

FRANKLIN COUNTY HIGH SCHOOL

6570 Highway 145
Carnesville, GA 30521
706-384-4525
706-384-3534 (fax)

RELEASE OF RECORDS

The following student has enrolled in **Franklin County High School** located in Carnesville, GA. In order to complete the registration process, we are requesting the following pertinent student information from your school.

Student Name: _____ Date of Birth: _____ Grade: _____

School Last Attended: _____

Address: _____

Phone Number: _____ Fax Number: _____

Is student currently serving a suspension or expulsion? (please circle one) YES NO

If yes, describe reason and when the suspension will end: _____

Was student in an alternative setting at previous school? (please circle one) YES NO

Has student been found guilty of committing one or more felonies? (please circle one) YES NO

If yes, what: _____

Date Student was found guilty: _____

Sentence Imposed: _____

Parent/Guardian Signature: _____ Date: _____

1. A withdrawal form to include all withdrawal grades (if the student withdrew before the end of the semester).
2. A transcript of all grades completed.
3. Immunization Records.
4. Copy of Student's Birth Certificate.
5. Copy of Student's Social Security Card.
6. Ear, Eye and Dental Screening
7. Standardized Test Scores
8. Student's 9th Grade Entry Date to include month, day and year.
9. This school year's start date: month, day and year.
10. Attendance Records (showing days absent) this school year.
11. Discipline Records or confirmation of "no discipline" while attending your school.
12. Special Placement? YES or NO (please circle one) for Special Education or Gifted.

It is very important that we receive ALL of the above requested information. If there is something that you cannot supply us with, please indicate.

Thank you for your cooperation and immediate attention to this important matter.

School Use Only GTID #: _____	Homeroom Teacher: _____	Bus Name/#: _____
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PLEASE PRINT

Grade: _____

Student Name: _____
Last
First
Middle
Name Called

Gender: _____ Birth Date: _____ (mm/dd/yyyy) Social Security #: _____

Ethnicity and Race: *(Note: Both Part A and Part B of the question **must be** answered.)*

Part A:	Is this student Hispanic/Latino? <i>(Choose only one)</i> <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino <i>(A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)</i>
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The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's race to be.

Part B:	What is the student's race? <i>(Choose one or more)</i> <input type="checkbox"/> American Indian or Alaska Native <i>(A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.)</i> <input type="checkbox"/> Asian <i>(A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)</i> <input type="checkbox"/> Black or African American <i>(A person having origins in any of the black racial groups of Africa.)</i> <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <i>(A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)</i> <input type="checkbox"/> White <i>(A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)</i>
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Street Address: _____
Street Address

Mailing Address: _____
 Check if same as street address

City
State
Zip
County of Residence

Email Address: _____

Did your child attend a Preschool Program? _____ If yes, what preschool program? _____

Father's Name: _____ Mother's Name: _____

Father's Employer: _____ Mother's Employer: _____

Home Phone: _____ Home Phone: _____

Daytime Phone: _____ Daytime Phone: _____

Cell Phone: _____ Cell Phone: _____

Child lives with: _____	Who has legal custody? _____
Relationship: _____	Relationship: _____

#1 Emergency Contact: _____
Name
Relationship
Telephone Number

#2 Emergency Contact: _____
Name
Relationship
Telephone Number

List all individuals and telephone numbers of those who are permitted to pick this student up from school:

Signature of Person Completing Form

Relationship

Date

Student Name: _____ Grade: _____ DOB: _____

NOTICE OF STATE COMPULSORY ATTENDANCE LAW O.C.G.A. CODE 20-2-690

ATTENDANCE TERMS AND INFORMATION

Truant

Any child subject to compulsory attendance who during the school calendar year has more than five days of unexcused absences is considered truant. Each unexcused absence after five unexcused absences is considered a separate offense (S.B.O.E. 160-5-1.10).

