



Grade: _____ Homeroom: _____

Student Registration

PARENTS COMPLETE THIS FORM, SIGN, AND RETURN TO YOUR CHILD'S SCHOOL

STUDENT LEGAL NAME _____ BIRTH DATE _____ RACE _____ GENDER _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHYSICAL ADDRESS _____

BUS # IN A.M. _____ BUS # IN P.M. _____ STUDENT CELL _____

IS THIS STUDENT IN FOSTER CARE? Please circle YES or NO IS THIS STUDENT A SINGLE PARENT? Please circle YES or NO

NAME(S) OF PERSON WHO HAS LEGAL CUSTODY OF THE STUDENT? _____

EMAIL _____ PHONE (H) _____ (C) _____ (W) _____

MOTHER'S NAME _____ EMAIL _____

Does Child live with mother? Please circle YES or NO PHONE (H) _____ (C) _____ (W) _____

FATHER'S NAME _____ EMAIL _____

Does Child live with father? Please circle YES or NO PHONE (H) _____ (C) _____ (W) _____

1st EMERGENCY CONTACT PERSON _____ PHONE _____

Does Child live with this contact? Please circle YES or NO Relationship: _____

2nd EMERGENCY CONTACT PERSON _____ PHONE _____

Does Child live with this contact? Please circle YES or NO Relationship: _____

LIST ANY MEDICAL PROBLEMS OR CONDITIONS THAT YOUR CHILD HAS THAT THE TEACHER/SCHOOL SHOULD BE AWARE OF:

IF YOUR CHILD ROUTINELY TAKES ANY MEDICATIONS, PLEASE LIST HERE:

HAS YOUR CHILD EVER BEEN DIAGNOSED WITH FOOD, INSECT, OR MEDICATION ALLERGIES? _____ If yes, please list allergies here: _____

Is your child currently prescribed, by a physician/health care provider, an Epi-Pen or inhaler? _____ If yes, you must provide the school with an asthma and or allergy action plan written and signed by the health care provider for the current school year.

DOES/DID YOUR CHILD HAVE AN IEP AT THIS OR ANOTHER SCHOOL? Please circle YES or NO . If yes, please sign here so we can request those records from the previous placement _____

Certain state mandated screenings are given each year to specified grades. If results are not within normal limits, you will be notified. To opt out of health screening you must notify the principal in writing.

In case of emergency, I (We) give our permission for school personnel to render first aid treatment and to send my child to a medical facility for treatment in the event I cannot be reached by phone. I will notify the school office of any changes in the information listed on this form.

Always give medications at home if at all possible. School personnel will assist with the self-administration of prescription/non-prescription medications in the unlikely event that it cannot be given at home by parent/guardian. This will be at the request of and as an accommodation to the parent/guardian. By signing this form, I understand that it is my responsibility to furnish medication in the original container with the student's name, doctor's name, name of medication, and directions on the container accompanied by a parent/guardian note.



STUDENT PICK-UP LIST

Dear Parent/Guardian,

To help complete our information on your child's protection, please complete this form.

NAME OF CHILD _____

SCHOOL _____

Only the following people have permission to pick up my child from school.

NAME	RELATIONSHIP	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List anyone who is **NOT** to pick up your child: _____

If anyone comes to pick up your child whose name is not on this list, they must have a permission slip with your signature and phone number where you can be reached to verify the pickup. We can not release your child without verifying your permission.

If there are custody papers in effect concerning your child/grandchild, please be sure the school office has a copy of that record.

Parent/Guardian signature

Date

Phone to call for permission verification _____

Students in Foster Care: CCS shall provide all students in foster care, to include those awaiting foster care placement, with a free and appropriate public education. Even if the student is unable to produce records normally required for enrollment (i.e. academic records, immunization records, health records, proof of residency), or missed the district's application or enrollment deadlines. For further information contact the Attendance Director at (423) 623-7821 or visit <https://cockecountyschools.org/departments/foster-children/>

Tennessee Migrant Education Program: The Migrant Education Program (MEP) is authorized by Part C of Title 1 of the Elementary and Secondary Education Act of 1965. The general purpose of the MEP is to ensure that migratory children fully benefit from the same free public education provided to other children. For further information or to see if your child qualifies, contact the Federal Projects Director at (423) 623-7821 or visit <https://cockecountyschools.org/departments/migrant/>

Right to Request Teacher Qualifications: Based on current education law, parents have the right to request information about the professional qualifications of their child's teacher(s) or paraprofessional(s). If you would like to request information about your child's educators, please contact the Federal Projects Director at (423) 623-7821.

