

EAST JASPER SCHOOL DISTRICT HEALTH FORM

School _____ Grade _____ Homeroom _____

Student' Name _____ Birthday _____ Age _____

Parent(s) Name _____

Legal Guardian _____ Student Lives With _____

Mailing Address _____

911 Address _____

Home Phone _____ Work _____ Cell _____

*Emergency Number 1 _____ Emergency Number 2 _____

Doctor's Name _____ Doctor's Phone _____

Does the child have health insurance? _____ Medicaid? _____ CHIPS? _____

Does your child have any health problems? (Check where appropriate.)

_____ Anemia	_____ Bleeding Disorders	_____ Seizures
_____ Allergies	_____ Diabetes	_____ Sickle Cell
_____ ADD/ADHD	_____ Heart Condition	_____ Other (List Below)
_____ Asthma	_____ High Blood Pressure	_____

Explain _____

List all medicine that your child takes daily. _____

List all medicine that your child is allergic to. _____

List any food that your child is allergic to. _____

Special diet/dietary considerations: _____

Glasses _____ Yes _____ No Hearing aid _____ Yes _____ No

Sign below if you agree to the treatment or medication to be administered to your child and complete the back of this form by checking the appropriate dosage by each medication. After assessment by the school nurse or other designated school personnel, I give the school personnel my permission to administer or treat as outlined on this school health form.

Parent/Guardian Signature _____ Date _____

EAST JASPER SCHOOL DISTRICT
Authorization for Self-Administration of Asthma Medication by Students

I/We, the undersigned parent(s) or guardian(s) of _____, authorize the school, school district, and school personnel to permit my/our child to self-administer asthma medications.

I/We understand that the school, school district, and its employees and agents shall incur no liability as a result of any injury sustained by the student from the self-administration of asthma medications.

I/We understand that upon fulfilling the requirements of this policy and approval by the principal or designee, a student with asthma may possess and use asthma medications. The medications may be self-administered when at school, at a school-sponsored activity, under the supervision of school personnel or before and after normal school activities while on school properties including school-sponsored childcare or after-school programs. No other types of medications shall be self-administered.

I/We understand that a written statement must accompany this authorization from my/our child's health care practitioner verifying that he/she has asthma and has been instructed in self-administration of asthma medications. The statement must also contain:

1. The name and purpose of the medication;
2. The prescribed dosage;
3. The time or times the medication are to be regularly administered and under what additional special circumstances the medications are to be administered;
4. The length of time for which the medications are prescribed;
5. The signature of child's health care practitioner; and
6. The date the statement was signed.

RELEASE AND INDEMNITY AGREEMENT

I/We forever release, discharge, and covenant to hold harmless the East Jasper School District, its personnel and board of trustees from any all claims, demands, damages, expense, loss of services and causes of action belonging to my/our child or to the undersigned arising out of or on account of any injury, sickness, disability, loss or damages of any kind resulting from self-administration of the asthma medicines.

I/We agree to repay the school district, its personnel or trustees 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 my/our child as a result of self-administration of the asthma medicines.

I/We have read the foregoing release and indemnity agreement and fully understand it.

Executed this the _____ day of _____, 200 ____.

Parent/Guardian Signature

Witness Signature

Parent/Guardian Signature

Witness Signature

EAST JASPER SCHOOL DISTRICT
Authorization for Self-Administration of Diabetes Medication by Students

I/We, the undersigned parent(s) or guardian (s) of _____, authorize the school, school district, and school personnel to permit my/our child to self-administer diabetes medications.

I/We understand that the school, school district, and its employees and agents shall incur no liability as a result of any injury sustained by the student from the self-administration of diabetes medications.

I/We understand that upon fulfilling the requirements of this policy and approval by the principal or designee, a student with diabetes may possess and use diabetes medications. The medications may be self-administered when at school, at a school-sponsored activity, under the supervision of school personnel or before and after normal school activities while on school properties including school-sponsored childcare or after-school programs. No other types of medications shall be self-administered.