Excused Absence

An excused absence is an absence that is the result of one of the following reasons:

1. When the student is ill and when attendance in school would endanger the student's health or the health of others, the absence is excused. Parent written notes are accepted for the first five days for excused absences.
2. A written doctor's excuse is necessary for all absences after the first five. When there is a serious illness or death in the immediate family, which justifies absence from school, the absence is excused. The immediate family is defined as the mother, father, brother, sister, or grandparent. Excused absences for a funeral/family illness are limited to 5 days during a school year. Documentation for these absences should be a written doctor's note or a copy of the funeral program or obituary.
3. Absences as a result of a special and recognized religious holiday observed by the family are excused.
4. Absences mandated by order of government agencies (i.e. per-induction physical examination for service in the armed forces or a court order) are excused. Documentation for these absences should be a written doctor's excuse, written documentation from armed forces, or a subpoena.
5. When conditions rendering attendance impossible or hazardous to student health or safety are present, the absence is excused.
6. When a student registers to vote (not to exceed one day), the absence is excused. A copy of the voter's registration card is required for documentation.
7. When a student's parent/legal guardian is on leave or being deployed for military service. Written documentation from parent required and absences not to exceed 5 days.
8. When a student serves as a page of the Georgia General Assembly, they shall be counted as present.

NOTE: All documentation for absences must be submitted to the school within two days of the student returning to school.

CONSEQUENCES AND PENALTIES OF EXCESSIVE ABSENCES

Parents/Guardians

Any student under the age of 16 who has five unexcused absences will be referred to the Attendance Support Team. The parent will receive written notice of the time and date of the meeting. Other consequences for excessive absences may be as follow:

1. Legal charges may be filed against the parents/guardian if the child is under age 16 and has excessive absences. If this happens, the parents/guardian may be placed under protective order and must abide by the rules set forth by the Juvenile Court Judge.
2. The Juvenile Court Judge may invoke the following consequences for each separate offense: a \$25.00 - \$100.00 fine per unexcused absence, imprisonment of parent/guardian not to exceed 30 days, community service, probation, and/or any combination of the above.

Students

Any student under the age of 16 who has five unexcused absences will be referred to the Attendance Support Team. The parent will receive written notice of the time and date of the meeting. Other consequences for excessive absences may be as follow:

1. Students may earn poor grades and test scores resulting in retention. High school students face possible loss of course credit as a result of 5 absences in a class during a semester.
2. Charges may be filed in Juvenile Court if a student is under the age of 16 and has five or more unexcused absences. The Juvenile Court Judge may invoke the following consequences: informal probation for up to 24 months, detention or placement outside of the home, community service, and/or referral to a counseling or support program for students and/or parents,
3. Denial or suspension of driver's learner's permit or license for one year or until the student's 18th birthday.

ATTENDANCE REQUIREMENT FOR LEARNER'S PERMIT/DRIVER'S LICENSE (O.C.G.A. 40-5-22 Section 21B of H.B. 1190)

To obtain a learner's permit or driver's license a student must be enrolled in school and not suspended out of school. The student must have satisfactory attendance for a period of one academic year prior to applying for the learner's permit or license. Satisfactory attendance is defined as no more than 10 unexcused absences in the two semesters previous to the current semester of school. If a student is enrolled in a home education program, he/she must be enrolled in a program that satisfies the requirements of all state laws governing such courses.

A learner's permit or driver's license will be suspended for 1 year or until the student's 18th birthday for the following reasons:

1. The student has dropped out of school without graduating and has remained out of school for 10 consecutive days, even with the parents' permission to drop out of school.
2. The student has more than 10 unexcused absences in a semester.
3. The student has been suspended from school for threatening, striking, or causing bodily harm to a teacher or other school personnel; possession or sale of drugs or alcohol on school property; possession or use of a weapon on school property; any sexual offense prohibited under Chapter 6 of Title 16; and/or causing substantial physical or visible bodily harm to or seriously disfiguring another person, including another student.