Protection of Pupil Rights: The district has adopted policies regarding the protection of student privacy in the administration of protected information surveys and the collection, release, or use of personal information for marketing, sales or other distribution purposes. Parents will be notified the beginning of the school year if the district has identified the specific or approximate dates of activities or surveys and will provide an opportunity for the parent to refuse to have this or her child participate in a specific activity or survey. For more information contact the Federal Projects Director at (423) 623-7821 or visit <https://cockecountyschools.org/departments/student-privacy/>

Family Educational Rights and Privacy Act (FERPA): Under FERPA you have the right to examine and review the student's education records kept by the school. You have the right to request that the school correct records believed to be inaccurate or misleading. You have the right to control the release of your child's personally identifiable information from his or her education record. For more information on FERPA or to request a review, please contact the Federal Projects Director at (423) 623-7821 or visit <https://cockecountyschools.org/departments/ferpa/>

Title 1 Notification: Federal funding is provided to offer extra help for students in reading, language arts, and/or math. Title 1 schools provide high quality, enriched educational programs that may include tutoring, small group instruction, extra help in the classroom, extra professional development for teachers, and parenting workshops. Parent involvement is a high priority throughout the year, and parents evaluate the program each spring. For more information on Title 1 programming, contact the Federal Projects Director at (423) 623-7821 or visit <https://cockecountyschools.org/departments/title-i-information/>

English as a Second Language Program (ESL): Federal funding is provided to help ensure that students who are limited English Proficient attain English language proficiency, develop high levels of academic attainment in English, and meet the state academic standards. For more information, contact Federal Projects Director at (423) 623-7821 or visit <https://cockecountyschools.org/departments/english-as-a-second-language/>

Family Resource Center: The Family Resource Center provides educational support and resources to all Cocke County School District students. The Center provides, referrals for public services, referrals for eye exams and glasses, parenting information, food, clothing and school supplies. For more information, please visit <https://cockecountyschools.org/departments/family-resource-center/> or contact your school counselor.

Community Eligibility Program (CEP): This program has been designed by the United States Department of Agriculture to provide communities with high poverty rates meals for their students without completing free and reduced applications. In Cocke County School District, no child has to pay for breakfast or lunch, eliminating the financial burden for many families. CEP regulations prohibit competitive outside food from being brought to school dining rooms. This includes fast food and restaurant food. It does not regulate lunches packed from home. For more information visit <https://cockecountyschools.org/departments/food-service-nutrition/>

Compulsory School Attendance Law: Tennessee law requires students under age eighteen attend school. It is the parent/guardian's responsibility to insist that the child attend school. A student who is absent five (5) days without an adequate excuse shall be reported to the Attendance Director who will, in turn, provide written notice to the parent(s)/guardian(s) of the student's absence. If a parent/guardian does not provide documentation within adequate time excusing those absences, or requests an attendance hearing, then the Director of Schools shall implement the progressive truancy intervention plan prior to referral to juvenile court. More information can be found at <https://cockecountyschools.org/departments/attendance/> or visit https://tsbanet-my.sharepoint.com/:w/g/personal/policy_tsba_net/ETtV6d2Tu7RHo5idxM4Uh_kBCLCZ7iaYD0H2LqEIW6tNEw?time=8wOIdbZa2kg

I have received and read the information contained above. Please sign below and return to your child's school.

Student Name

School

Grade

Parent Signature



Notification Acknowledgement 2023-24

Dear Parents/Guardians,

Please review the information on this page, sign and return to your child's teacher by 08/15/2022. Your child's school will be providing detailed information via the REMIND of DoJo app on the material discussed below.

Public Release of Directory Information: The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that, with certain exceptions, Coke County Schools (CCS) obtain your written consent to disclosing personally identifiable information from your child's education records. However, the law allows CCS to disclose appropriately designated "directory information", which is information that is generally not considered harmful or an invasion of privacy if released, without prior written consent. Designated **directory information** includes, the student's name; address; telephone listing; date and place of birth; major course of study; dates of attendance; participation in officially recognized activities and sports; weight and height of members of athletic teams; diplomas; degrees and awards received; and the most recent or previous educational agency or institution attended. If you do not want CCS to disclose directory information from your child's education records without your prior written consent, you must notify your school principal in writing. In addition, if you do **not** want your child's name, address and phone number released to **military recruiters or colleges recruiters**, you must notify the school in writing. Visit <https://cokecountyschools.org/departments/ferpa/> for more information.

