)  Home Phone   
Address, if different  Cell Phone   
Employer  Work Phone

Father - Name (Last, First)  Home Phone   
Address, if different  Cell Phone   
Employer  Work Phone

Name of Legal Guardian (if other than parent)  Home Phone   
(current documentation required)  
Address, if different  Relationship to Student   
Employer  Work Phone  Cell Phone

*The information requested in this box is required by the State of Tennessee for enrollment in a public school:*  
Student's Mother's Maiden Last Name  Student's City of Birth   
County of Birth  State/Province of Birth  Country of Birth

Primary Language Spoken at Home (If other than English, complete the Home Language Survey)   
Last School Attended  City/State  Leave Date

If not coming from another Hamilton County School, have you ever attended a Hamilton County School. YES  NO   
Siblings (list name, age, and school attending)   
Do you have a computer in your home? Yes  No  Email address

**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.)  
Signature  Family Doctor

**DISMISSAL INFORMATION**  
Is there a court order/decreed prohibiting anyone from dismissing child?  YES (copy must be on file at school)  NO  
Persons permitted to dismiss this child:  
1  2  3   
Persons NOT permitted to dismiss this child:  
1  2  3

Ooltewah High School  
PowerSchool Data Sheet

Student Name (last, first, middle)

Home Address Street  Apt/Suite

City  State  Zip

Mailing Address (if different from above)

Address Street  Apt/Suite

City  State  Zip

Home phone number  Gender  Male  Female

Date of Birth  Social Security

Race

- White  Asian  Native Hawaiian/Other Pacific Islander  Black or African America  
 American Indian or Alaska Native  Hispanic or Latino

Student resides with:

Both Parents  Mother  Father  Grandparents  Other:

Father (last, first)  Mother (last, first)

Father's Day Phone  Mother's Day Phone

Father's Employer  Mother's Employer

Father's Home Phone  Mother's Home Phone

Father's Cell Phone  Mother's Cell Phone

Father's Email  Mother's Email

Name of Legal Guardian

(Current Documentation Required)

Day time phone #  Employer  Work #

Guardian email

Doctor  Special Medical Considerations

Siblings (last name, age, school attending)

Transportation

Bus #  AM PM Bus Drivers Name?

Car Rider AM PM Who brings you?

Other AM PM Who do you ride with?

The information requested in this box is required by the State of Tennessee for enrollment in a public school:

Student's Mother's Maiden Last Name  Student's City of Birth

County of Birth  State/Province of Birth

Country of Birth

OOLTEWAH HIGH 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 the available numbers and email 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 nonemergency messages (including attendance).
5. Indicate whether you would like to receive SMS "test" messages and provide a mobile phone 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:	<input style="width: 215px; height: 25px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work:	<input style="width: 215px; height: 25px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile:	<input style="width: 215px; height: 25px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alt.Home:	<input style="width: 215px; height: 25px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alt. Work:	<input style="width: 215px; height: 25px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alt. Mobile:	<input style="width: 215px; height: 25px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email 1:	<input style="width: 215px; height: 25px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email 2:	<input style="width: 215px; height: 25px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

SMS PHONE:

Ooltewah High School  
6123 Mountain View Road  
Ooltewah, Tn. 37363

August 8, 2013

Dear Parent/Guardian:

Please fill out the form at the bottom half of this paper and have your son/daughter return it to their homeroom teacher as soon as possible. This information will be necessary in the event of an injury on school property.

Thank you,

Mark Bean  
Principal

Student's Name

The above named student

is covered by insurance. (Please fill out info below if this is marked)

is not covered by insurance.

Present Health Insurance Provider

Policy #

Date

Signature: Parent/Guardian

# 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.orR/media/HCDE\\_AUP\\_Employee\\_Student.pdf](http://www.hcde.orR/media/HCDE_AUP_Employee_Student.pdf)). 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's Name (Please Print)

Location Ooltewah High School

Students 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

Students are not allowed on a computer until this form is completed and returned to the main office.