Parent Signature _____

Date _____

Student Signature _____

Date _____

HEALTH AND MEDICAL INFORMATION FORM

Student's Name: _____ **Grade:** _____

Does your child have any physical problems (Allergies, Limitations)? Yes No

If yes, please list: _____

Student's Physician's Name: _____ Telephone Number: _____

The school has my permission to transport my child for emergency medical treatment. Yes No

****PLEASE CROSS OUT MEDICATION THAT YOU DO NOT WISH TO BE USED FOR YOUR CHILD****

The following medications are routinely utilized in the school clinic:

Alcohol	Medi-Quick Spray	Cortisone Cream	Solarcaine Spray
Sting Kill/After-Bite	Anbesol or Orajel	Anti-fungal Cream	Peroxide
Benadryl Syrup	Caladryl Cream	Neoxporin/Polysporin (antibiotic ointment)	

SEVERE ALLERGY CARE PLAN

My child is severely allergic to: _____

Date of last reaction: _____

Treatment included: _____

Symptoms seen during previous reactions: _____

ACTIONS TO BE TAKEN BY SCHOOL

STEP #1

If exposure occurs, or is suspected, and symptoms are mild (localized redness/swelling/pain at exposure site only), or if ingestion of know allergic substance occurs, or is suspected, and child is exhibiting only *mild symptoms* (itch rash or nausea, cramps, vomiting and/or diarrhea), administer oral antihistamine. Benadryl: _____ mg by mouth and observe in clinic. Notify parent and follow parental instructions regarding the child returning to class or being picked up.

If symptoms are severe (swelling and/or itching of lips, tongue, mouth, tightness of throat, hoarseness, shortness of breath, repetitive coughing, wheezing, "thready" pulse, passing out), proceed with **Step #2**.

STEP #2

Administer Epi-Pen in outer thigh. Hold Epi-Pen against outer thigh for count of 10. **CALL 911! NOTIFY PARENT!** Medication will last 15-20 minutes and may need to be repeated.

IF YOUR CHILD HAS A SEVERE ALLERGY, PLEASE OBTAIN A DOCTOR PRESCRIBED EPI-PEN AND HAVE IT STORED IN THE CLINIC. THIS IS FOR YOUR CHILD'S HEALTH AND SAFETY.

AUTHORIZATION TO GIVE MEDICATION AT SCHOOL FORM

(To be completed ONLY if your child is taking medication at school)

If medication can be given at home either before or after school, please do so. However, if medication must be given during school hours, this form **must** be completed. If the medication is a prescription medication, the form **must** be signed by the prescribing physician.

Student's Name: _____ **Grade:** _____

I hereby request that the Franklin County School System, through the principal or designee, supervise/assist in the administering of medication to my child, according to the instructions contained on the statement below.

I understand that:

- √ Medication must be in the original labeled container (no baggies, foil, etc.).
- √ The parent/guardian must provide specific instructions, as well as the medication and related equipment to the principal or school nurse.
- √ It will be the responsibility of the parent/guardian to inform the school of any changes.
- √ New medication must be taken directly to the clinic by the parent or given directly to the bus driver.
- √ When a prescription medication bottle is sent home for refill, please indicate the number of tablets sent to the school on the appropriate form and return with medication.
- √ Unused medication will be disposed of unless picked up within one week after medication is discontinued.

Name of Medication: _____

Dosage: _____ **Time of Administration:** _____ am pm

Stop Medication on: ___/___/_____

Physician's Name: _____ **Physician's Phone:** _____

I release the school system, the school, and school employees from any liability for administering this medication.

Parent Signature: _____ **Date:** ___/___/_____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

TO BE COMPLETED BY HEALTH CARE PROVIDER FOR PRESCRIPTION MEDICATIONS:

Condition/Illness Requiring Medication: _____

Possible Side Effects, if any: _____

Signature of Health Care Provider: _____ **Date:** _____

Student Name: _____

Student Acceptable Use Agreement & Permission Form

We are pleased to offer students of the Franklin County School District access to the district computer network for Internet use. To be allowed access to the Internet, all students must obtain parental permission and must sign and return the bottom of this form to their school. Students 18 years of age and older may sign their own forms. All students will be issued a login ID and password to access the Internet.