Website Display: CCS highlights information about our schools by posting pictures and audio/video recordings of student on the CCS website. If you do not want CCS to allow your child to appear in materials posted on the district or school websites including social media without your prior written consent, you must notify your child's school in writing.

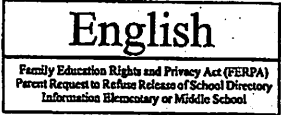
Media Access: CCS may provide material to the news media &/or social media about our schools. If you do not want CCS to allow your child to appear in still and motion pictures for publication/broadcast by the news media, or to speak with the news media without your written consent, you must notify your child's school in writing.

Acceptable Use Policy: Students have access to technology resources such as, but not limited to, school system devices, school Google/email accounts, computer networks, digital textbooks, online software platforms and the Internet. Users must take care of school district devices, not knowingly or negligently transmit computer viruses or spam, or degrade or disrupt system performance while remaining within the bounds of safe, legal and responsible use. Use of these devices is a privilege not a right and that the use of this privilege may be revoked at anytime. For more information visit <https://cokecountyschools.org/departments/technology/>

Statement of Non-Discrimination (Title IX): CCS prohibits discrimination against any student on the grounds of race, color, religion, national origin, sex or disability. CCS seeks to fully comply with the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, and the Individuals with Disabilities Education Act. Students, who believe they have been excluded from, or denied participation in, or refused the benefits of, or otherwise subjected to discrimination in school, should report all incidents to the principal immediately. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Ave., SW, Washington, D.C. 20250-8410 or call (800) 795-3272 or (202) 720-6382 (TTY).

McKinney-Vento Act for Homelessness (Title X): The McKinney-Vento Act defines "homeless children and youth" as individuals who lack a fixed, regular and adequate nighttime residence. However, because the circumstances of homelessness vary with each family's or unaccompanied youth's situation, determining the extent to which the family or youth fits the definition will occur on a case-by-case basis. The Attendance Director is the homeless educational liaison for CCS. Please contact (423) 623-7821 for assistance or visit <https://cokecountyschools.org/departments/homeless-students/>

Meningococcal Vaccine: Meningococcal disease can cause meningitis (infection of the lining of the brain and spinal cord) and infections of the blood. Even when it is treated, meningococcal disease kills 10 to 15 infected people out of 100. And of those who survive, about 10 to 20 out of every 100 will suffer disabilities such as hearing loss, brain damage, kidney damage, loss of limbs, nervous system problems, or severe scars from skin grafts. Talk with you health care provider about getting the vaccine for your student. In adolescents, two doses are recommended. The first at 11 or 12 years of age and the second booster at 16 years of age. More information can be found at <https://cokecountyschools.org/wp-content/uploads/2020/04/mening.pdf?x76328>



Please Respond
in English

Family Education Rights and Privacy Act (FERPA)

**Annual Notice for Release of School Directory Information
Elementary or Middle School**

Dear Parent or Guardian:

The Family Educational Rights and Privacy Act (FERPA) is a federal law that requires the school district, with certain exceptions, to obtain your written consent prior to the release of personally identifiable information from your child's educational records. The exception is that the school may release some student information without written consent when the information is designated "Directory Information". The school may not release "Directory Information" if you have advised the district in a way that follows school district procedures that you do not want this information released. Using this form to make this request follows school district procedures.

The primary use for Directory Information by the district is to include this type of information in certain school publications. It is generally not considered harmful or an invasion of privacy if released. Examples of school publications are:

- a performance program, showing your child's role in a school production
- honor roll or other recognition lists published at school or in newspapers
- school or student directory
- the school or district website

Directory Information can also be released to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to:

- other schools the student is seeking to attend (transcripts, etc.)
- state or federal authorities auditing programs, evaluating programs, or enforcing state or federal laws
- a court by order of a subpoena (legal request)

The school district has designated the following as Directory Information:

Student name	Dates of attendance
Telephone number	Grade level
Photograph	Awards or recognition received
Participation in school activities	Weight and height of athletic team members

If you do not want our school or district to release directory information about your child without your prior written consent, you must complete the attached form "Parent Request to Refuse Release of School Directory Information" by 08/11/2023 to let us know which type of directory information you do not want released or request prior written consent prior to release.

We ask that you complete one form for each child and return the form(s) to your child's school. If you have any questions or concerns, please let us know.