I/We understand that a written statement must accompany this authorization from my/our child's health care practitioner verifying that he/she has diabetes and has been instructed in self-administration of diabetes medications. The statement must also contain:

7. The name and purpose of the medication;
8. The prescribed dosage;
9. The time or times the medication are to be regularly administered and under what additional special circumstances the medications are to be administered;
10. The length of time for which the medications are prescribed;
11. The signature of child's health care practitioner; and
12. The date the statement was signed.

RELEASE AND INDEMNITY AGREEMENT

I/We forever release, discharge, and covenant to hold harmless the East Jasper School District, its personnel and board of trustees from any all claims, demands, damages, expense, loss of services and causes of action belonging to my/our child or to the undersigned arising out of or on account of any injury, sickness, disability, loss or damages of any kind resulting from self-administration of the diabetes medicines.

I/We agree to repay the school district, its personnel or trustees 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 my/our child as a result of self-administration of the diabetes medicines.

I/We have read the foregoing release and indemnity agreement and fully understand it.

Executed this the _____ day of _____, 200 ____.

Parent/Guardian Signature

Witness Signature

Parent/Guardian Signature

Witness Signature

**EAST JASPER SCHOOL DISTRICT
VEHICLE REGISTRATION FOR _____ SCHOOL YEAR**

Driving and parking on school roads and in the vicinity is a privilege offered to students and others by the East Jasper School District Board of Education. All policies and procedures must be followed.

A valid driver's license is required to operate a vehicle on all Mississippi roads, highways and school property. Proof of liability insurance is also required. Please fill out the following information to receive a parking decal.

Student _____ Staff _____

Name _____

Address _____

Telephone Number _____

Make, Model and Color of Automobile _____

Tag Number _____

Parking Decal Number _____

Insurance Company _____ Insurance Policy Number _____

Student Signature _____ Date _____

Parent Signature _____ Date _____

The cost of the parking decal is \$3 per vehicle.

STUDENTS MUST PARK THEIR VEHICLES IN DESIGNATED SCHOOL PARKING AREAS. THE DISTRICT SHALL NOT ASSUME ANY RESPONSIBILITY FOR DAMAGE TO VEHICLES.

VEHICLES MAY BE CHECKED AND/OR SEARCHED AT ANY AND ALL TIMES WHEN THE VEHICLE IS ON SCHOOL OR ADJACENT PROPERTY.

Every student vehicle (every device in, upon, or by which any student may be transported) which is to be parked on the school campus or in the vicinity must be registered. Follow procedure at each school and see student handbook for vehicle policy.

EAST JASPER SCHOOL DISTRICT VIDEOTAPE REQUEST FORM

I am requesting permission to use a video with my class from a source other than the media center.

Video Tape Title _____

Rating of Video (If Available) Yes _____ No _____ Date of Use _____

Objective for Use of Videotape _____

Principal Approval Yes _____ No _____

Comments _____

Teacher's Signature _____

Principal's Signature _____

**STATE OF MISSISSIPPI, COUNTY OF JASPER
AFFIDAVIT OF RESIDENCY**

Custodial Adults other than parent(s) or guardian(s):

Personally appeared before me, the undersigned legal authority in and for the jurisdiction aforesaid, the within named _____, who states under oath and penalty of perjury the following:

1. I reside _____, which is located within the _____ East Jasper School District.

2. The relationship between _____ and Affiant is _____.

3. _____ lives in my home fulltime.

4. The reasons _____ is living with me are as follows:

5. _____ is not living with me for the purpose of attending school in the _____ East Jasper School District.

6. I understand that _____ will not be allowed to enroll in the _____ East Jasper School District if _____ is living with me for the purpose of attending said school.

Signature _____

SWORN TO AND SUBSCRIBED before me on this the _____ day of _____, A.D., _____.

