

# Houston County WIN Academy

Dr. Kay Isom-Benjamin, Principal  
Dr. Ami Lenderman, A.P. of Instruction  
Dr. Tina Nelson-Jackson, A.P. of Discipline  
Mrs. Crystal Johnson, Counselor

## WIN Academy Enrollment Packet 2023-2024



Sign and return the **REQUIRED** enrollment packet to the contact information below. Once the Zoned School has sent the packet and notified the parent after the scheduled hearing that registration is recommended at WIN Academy. The parent **MUST CALL** to set up Orientation, thereafter, the parent will be given the student's tentative start date at that time.

For any enrollment questions or concerns:

Please call Mrs. Mozell Johnson at (478)-929-7828, ext.3816.

Email: [mozell.johnson@hcbe.net](mailto:mozell.johnson@hcbe.net) or fax: (478)-929-7123

**Enrollments are held on Monday and Tuesday at 9am or Thursday at 12:30 pm.** Please arrive 10 minutes early (8:50) on Monday and Tuesday and 12:20 on Thursday, once orientation begins, you may have to reschedule.

\*\*\* Parents must call the school to schedule and/or reschedule the student's Orientation. Once you have called to schedule Orientation the parent will receive a reminder and confirmation text from the registrar. If the registrar does not receive a confirmed appointment notice within **24hrs** of the scheduled Orientation. The parent and/or guardian will receive a cancelled notification via requested contact number and will need to call and reschedule the Orientation. \*\*\*

**PLEASE NOTE: PARENT'S CANNOT SIGN PAGES FOR THE STUDENT.**

215 Scott Blvd. Warner Robins, GA 31088  
ph. 478-929-7828  
fax: 478-929-7123 (Records)  
478-929-7118



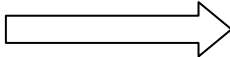
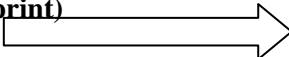
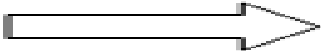
## PHOTO, VIDEO AND MEDIA INTERVIEW OPT OUT FORM

The Houston County School System receives numerous requests from the media (newspapers, magazines, television stations and radio stations) to interview, photograph, and/or videotape students. The Houston County School System also often takes pictures and/or video to positively promote the system or a school. For example, the school system may post the photos, videos or comments from honor roll, competitions, family night activities, field day, mentor pictures, and yearbook on the Internet, submit them to the media for publicity, include them in a newsletter, or use them in a brochure.

If you **object** to your child being interviewed by the media and/or the school system to obtain his or her comments, photographs, videotape, this form must be returned to your child's school marked accordingly.



**No, I do not want my child to participate in any media or system interviews that would result in photographs, videos or quotes being published, broadcast or posted online. (Only if it is NO, initial box)**

<b>Date:</b>	<b>WIN Academy</b>
<b>Student's Name (please print)</b> 	
<b>Parent/Guardian Name (please print)</b> 	
<b>Parent/Guardian Signature</b> 	



# Houston County WIN Academy

# Check-In Expectations

2023-2024

- **ALL** students walk through a metal detector upon check-in
- No cellphones. Cellphones will be taken up and **will only be returned to a parent.**
- No book bags allowed
- Shirts – Must be grey, yellow, white, or green
- No pullover hoodies. (Any jacket or hoodie must zip/button/snap from top to bottom).
- No shorts or a second-long pair of pants/leggings underneath outer pants
- No slides, flip flops, or boots (Crocs are allowed)
- No nose rings or piercings other than studs in ears
- No head scarfs, bonnets, or hats
- No use of earphones or earbuds unless allowed by teacher
- No food. If food is brought, the student will be asked to throw it away.
- Water bottles can be brought, but must be sealed or empty (**Water only**)

**\*\* Students will be asked to remove their shoes, jackets and belts as well as empty their pockets. Only one small Chap Stick / lip care product is allowed. All other make-up will be taken. \*\***

Date	Parent's Signature	Student's Signature
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## Houston County WIN Academy Uniform Dress Code Policy

Approved-May 21, 2001

Revised- July 1, 2022

The main purpose of the dress code at Houston County WIN Academy is to minimize conflicts. Our desire is to impress upon our students that appropriate dress of some sort will be required of them once they enter the workplace.