Sincerely

 Travis Hall
 Name

 423-623-1612
 Phone

Principal

 Title

 hallt@cocke.k12.tn.us
 Email Address

**Family Education Rights and Privacy Act (FERPA)
Parent Request to Refuse Release of School Directory Information
Elementary or Middle School**

Name of Student: _____ Date: _____
(mm/dd/yyyy)

Name of Parent or Guardian: _____ School: _____

Use a separate form for each child you are requesting that school directory information not be released. Please return this form to:

School Name: _____

Attention: _____

Address: _____

City, State, Zip: _____

**Parent or Guardian: Please complete the section below and return the entire form to your child's school
Please mark either 1, 2 or 3 from the list below**

I am requesting that my child's school take one of the following actions regarding the release of school directory information.

1. Do not release ANY information about my child, including name, telephone number, grade level, etc.

or

2. Do not release the following information about my child (select one or more):

<input type="checkbox"/> Student Name	<input type="checkbox"/> Phone number
<input type="checkbox"/> Grade level	<input type="checkbox"/> Awards or school recognition
<input type="checkbox"/> Dates of attendance	<input type="checkbox"/> Photograph
<input type="checkbox"/> Participation in school activities	<input type="checkbox"/> Weight and height of athletic team members
<input type="checkbox"/> _____	<input type="checkbox"/> _____

or

3. Notify me for my prior written consent before any directory information is released about my child.

Signature of Parent or Guardian: _____ Date: _____
(mm/dd/yyyy)

Address _____ City: _____ State: _____ Zip: _____

Preferred method for school to communicate with parent: Phone Email



Student Residency Questionnaire

Name of Student: _____ Date of Birth: _____
(mm/dd/yyyy)

Person completing form:

- Parent or guardian Unaccompanied youth (a youth that does not live with a parent or guardian)
 Youth Other: _____

Name: _____

Email: _____ Phone: _____

Please answer these questions about the student's residency. The information you provide is confidential and protected by the law called the Federal Education Rights and Privacy Act. We use this information to decide which schools students should attend. We also use this information to make sure the rights of a child, youth or an unaccompanied youth are met based on a law called the McKinney-Vento Homeless Assistance Act.

1. Is the student's address a temporary living arrangement? Yes No
 2. Is the student's living arrangement due to loss of housing or financial hardship? Yes No

If the answer to any of the above is YES, please complete the following:

Where is the student identified above currently living? (Please check one)

- In a motel or hotel due to loss of housing or financial hardship
 In an emergency shelter, transitional housing facility, or abandoned in a hospital
 Sharing another family's house or apartment
 In a car, park, trailer park (this does not refer to a mobile home (trailer) park, this refers to a type of camping ground for fifth wheel camper trailers or other types of movable campers), camping ground, street, public space, substandard housing (housing that does not meet modern standards of living), or abandoned building
 In a bus or train station
 Moving from place to place (couch surfing)
 In a public or private place not meant to be used as a regular place for people to sleep
 Other: _____

Last school the student attended:

School: _____ District: _____
 City: _____ State: _____

Name of Parent, Guardian or education decision maker:

Name _____ Signature: _____

Name _____ Signature: _____

Address: _____

City: _____ Signature: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____ OR

Student (if an unaccompanied youth that is homeless):

Name _____ Signature: _____

Address: _____

Email: _____ Phone: _____

If a child, youth or unaccompanied youth is NOT living in permanent housing, proof of residency and other documents (health, school records, etc.) normally needed for enrollment are NOT required. The child, youth or unaccompanied youth must be enrolled immediately in his or her school of origin, the school where other children attend that is in the area where the student is currently living, or another school that the student may attend based on what is best for the student.

OFFICE USE ONLY

Date Completed:	Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	District Representative:	Comments:
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Tennessee Migrant Education Program – Occupational Survey

Your child may qualify to receive free educational services. Please answer the following questions to help us determine their eligibility. Once completed, return this form to the school.

STUDENT FIRST NAME:	STUDENT LAST NAME:	DATE:
SCHOOL:		GRADE:
PARENT/GUARDIAN NAME:		

1) In the past three years, has your family moved to another city, state, and/or county?

Yes No

2) Do you or anyone in your immediate family currently work or have worked (in the past three years) in any of the following occupations?

Yes No

a. If yes, please circle all that apply:



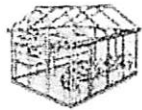
Processing & Packing
(fruit, vegetables, chicken, eggs, pork, beef, etc.)