Access to the Internet will enable students to explore many libraries, websites, databases, etc. throughout the world. While it is our intent to make Internet access available to further the educational goals and objectives, the school system can not guarantee that the content is not illegal, defamatory, inaccurate or potentially offensive. The school system provides content filtering to all school computers, but due to the vastness of the Internet it is impossible to guarantee all objectionable material will be blocked. We believe that the benefits to students in the form of informational resources exceed the disadvantages. Ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and informational sources.

District Internet Rules

Students are responsible for good behavior on school computer networks just as they are in a classroom. Access to network services is given to students who agree to act in a considerate and responsible manner. Parent permission is required.

Access is a privilege --- not a right!

As parent/guardian of the student, I grant permission for my son or daughter to access the Internet. I understand that students may be held liable for violations. I understand that the Franklin County School District will not be held responsible for objectionable or inaccurate material accessed via the Internet. This permission is binding for the duration of enrollment in Franklin County Schools unless notification is presented to the school.

Parent/Guardian Signature

Date



Release for Use of Student Work/Photos

From time to time we like to recognize our students on the Franklin County Schools Web Site. In doing so, your child's work and/or photo may be used. By signing below you are granting permission for the use of your child's photo and/or work samples on the Franklin County School District web site. This permission is binding for the duration of enrollment in the Franklin County School District unless notification is given to the school.

Parent/Guardian Signature

Date

The Franklin County School District monitors activity on the Internet. Information submitted over the Internet is not private and should not be personal in nature. Students should never give out personally identifiable information.

The following are NOT permitted:

- Sending or displaying offensive messages and/or pictures.
- Harassing, insulting or attacking others.
- Violating copyright laws.
- Using or attempting to use the passwords/accounts of another person.
- Use of network for commercial, political or financial gain.
- Entering and communicating in chat rooms.
- Installing, removing or exchanging hardware and/or unauthorized software.
- Use of obscene language
- Damaging computers, computer systems and/or networks.
- Use of another's user name and/or password
- Playing games.
- Altering or attempting to alter the configuration of a computer.
- Use of any means to bypass content filtering.
- Gaining access or attempting to access unauthorized network resources and/or data.

Violations will result in a loss of access to technology, detention, suspension, and/or expulsion in compliance with the school's code of conduct and discipline codes.

FCHS ORGANIZATIONS Parental Permission Form

Below is a list of the co-curricular and extra-curricular clubs currently offered at FCHS.

Club	Advisor
Anchor Club	Tiffany Murdock
Beta Club	Shari Spokes & Jamie Almond
GCLA/CCAЕ	Kathy Adams
Family, Career, and Consumer Leaders of America (FCCLA)	Carmen Guisasola
Fellowship of Christian Athletes (FCA)	Jason Shaver
French Club	Sue Bell
Future Business Leaders of America (FBLA)	Janet Demers, Sallie Jones, & Wayne Wheeler
History Club	Drew Scoggins & Brett Steele
HOSA	Kellie Seawright
National Art Honor Society (NAHS)	Kevin McClain
Nation Future Farmers of America (FFA)	Gary Minyard, Owen Thomason, & Cale Watkins
Skills USA (formerly VICA)	Tim Cawthon, Wayne Ertzberger, Kenny Floyd, & Terry Watkins
Spanish Club	Belkis Farris
Student Council	Brett Steele
Thespian Club (Drama)	Charity Henry
4-H	Ricky Josey

Student Name: _____

My child may participate in any of the above listed clubs.

I do NOT want my child to participate in the following clubs:

Parent/Guardian Signature: _____

Cell Phone Policy

Cell phones may be brought to school but should not be seen or heard from the time a student arrives on campus until the 3:10 bell to dismiss in the afternoon.

- First violation will result in the phone being taken up and not returned until the following afternoon when school is dismissed. A parent must be present for the phone to be returned.
- Second violation will result in the phone being taken up and not returned until the end of the semester. Additional consequences may also be assigned.

I understand that the school does not hold any responsibility for lost or stolen phones. You are encouraged to leave your phone in your car if you drive to school.

I have read and understand the cell phone policy for Franklin County High School.