MY COMMISSION EXPIRES: _____

East Jasper School District Harassment Complaint Form Student Complaint

Complainant		Date	
Home Address		City	
Home Phone		State	
Home Phone		Date of Alleged Incident(s)	
Name of person responsible for the harassment			
When and where did the incident occur?			
Describe other details of the incident as clearly as possible. Attach additional pages as necessary.			
Did anyone witness the harassment?		Yes	No
Describe and/or attach evidence of harassment, i.e., letters, photos, etc.		If yes, name the witnesses.	
What was your reaction to the harassment?			
How should this incident be resolved?			
I assert that all the information presented is accurate and true to the best of my knowledge.			Date
<i>Signature of Complainant</i>			

EAST JASPER SCHOOL DISTRICT APPLICATION FOR USE OF FACILITIES

Name of Person Making Application _____ Date _____
 Street Address _____ Telephone _____
 Organization _____ Street Address _____
 City _____ State _____ Telephone _____ Fax _____
 Head of Organization _____ Street Address _____
 City _____ State _____ Telephone _____ Fax _____
 School Facility Wanted _____
 Reason(s) for Requesting Use of Facility: _____
 Name of Person to be in Charge _____ Telephone _____

Will Admission be charged? Yes ___ No ___ Will funds be solicited? Yes ___ No ___
 Will merchandise be sold? Yes ___ No ___ Certificate of Insurance Attached? Yes ___ No ___
 Use Date(s) _____ Length of Use _____ Hours Opening Time _____/Closing Time _____
 Estimated number of participants: _____ Adults _____ Children _____

The applicant authorizes the Education of the East Jasper School District to make repairs to any damaged building or equipment, or the replace same in event of complete destruction or loss resulting from use of the building or equipment and to bill the undersigned for same. The applicant obligates and binds itself to protect and save harmless the East Jasper School District from any and all claims for personal injuries, or otherwise, to all persons resulting from attendance at this event sponsored by the applicant.

The user shall indemnify, defend and hold harmless the district from and against any and all liability, loss, cost damage or expense, including but limited to attorneys' fees incurred by or assessed against the district, and any and all claims, demands and causes of action asserted against the District by any person, whether for loss of life, personal injury or loss of or damage to property, (a) occurring in or on the premises during the term of use by the user, (b) arising from or out of the use and occupancy of the premises by the user, his/her agents, employees and invitees, (c) occasioned wholly or in part by any act or omission of the user of the district, or (d) occasioned by the user's violation of any applicable law, ordinance, order, rule or regulation. Further, the user will provide to the district before using the premises a certificate of insurance evidencing the fact that the user is insured against liability for use of the premises in an amount not less than \$1,000,000 personal damages and \$250,000 property damage and the certificate of insurance will show the East Jasper School District as an additional insured.

I certified that the information given above is true to the best of my knowledge. I understand that this agreement shall become null and void should this agreement be assigned to another party.

Applicant's Signature _____ Date _____
 Principal's Approval _____ Date _____
 Superintendent's Approval _____ Date _____
 Name(s) of Supervisors Assigned: _____

RATE SCHEDULES						
Rate	Deposit	Base Rental	Hourly Charge	Janitorial Charge*	Supervision**	Other
A						
B						
C						
CHARGES						
Rate	Deposit	Base Rental	Hourly Charge	Janitorial Charge*	Supervision**	Other
TOTAL CHARGE						
* @ hourly overtime rate (time and one-half) + fringe benefits						
* @ hourly overtime rate (time and one-half for other required supervision + fringe benefits						

**East Jasper School District Harassment Complaint Form
Employee Complaint**

Complainant		Date	
Home Address		City	
Home Phone		Date of Alleged Incident(s)	
Name of person responsible for the harassment			
When and where did the incident occur?			
Describe other details of the incident as clearly as possible. Attach additional pages as necessary.			
Did anyone witness the harassment?		Yes	No
		If yes, name the witnesses.	
What was your reaction to the harassment?			
How should this incident be resolved?			
<i>Signature of Complainant</i>			Date

