

## CLAIBORNE COUNTY SCHOOL DISTRICT

	<b>FOR STAFF COMPLETION</b>  To be completed for all students	
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ESL File Opened  <input type="checkbox"/> Yes <input type="checkbox"/> No	ESL Test Date	Today's Date	Test
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ESL Evaluator	ESL Level	Placement
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	<b>Parent/Guardian Language Survey</b>	
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Student Name	Grade
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Relationship to person completing survey

Mother     
  Father     
  Guardian     
  Other, Specify

Directions: Check the correct response to each of the following questions and indicate other languages, if appropriate.

English      Other      Other Languages

1. What language did the child learn when she or he first began to talk
2. What language does the family speak at home most of the time
3. What language do the parent(s) speak to her/his child most of the time
4. What language does the child speak to her/his parent(s) most of the time?
5. What language does the child hear and understand in the home?
6. What language does the child speak to her/his brothers/sisters most of the time
7. What language does the child speak to her/his friends most of the time

Yes      No

8. Can an adult family member or extended family member speak English >  Yes       No

Can they read English  Yes       No

9. Do the parents/guardians request oral and/or written communication from the school to be in English?  Yes       No       Oral       Written

If no, in what language?

	<b>Signature</b>	
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Signature of Person completing	
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Claiborne County Public Schools  
Student Registration Survey

1. Is this enrollment based upon an approved transfer from another school or district? Y or N, if yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
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 yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
4. Is your child currently participating in any early intervention or First Steps program? Y or N, if yes, 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 yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
9. Do you have any other concerns about your child's overall development? Y or N, if yes, 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
13. **K-2 Only:** Please list the name of Day Care, Head Start or early childhood training center/program your child attended:  
\_\_\_\_\_

**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.

**This form is not required, however, it is a service provided by the District that is very beneficial to parents. If you already have an account, you do not have to complete.**

## Active Parent Registration

Dear Parents:

As many of you are aware, you can view your child's grades, schedule, attendance, and discipline online. However, in order for you to have access to the site, we need to assign you a User Name and Password. The password and user name must consist of at least six characters and will be set as identified on the registration form below. Therefore, we are asking that you keep a copy of this information for your records. **IF YOU ALREADY HAVE ACCESS OR DO NOT WANT ACCESS, YOU DO NOT HAVE TO COMPLETE THIS INFORMATION.**

Please complete the information below and bring with you at the time of registration. You will only need one User Name and one Password which will give you access to all of the schools of which you have a child enrolled. To website address is: ms1100.activeparent.net. You can also access this website from the District's Home Page ([www.claiborne.k12.ms.us](http://www.claiborne.k12.ms.us)).

Parent's Last Name	First Name	Middle Initial	
Your Child's Last Name	First Name	Middle Initial	School
Your Child's Last Name	First Name	Middle Initial	School
Your Child's Last Name	First Name	Middle Initial	School
Your Child's Last Name	First Name	Middle Initial	School
Your Child's Last Name	First Name	Middle Initial	School

<b>I would like my User Name to be:</b>	<b>I would like my Password to be:</b>
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*I authorize the Claiborne County School District to create an account for me to view my child's grades, discipline and attendance online. I understand that this information is confidential and that Claiborne County School District assumes no responsibility for the privacy of my password.*

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY (Please do not write below this line)

Account created by: \_\_\_\_\_

Date \_\_\_\_\_

# PARENTAL AUTHORIZATIONS

**Permission for the Following:** Please mark the appropriate response to the following items and sign on the appropriate line.

1. **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. \_\_\_\_\_

Signature

2. **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.

Signature

3. **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 promise 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.

Signature

4. **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. \_\_\_\_\_

Signature