Hamilton County Department of Education  
Student Services  
3074 Hickory Valley Rd  
Chattanooga, TN 37421  
423.209.8400  
[www.hcde.org](http://www.hcde.org)

2013-2014 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
- Each child is allowed five (5) unexcused absences per school year. These absences do not require a note from a doctor, other professional, or parent.
- The Hamilton County Department of Education has determined that each child should also 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.
- Following the five (5) unexcused and three (3) parent/guardian excused absences, any further absences must be excused by professional documentation. These include doctors, mental health professionals, dentists, court, or other professional services.
- Excuses must be turned in within five (5) school days of the absence. Excuses turned in past this date will not be accepted, and the absence will be unexcused.
- Once a child has reached ten (10) unexcused absences, he/she is truant. At this point, the school will make a formal referral to the School Social Worker.
- A legal notice will be mailed to the parent/guardian indicating that their child has become truant and that a petition may be filed with Hamilton County Juvenile Court.

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\*\*\***

**2013-2014 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 2013-2014 are as follows:**

By law students are allowed five (5) unexcused absences per school year. HCDE will allow parent excuses to serve as documentation for three (3) *additional* personal illness days. After the five (5) unexcused days and the three (3) additional 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 or guardian and any medical documentation should be presented to the appropriate school official within five (5) days of the student returning to school.

**If the following conditions apply, school social workers will contact parents about their child's attendance:**

*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.

## Help Make a Difference - Volunteer!

Students name  Grade

Mother's name  Father's Name

Address

Home Phone  Work Phone

Cell #  email

Place of employment

Occupation

Which shift do you work?

Have you volunteered in the past at SHS or any other school? Yes  No

Do you wish to be notified of volunteer opportunities via email or by phone?

Email   phone

When are you available? Please check day(s) and check off times:

Mon. AM/PM Tues. AM/PM Wed. AM/PM

Thurs. AM/PM Fri. AM/PM

Additional Info and times:

Please check any volunteer interests you may have. Check as many as you like.

Phone Assistance Volunteers are needed on a daily basis to assist school staff with calling the parents of absent students. You would be needed from approximately 9:30-10:30 AM.

I am interested in helping out from home'.

Baking  Materials Preparation  Miscellaneous

Clerical Assistance: Volunteers help copy and collate papers for teachers and staff.

Hospitality Committee: Bake for various events during the year.

Landscaping Assistance: Are you interested in school beautification or gardening?

Personal Talents & Skills: (painting, music, etc.) Sequoyah High School would like to expose students to a variety of additional talents. Do you have a trade, skill or hobby you could share with the students or the school? (Examples: Cultural or ethnic skills, writing, drawing, the arts, photography, specific building trades, etc.)

General Volunteer Availability: I would be available to assist in a variety of volunteer tasks as needed throughout the school year. Do you have a grandparent or other family member that might want to become involved? Yes  No

If yes, Name  Phone #

Are you interested in being on the PTS A board next year? Yes  No

*'Thank you for your interest in volunteering at Sequoyah High School''*





**HAMILTON COUNTY DEPARTMENT OF EDUCATION**  
**School Health Program**

***BOARD MEDICATION POLICY***

**Medication Policy Revision**

Medications should be limited to those required during school hours and necessary to maintain the child in school. Medications should be administered by school nurses or other non-medical school personnel designated by the school principal. Any student who is required to take medication during the regular school day must comply with the following regulations:

1. A written permission form for both prescription and over-the-counter medications will be provided to the school by the School Health Program Office upon request. This form must be *completed* and signed by both the parent(s) and child's licensed healthcare provider.
2. A new permission form must be provided to the school at the beginning of each new school year. The permission form must be updated by the student's licensed healthcare provider when there is a change in dosage or time of medication.
3. Medication must be brought to the elementary school office by a parent or guardian in the original bottle and refilled in like manner, and labeled with the student's name. No medication is to be taken to or from school by the elementary student.
4. Middle and secondary school students are permitted to bring medication to school provided it is taken to the designated school personnel immediately upon the student's arrival at school.
5. School personnel will administer or dispense, as appropriate, all medications whether prescription or over-the-counter. The school nurse will provide instruction on the proper administration of medication to school faculty.
6. All medication will be kept in locked storage boxes that are available, or in acceptable secure locked locations in school.
7. Any unused medication must be picked up by parent or legal guardian at the end of the school year. Unused medication that is not picked up on or before the last day of school or medication that has expired, will be properly disposed of by the school.
8. School nurses will monitor storage and proper documentation of medications administered, on a regular basis, to insure that medications are handled properly.
9. All medications administered will be given in accordance with the above guidelines.
10. Prescribed emergency medications to address life-threatening situations must be readily accessible to the student at all times. These may be in the student's possession or in a designated location as is appropriate to the situation (field trips, etc). Examples of these medications include but are not necessarily limited to: asthma inhalers, Epi-pens, glucose tablets, glucagon injection, benadryl, and others.
11. The school system retains the right to re-evaluate this policy in compliance with the above guidelines.