The WIN Academy Dress Code will be enforced from the moment students enter the building each morning and will continue to be enforced until the students exit the building for dismissal each afternoon.

### CLOTHING

- **Shirt:** SOLID green, white, gray or yellow golf/tennis/polo-style shirt with collar. Shirt MUST be long enough to be tucked securely. A plain white undershirt (long or short sleeved) may be worn.
- **Pants:** Full length khaki pants or full-length khaki jeans. No undergarments should be exposed at any time. (Capris, Cargo Pants or any pants with pockets on legs are not allowed.)
  - **GYM SHORTS ARE NOT ALLOWED UNDERNEATH PANTS.**
- **Shoes:** Athletic/ tennis shoes (RECOMMENDED) or fully closed shoes
- **Jackets:** Coats or jackets must zip/button/snap from top to bottom.
  - **Pullovers and sweatshirts are NOT allowed.**

### ACCESSORIES

1. Belts if worn can have: **NO** oversized or western buckles.
2. **NO** book bags/backpacks or purse
3. One single set of small stud earrings, in ears only. No other visible piercing, rings or studs.
4. **NO** jewelry allowed except a standard watch. (**NO** Smart Watches).

**No items can be worn or brought that display pictures or implies information regarding drugs, alcohol, gang activity, weapons or sex. (Discretion of administration).**

### PHYSICAL APPEARANCE

**I agree to abide by the mandatory uniform dress code policy at Houston County WIN Academy and understand the penalties for not doing so. Any item that is not necessary for school will be confiscated and may be discarded. ANY student unable to clear the metal detector may be assigned to ISS for the day.**

<b>Date</b>	<b>Parent's Signature</b>	<b>Student's Signature</b>
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## Student Standards of Behavior Contract

I UNDERSTAND THAT IN RESPONSE TO THE PRIVILEGES AFFORDED ME AT THE WIN ACADEMY, I AM RESPONSIBLE FOR MY BEHAVIOR. I UNDERSTAND THAT A VIOLATION OF ANY OF THE USUAL STANDARDS OF BEHAVIOR IN PUBLIC SCHOOLS MAY RESULT IN SUSPENSION AND/OR LOSS OF ATTENDANCE PRIVILEGES AT THE DISCRETION OF THE PRINCIPAL AND WITHOUT HEARING.

### **Students are responsible for:**

1. Attending school and participating in class everyday.
2. Being in uniform.
3. Being prepared with school supplies everyday.
4. Being at school before 7:55 a.m. each day. (**Arrival after 8 a.m. will result in students being marked tardy.**)
5. Signing out through the office before leaving campus.
6. Appropriate conduct on transportation and behavior at home school. **Transportation is a privilege - not a right.** (See pg. 10 of handbook)
7. Students may NOT be dismissed until 2:20 MS / 2:40 HS without prior written notification provided to the school office that morning.

### **Violations which will warrant in-school/home suspensions, or banned from HCBOE property include, but are not limited to:**

1. Any behavior that is considered to be subversive to the order and discipline of the school.
2. Terroristic threats/bullying students.
3. Disrupting the school and/or staff.
4. Using profane, vulgar, or obscene words.
5. Possessing contraband pertaining to drugs, weapons or alcohol.
6. Abusing another's and/or school property.
7. Showing disrespect for authority.
8. Stealing.
9. Cheating.
10. Displaying inappropriate physical affection.
11. Criminal trespassing. (Each school has a designated area for WIN Academy students who are riding the bus).
12. Use/possession of tobacco.
13. Gang related activities.

### **Violations which could warrant immediate expulsion from WIN Academy are:**

1. Use, possession, distribution or being under the influence of drugs or alcohol.
2. Possession or use of weapons.
3. Profanity/vulgarity directed at staff.
4. Fighting, physical abuse, assault/battery towards students/staff.
5. Repeated violations of rules/regulations resulting in an accumulation of ISS/Home suspensions.
6. Felonies Charges off campus or behavior that may be deemed unsafe for the student body and/or staff.

