

# Student-Parent Affirmation Form

Parents and Students,

Please take time to become familiar with the entire contents of the Parent-Student Handbook and related documents listed below. It is important that you pay particular attention to the following items:

- Attendance policy (Located in handbook)
- Student code of conduct (Located in handbook)
- Complaint procedure (Located in handbook)
- Parents' right to know (Located in handbook)
- Intra-district transfer options (Available online)
- Internet Acceptable Use Policy (Available online)
- Internet Acceptable Use Signature Page (Copy attached)
- McKinney Vento Residency form (Copy attached)
- Field Trip Permission Form (Copy attached)
- Parent Occupational Survey (Copy attached)
- District Fraud, Waste, Abuse, and Corruption (Available online)
- Parent Compact (Title I schools only) (Available online 10/15/20)
- Parent and Family Engagement Plan (Title I schools only) (Available online 10/15/20)

If you have questions about any of the topics or policies listed above, please contact the school's principal and he/she will provide you with additional information as needed. Please return this signed form to your student's teacher. Forms may be accessed online at [www.tcjackets.net](http://www.tcjackets.net).

I have received a copy of the 2020-2021 Parent Student Handbook. I am responsible for reading the handbook and understand that I must follow all of the policies, procedures, guidelines, and rules outlined in the handbook.

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Print Student Name

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Student Signature

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Date

My child has received a copy of the 2020-2021 Parent Student Handbook. I understand that my child is responsible for reading the handbook and following all of the policies, procedures, guidelines, and rules outlined in the handbook.

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Parent Signature

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Date



## Student Internet Acceptable Use Agreement

### User Authorization

I hereby certify that I have read and understand Thomas County Schools' Acceptable Use Policy (Policy IFBG). I understand that this access is for educational purposes only and is restricted to classroom assignments. I further understand that if I violate this policy, my network/Internet access privileges will be revoked and subject to disciplinary action.

Student Name (please print): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent/Guardian Authorization

As the parent or guardian of the above-named student, I hereby certify that I have read and understand Thomas County Schools' Acceptable Use Policy (Policy IFBG). I understand that this access is designed for educational purposes and it is the responsibility of my child to restrict his/her use to classroom assignments. I understand that Thomas County Schools takes every measure to protect students while using these resources as required and outlined by the Children's Internet Protection Act [Pub. L. No. 106-554 and 47 USC 254(h)]. A technology protection measure is in place to protect students while using these resources by blocking or filtering inappropriate websites at all schools. I further understand that some material accessible to network/Internet users may be offensive, illegal, defamatory, or inaccurate and that although Thomas County Schools has taken reasonable precautions to restrict access to such materials, such exposure may nevertheless occur. I further agree to indemnify and hold harmless Thomas County Schools and its employees and agents from any and all claims arising from or related to my child's use or misuse of the network/Internet and waive any and all claims I have against the system for such use or misuse.

Please check Yes or No.

Yes, I will allow my child to use the Internet at school.

No, I do not want my child to use the Internet at school.

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School District: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent Occupational Survey**

**Please complete this form to determine if your child(ren) qualify to receive supplemental services under Title I, Part C**

Name of Student(s)	Name of School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. Has anyone in your household moved in order to work in another city, county, or state, in the last three (3) years?  Yes  No
2. Has anyone in your household been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years?  Yes  No

**If you answer "yes", check all that applies:**

- 1) Planting/Picking vegetables (tomatoes, squash, onions, etc.) or fruits (grapes, strawberries, blueberries, etc.)
- 2) Planting, growing, cutting, processing trees (pulpwood), or raking pine straw
- 3) Processing/Packing agricultural products
- 4) Dairy/Poultry/Livestock
- 5) Packing/Processing meats (beef, poultry, or seafood)
- 6) Commercial fishing or fish farms
- 7) Other (Please specify occupation): \_\_\_\_\_

Names of Parent(s) or Legal Guardian(s) \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Thank You! Please return this form to the school

Please maintain original copy in your files.

MEP funded school/district: Please give this form to the migrant liaison or migrant contact for your school/district.

Non-MEP funded (consortium) school/districts: When at least one "yes" and one or more of the boxes from 1 to 7 is/are checked, districts should fax occupational surveys to the Regional Migrant Education Program Office serving your district. For additional questions regarding this form, please call the MEP office serving your district:

GaDOE Region 1 MEP, 201 West Lee Street, Brooklet, GA 30415  
Toll Free (800) 621-5217 Fax (912) 842-5440

GaDOE Region 2 MEP, 221 N. Robinson Street, Lenox, GA 31637  
Toll Free (866) 505-3182 Fax (229) 546-3251

Family Contacted/Attempt Date: \_\_\_\_\_

Sent to Regional Office on: \_\_\_\_\_

1854 Twin Towers East • 205 Jesse Hill Jr. Drive • Atlanta, GA 30334 • [www.gadoe.org](http://www.gadoe.org)

Richard Woods, Georgia's School Superintendent

An Equal Opportunity Employer





**THOMAS COUNTY SCHOOLS** Dr. Lisa Williams, Superintendent

200 N. Pinetree Blvd., Thomasville, GA 31792 | 229-225-4380 | 229-225-5012 Fax

## McKinney-Vento Residency Statement

**1. Presently, are you and/or your family in any of the following situations? Check any that apply.**

- Staying in shelter
- Doubled-up. Living with another family because you lost your housing due to economic hardship, natural disaster, eviction, or similar reason
- Living in a place not usually intended for permanent sleeping accommodations such as a car, park, campground, public space, abandoned building, substandard housing or similar reason
- Temporarily living in a motel or hotel because you lost your housing due to economic hardship, natural disaster, eviction, or similar reason
- Unknown nighttime residence
- Student(s) is/are with an adult that is not a parent or legal guardian, or alone without an adult.