Revised 9/06



**HAMILTON COUNTY DEPARTMENT OF EDUCATION**  
**School Health Program**

**PARENT/GUARDIAN AUTHORIZATION TO ADMINISTER  
MEDICATION AT SCHOOL**

I hereby authorize  staff to administer the medication  
(School)

described below to my child, . I understand mat the  
(Students Name, DOB)

teacher or other school personnel will administer only the medication described below. If the prescription is changed, a new form for parent consent and a new physician's order must be completed before the school staff can administer the new medication.

Signature (Parent)  Date

**HEALTH CARE PROVIDER  
AUTHORIZATION TO ADMINISTER MEDICATION AT SCHOOL**

The following medication(s) has been prescribed for the treatment of \_\_\_\_\_.

Please administer

NAME- OF MEDICATION	INDICATION	DOSAGE	ROUTE	TIME
1.				
2.				
3.				

In my opinion, this medication is necessary during the school day.

The common side effects can include:

Allergies:

Licensed Healthcare Provider  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: Robert Sharpe, Assistant Superintendent  
Date: August 6, 2013  
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.

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 STUDENTS SCHOOL by August 30, 2013**

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

Your signature indicates your **denial of consent** for Sequoyah High School to grant access to directory information as defined above for \_\_\_\_\_

**Print Students Full Name on line above.**

(Signature of Parent/Guardian) \_\_\_\_\_

Date \_\_\_\_\_

**AFTER COMPLETION OF THIS LETTER, PLEASE RETURN IT TO Sequoyah High School.**

*Note: Your child will be provided with this form at school to bring home for signature.*

## Hamilton County Department of Education

Request Not to Film, Videotape, Photograph, or include on Website

**Student's Name:**  
**(Please Print)**

**Parent/guardian Name:**  
**(Please Print)**

**Please chose one of the two options below and signify by placing your initials in the appropriate space and signing below.**

A. I will **allow** my child to be shown and/or identified in a film, videotape, photograph, or website made for media coverage of school events.

B. I request that my child **NOT** be shown and/or identified in a film, videotape, photograph, or website made for media coverage of school events.

Signature:

Date:



HAMILTON COUNTY DEPARTMENT OF EDUCATION  
3074 HICKORY VALLEY ROAD, EDIFICIO 200-1  
Chattanooga, Tennessee 37421  
423/209-8400

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HOME LANGUAGE SURVEY  
*CUESTIONARIO DE LENGUA NATAL*

School Name \_\_\_\_\_ Date \_\_\_\_\_

*Nombre de la Escuela* \_\_\_\_\_ *Fecha* \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

*Nombre del Estudiante* \_\_\_\_\_ *Grado* \_\_\_\_\_

1. What is the first language this student learned to speak?  
*¿Cuál es el primer idioma que el estudiante aprendió a hablar?*

\_\_\_\_\_

2. What language does this student speak most often outside of school?  
*¿Qué idioma habla el estudiante más frecuentemente fuera de la escuela?*

\_\_\_\_\_

3. What language do people usually speak in this child's home?  
*¿Qué idioma se habla generalmente en la casa del estudiante?*

\_\_\_\_\_

4. What month/year did the student enter the U.S.?  
*¿En qué mes / año entró el estudiante a los EE.UU.?*

\_\_\_\_\_

5. What month / year did the student enter Chattanooga?  
*¿En qué mes / año llegó el estudiante a Chattanooga?*

\_\_\_\_\_

\_\_\_\_\_  
Parent's Signature  
*Firma del Padre*

WHITE copy - Cumulative Record  
YELLOW copy – ESOL Support Center, East Ridge Elementary

Revised 8/2013