COMPLAINTS ABOUT INSTRUCTIONAL MATERIALS
(Citizen's request for Reconsideration of Instructional Materials)

Author _____ Hardcover () Paperback () Play () Tape () Kit () Other _____

Title _____

Publisher (if known) _____

Request initiated by _____

Telephone _____ Address _____

Complainant represents: _____ Self _____ (Name of Organization) _____

_____ (Identify Other Group) _____

1. To what in the book/materials do you object? (Be specific; cite pages). _____

2. What, in your opinion, might be the result of reading this book/using this material? _____

3. For what age group would you recommend this book/material? _____

4. What do you feel is of value about this book/material? _____

5. Did you read/review the book/material in its entirety? _____ What Parts? _____

6. Are you aware of the judgment of this book/material by literary or professional critics? _____

7. What is the theme of this book/material? _____

8. What would you like the school to do about this book?

_____ do not assign it to students _____ withdraw it from all patrons of the school

_____ refer it to an official committee for re-evaluation

9. In its place what book or material of equal quality would you recommend that would convey as valuable a picture and perspective of our civilization? _____

Signature of Complainant _____
Date

East Jasper School District, Heidelberg, MS	<i>Descriptor Code</i> KED	<i>Approved</i> Draft 5/11/04
Public Concerns/Complaints about Facilities and Services	<i>Rescinds Policy</i>	<i>Revised</i>

**EAST JASPER SCHOOL DISTRICT
CONFIDENTIAL FINANCIAL HARDSHIP WAIVER APPLICATION**

To apply for financial hardship waiver, carefully complete this form and return to _____.
 If you need help with this form, please call _____.
 Student's Name _____ School _____
 Student ID Number _____ Dollar amount of this waiver \$ _____
 Explain in detail your reason for applying for this waiver (Use back if necessary): _____

LIST ALL HOUSEHOLE MEMBERS			MONTHLY INCOME		
Name of Adults	SSNO	Monthly Earnings	Monthly Welfare Payments, Child Support &/or Alimony	Monthly Payments from Work Before Deductions	All Other Income
1.		\$	\$	\$	\$
2.		\$	\$	\$	\$
3.		\$	\$	\$	\$
4.		\$	\$	\$	\$
NAME OF CHILDREN	AGE/SCHOOL				
1.		\$	\$	\$	\$
2.		\$	\$	\$	\$
3.		\$	\$	\$	\$
4.		\$	\$	\$	\$

Total Monthly Income \$ _____

Do you receive food stamps? _____
 Do you receive AFDC? _____
 List any other aid you receive from any source: _____
 What is your relationship to student? _____

CERTIFICATION

This application is made with full knowledge that the law provides penalties for making false statements or concealing material facts to obtain the benefits of this waiver.

 Signature of Parent/Guardian

 Home Address

 Printed Name of Parent/Guardian

 Home Telephone

 Work Telephone

Date Signed _____

OFFICE USE

Approved _____ Disapproved _____ By: _____ Date _____
 Information verified by: _____ Date _____

EAST JASPER SCHOOL DISTRICT
LIMITATION FOR MILEAGE REIMBURSEMENT

<u>FROM HEIDELBERG TO:</u>	<u>MILES</u>
JACKSON	200
BAY SPRINGS	50
HATTIESBURG	100
MERIDIAN	90
LAUREL	50
NEWTON	90
ELLISVILLE	65
DECATUR	90
BILOXI	270

- **THESE TRIPS ARE ROUND TRIP**

REQUEST FOR LEAVE

Date _____ 200__

Name _____

Title _____

Date(s) Requested: From _____ 200__ To _____ 200__

Purpose of Leave: _____

Your request has Been Approved Not Been Approved

Employee's Signature

Superintendent's Signature