Agriculture/Field Work
(planting, picking, and sorting crops; soil preparation; irrigation; fumigation; etc.)



Dairy/Cattle Raising
(feeding, milking, rounding up, etc.)



Nursery/Greenhouse
(planting, potting, pruning, watering, etc.)



Forestry
(soil preparation, planting, growing, cutting trees, etc.)



Fishing/Fish Processing
(catching, sorting, packing, transporting fish, etc.)

If you answered "yes" to the questions above, please continue. Otherwise, your form is complete.

3) How long have you been in this county in Tennessee?

WEEKS:	MONTHS:	YEARS:
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HOME ADDRESS:		
CITY:	STATE:	ZIP:
TELEPHONE (WITH AREA CODE):		

For school use only: If questions 1 and 2 are "yes," please send the survey to your district migrant liaison. If you have questions, call (931) 212-9539 to speak with the Tennessee Migrant Education Program.

School District:	Student State ID:	Enrollment Date:
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Coke County Schools

Moving Mountains. Achieving Success.

Student Computing Device Contract

Education Vision and Goals Regarding Devices

- Provide on-demand Internet access to electronic resources in the classroom.
- Align with state standards' and develop digital citizenship.
- Allow students to document and express themselves using digital resources.
- Encourage integration and development of ability on an individual level.

Students issued district-owned equipment must agree to the following guidelines:

I will:

- treat the device issued to me with respect.
- care for the screen by not stacking books or other objects on top of the device
- keep food and drinks (including the water fountain) away from the device.
- keep the device issued to me in the school approved computer/tablet case while transporting.
- keep the device on my workspace, never leaving it unattended on the floor and never placing it on the edge of my desk.
- hold the device carefully, open and close it gently, and have it under my physical control at all times.
- immediately notify my teacher if the device is lost, stolen, or if any problem arises.
- operate it by following all school guidelines as stated in Coke County Schools policy.
- use email appropriately and remember that my emails are monitored.
- use the device assigned to me and will keep my hands off other students' devices.
- use the device with clean hands.
- use school-approved software and programs only (no unapproved games from home).
- responsibly use the device at school and outside of school hours.
- restart the device and plug it in to charge at the end of each day.

I will not:

- loan out the device or charging cord to another student or adult.
- close the lid with pens/pencils/other objects on the keyboard.
- change my password unless I am instructed to by an authorized adult.

I understand:

- I have no expectation of privacy while using the device.
- not bringing my fully charged device to class is the same as not bringing in my textbook or supplies
- my parents/guardians and I are responsible for costs associated with loss, damages, or theft.
- the device can be taken and inspected at any time by any school employee and that failure to comply with any of the guidelines and policies may result in suspension of my use of the computer.

By signing below, I agree to the guidelines in full. I agree to return the device, charger, and sleeve to school in good working condition at the conclusion of the school year or immediately if I withdraw from Coke County Schools. I understand I am expected to bring my fully charged device to school daily.

Printed Name: _____

Date: _____

Student Signature: _____

Homeroom: _____



Military Survey

As required under the Every Student Succeeds Act (ESSA) each state report card must include information for students with a parent who is a member of the armed forces. Beginning in the 2017-2018 school year, districts are required to identify students whose parent(s) or legal guardian(s) fall with military related classifications. According to the U.S. Department of Education, "We want all military connected school children to have an equal and fair opportunity for academic success. This requires that those individuals who make up our nation's educational system, our teachers, principals, school nurses, coaches, and counselors understand the unique situations the children of our service members experience".

Student Name: _____

Name of Parent/Guardian 1: _____

Name of Parent/Guardian 2: _____

Is either parent/guardian enlisted full time in the Army, Navy, Air Force, Marine Core, Coast Guard, National Guard, or Active Guard Reserve? *Please circle correct response.*

- Yes - parent/guardian 1
- Yes - parent/guardian 2
- Yes - both parents/guardians
- No

Does either parent/guardian participate in the National Guard on a part-time basis? *Please circle correct response.*

- Yes - parent/guardian 1
- Yes - parent/guardian 2
- Yes - both parents/guardians
- No

Does either parent/guardian participate on a part-time basis and in the reserves of a branch of the armed forces (Army, Navy, Air Force, Marine Core, or Coast Guard)? *Please circle correct response.*

- Yes - parent/guardian 1
- Yes - parent/guardian 2
- Yes - both parents/guardians
- No