Student Printed Name

Student Signature

Franklin County School System

HOME LANGUAGE SURVEY

Student Name: _____ Birth Date: _____ Sex: Male Female

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

1. Was your child born in the United States? Yes No

If yes, in which state? _____

If no, in what other country? _____

2. Has your child attended any school in the United States for any three years during their lifetime? Yes No

If yes, please provide school name(s), state, and dates attended:

Name of School _____ State _____ Dates Attended _____

Name of School _____ State _____ Dates Attended _____

Name of School _____ State _____ Dates Attended _____

3. What language is spoken by you and your family most of the time at home? _____

4. If available, in what language would you prefer to receive communication from the school? _____

5. Please check if your child is:

A. Native American Indian

C. Native Pacific Islander

B. Alaska Native

D. Native U.S. Virgin Islander

6. Is your child's first-learned or home language anything other than English? Yes No

If you responded "Yes" to question number 6 above, please answer the following questions:

7. What language did your child learn when he/she first began to talk? _____

8. What language does your child most frequently speak at home? _____

9. What language do you most frequently speak to your child? (Father) _____

(Mother) _____

10. Please describe the language understood by your child. (Check only one)

A. Understands only the home language and no English.

B. Understands mostly the home language and some English.

C. Understands the home language and English equally.

D. Understands mostly English and some of the home language.

E. Understands only English.

Parent or Guardian's Signature

Date

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	



MIGRANT EDUCATION PROGRAM

Our school is interested in providing as much help as possible to children whose families have had to move from one school system to another. Please answer these questions

Name of the School _____

Name of the Student(s) _____

Names of Parents or Legal Guardian(s) _____

Our school is interested in providing as much help as possible to children whose families have had to move from one school system to another.

Has your family lived in another county in the last three (3) years? _____ Yes _____ No

If so, what is the date your family arrived in this county? _____

Has anyone in your immediate family been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years? (Check all that apply)

____ Agriculture; planting / picking tomatoes, squash, peppers, etc

____ Planting, growing, or cutting trees (pulpwood)

____ Processing / packing agricultural products

____ Dairy, Poultry, or Livestock

____ Meatpacking / Poultry / Seafood

____ Fishing or fish farms

____ Other (Please specify occupation): _____

Name of current or most recent employer: _____

Current Address: Street _____ City _____

Home phone or phone where you can be reached: _____

Directions from School to the Home: _____

Thank You!

FRANKLIN COUNTY SCHOOLS STUDENT RESIDENCY QUESTIONNAIRE

School _____

Date _____

Child's Name: _____

Birth date: _____ Grade _____

The answers to this questionnaire will help determine the services students can receive if eligible under the McKinney-Vento Homeless Assistance Act under No Child Left Behind.

1. Is your current address a temporary living arrangement? _____ YES _____ NO
2. Is this temporary living arrangement due to loss of housing or economic hardship? _____ YES _____ NO

**If you answered YES to the above questions, please complete the remainder of this form
If you answered NO, you may stop here.**

Where is the student presently living? Select one.

_____ Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (example: evicted from home, cannot afford housing, etc.).

_____ In a motel, hotel, campground or similar setting due to lack of alternative adequate accommodations.

_____ In emergency or transitional shelters such as domestic violence or homeless shelter.

_____ In a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans.

_____ In cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.

_____ None of the above.

How long do you anticipate living at this location? _____

Parent or Guardian's Signature

Date

Address _____

Children living in homeless situations have certain rights under the McKinney-Vento Homeless Assistance Act under No Child Left Behind. Please contact Sarah Bryan, local Homeless Liaison at 706-384-4554 if you have any questions.

THIS SECTION IS FOR SCHOOL DISTRICT USE: Send the completed form to Sarah Bryan at the county office.

I certify the above named student qualified for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

McKinney-Vento Liaison Signature/Date

Student Name: _____
last first Middle

DOB: _____

	<i>Please Circle</i>	
Student is being tracked by SST (Student Support Team).	yes	no
Student is in EIP (Early Intervention Program).	yes	no
Student is in Special Education (this includes speech services).	yes	no
Student has a 504 plan.	yes	no
Student is in the Gifted Program.	yes	no
Student is currently suspended/expelled from previous school.	yes	no