**If you did not check any boxes in 1 STOP:** You do **not** need to complete this form.

If you checked at least one box in 1, then please complete the remainder of this form.

**2. Student Name**

First	Middle Initial	Last	Date of Birth	Grade	School

**Print** Parent/Guardian Name

Signature

Date

(Area Code) Phone number

Street Address

City

State

Zip

**Important: Please update the clinic when any changes occur!**

**Thomas County Schools – Student Information Update**

**HOUSEHOLD INFORMATION:**

Physical Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mother Email: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Father Email: \_\_\_\_\_

Please list all **students** residing in this household: \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name  
(Last)  
(First)

**PARENTAL INFORMATION:**

1) Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Lives with Student?: Yes No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Lives with Student?: Yes No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

(Called by)

**EMERGENCY INFORMATION: Adults who may pick up student or be contacted in case of emergency if parent/guardian cannot be reached.**

1) Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Lives with Student?: Yes No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Lives with Student?: Yes No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Lives with Student?: Yes No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

4) Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Lives with Student?: Yes No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**RESTRICTED CONTACT INFORMATION: List the names of any individuals who may NOT pick up your student. Legal documentation must be provided.**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please update, complete, and sign the **FRONT** and **BACK** of this form.

**Asthma:**

Does your child have Asthma? Yes \_\_\_\_\_ No \_\_\_\_\_

Will your child require an inhaler (rescue breather) at school? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes:** Your child will need to keep a rescue inhaler with him/her at all times or you must provide the clinic with a rescue inhaler for him/her to use as needed.

My child will have his/her inhaler (circle one): **With him/her** **In the clinic**

List the name(s) of your child's asthma medication(s): \_\_\_\_\_

List what may trigger an asthma attack in your child: \_\_\_\_\_

**Allergies:**

Please list any allergies that your child may have: \_\_\_\_\_

What type of reaction usually occurs? \_\_\_\_\_

What type of treatment is required? \_\_\_\_\_ Epi-Pen? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you wish for your child to receive Benadryl in the case of an allergic reaction? Yes \_\_\_\_\_ No \_\_\_\_\_

If your child requires liquid Benadryl for an allergic reaction, you **must** be able to sign out your child from school.

Do you wish to give any special instructions in case of reaction? \_\_\_\_\_

If your child requires an Epi-Pen for severe allergic reactions you **must** provide the school with one for his/her use. In case of severe allergic reaction, 911 will be called and your child will be sent to the Emergency Room as noted below.

**General Health:** (Answer yes or no. If yes, please give details.)

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Seizures yes \_\_\_ no \_\_\_ \_\_\_\_\_

Fainting spells yes \_\_\_ no \_\_\_ \_\_\_\_\_

Diabetes yes \_\_\_ no \_\_\_ If yes, Type 1 \_\_\_\_\_ or Type 2 \_\_\_\_\_

Heart problems yes \_\_\_ no \_\_\_ \_\_\_\_\_

Kidney problems yes \_\_\_ no \_\_\_ \_\_\_\_\_

Physical impairments yes \_\_\_ no \_\_\_ \_\_\_\_\_

Mental Health Concerns yes \_\_\_ no \_\_\_ \_\_\_\_\_

Medications presently taking: \_\_\_\_\_

Students will receive general first aid, which may include a number of topical and some oral agents. Parents may not always be contacted for minor first aid treatment unless the nursing office receives a request in writing from the parent. It is vital that the school nurse be made aware of any sensitivity or previous allergic reaction to any over-the-counter medication. Parents have the responsibility to inform the school of any changes in medication or medical condition. The school will not be held responsible for any medication lost by a student while transporting medication to school. **DO NOT SEND ANY TYPE OF MEDICATION TO SCHOOL WITH STUDENTS.**

In case of serious illness/injury/severe allergic reaction, the school will render first aid as prescribed by School Board Regulations while contacting the parent. If the situation is serious and a guardian cannot be found, the school will transport the child to Archbold Urgent Care Center or call 911 for the Emergency Medical unit to transport to the Archbold Memorial Hospital emergency room. Fees for transportation and medical services will be the responsibility of the parent/guardian.

I do hereby grant the school permission to administer Acetaminophen (Tylenol), Ibuprofen (Motrin) or its equivalent for minor complaints of pain. I understand that I must pick my child up from school if Liquid Benadryl (diphenhydramine) is given for an allergic reaction. Antacids (Tums) may also be given for an upset stomach or indigestion without further notification while at school throughout the school year. Other medications/topicals may include: antibiotic ointment, cough drops, oral anesthetic (ex. Orgel), aloe gel, anti-itch creams or gels, and pain relieving creams and/or sprays. I do hereby release the Thomas County School System and the school nurse from any adverse reactions that might occur as a result of administering the medications listed above.

I do hereby grant the school permission to conduct a hearing, vision, dental, and/or nutrition screening on my child if required and/or needed.

**Signature of parent/legal guardian** \_\_\_\_\_ **Date** \_\_\_\_\_