### Conduct

Houston County WIN Academy expects its students to exhibit good behavior. Each student signs a contract with terms for his/her voluntary enrollment at Houston County WIN Academy. Any misconduct or violation of the policies/rules of Houston County Board of Education as interpreted by the principal will result in forfeiture of education at Houston County WIN Academy

Date	Parent's Signature	Student's Signature



**ALL Houston County WIN Academy Students**

Students upon withdrawal from their zoned school signed paperwork, therefore, the warning regarding criminal trespass and loitering charges has already been issued. If found to be on or around any other campus or not in the designated area for drop off or pick up before or after school to include walkers, car and bus riders.

**A law enforcement officer may arrest based on this information without further warning.**

**School Liaison and School Resource Officers Houston County Sheriff Department and/or Warner Robins Police Department.**

<b>Date</b>	<b>Parent's Signature</b>	<b>Student's Signature</b>
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**Internet Acceptable Use Agreement and BYOD Understanding**  
**Parent / Guardian Agreement**

**Please read policy IFBG – Internet Acceptable Use Found in Your Child’s Handbook:** As the parent or guardian of this student, I have read the Terms and Conditions for Internet access in policy IFBG in my child’s handbook. I understand that this access is designed for educational purposes, and the Houston County School System has taken available precautions to eliminate controversial material. I also recognize that it is impossible for the school system to restrict access to all controversial materials, and I will not hold the school system responsible for materials acquired through the Internet. Further, I accept full responsibility for supervision if and when my child’s use of the Internet is not in a school setting. I hereby give permission for my child to use the Internet on resources provided by the Houston County Board of Education and certify that the information on this form is correct.

I also have read and understand the B.Y.O.D. procedures. Furthermore, I acknowledge that the school district has the right to collect and examine any device that is suspected of violating school rules and/or procedures.

**\*\*NOTE: WIN Academy is NOT a bring your own device school; this agreement is for the use of school electronics. \*\*\***

<b><u>Date</u></b>	<b><u>Parent’s signature</u></b>	<b><u>Print Parent Name:</u></b>
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**Student Agreement**

I understand and will abide by the Terms and Conditions for Internet use as detailed in policy IFBG. I further understand that any violation, of the policy IFBG may be unethical and may constitute a criminal or school system offense. Should I commit any violation, my access privileges may be revoked, other school disciplinary action may be taken, and appropriate legal action may be taken.

I also have read and understand the B.Y.O.D. procedures and furthermore I acknowledge that the school district has the right to collect and examine any device that is suspected of violating school rules and/or procedures.

**\*\*NOTE: WIN Academy is NOT a bring your own device school; this agreement is for the use of school electronics. No Cell Phones are to be brought. \*\***

<b>Date</b>	<b>Student’s Signature</b>	<b>Print Student’s Name</b>
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## Houston County WIN Academy In-School Suspension:

### RULES/ PROCEDURES

- Upon arrival to school, clear check-in, report to breakfast, and then report to ISS.
- Abide by all school rules as outlined in the handbook.
- Remain in assigned seat, in an upright position.
- Be respectful to peers and adults.
- Stay awake at all times.
- Do not talk or leave your seat without the teacher's permission.
- No personal grooming.
- Dismissal: leave ISS when you are dismissed by the teacher. Leaving ISS prior to your bus being called or the final bell, you may receive one extra day of ISS.
- Any absence from ISS will be made up upon your return to school.

### GENERAL INFORMATION

- Attend ISS the number of days assigned and complete all assignments.
- Abide by all school rules as explained in the Houston County WIN Academy Student Handbook and Orientation/Registration, and county Student Handbook.
- Be responsible for your actions and understand that failure to comply with rules and procedures will result in some type of consequence.
- The procedure that will be used for minor infractions in the ISS classroom are:
  - Warning
  - Extra day of ISS assigned and/or Parent Contact
  - Visit resource persons, counselor, and assistant principal of discipline.
  - Office referral
- MAJOR INFRACTIONS (examples, but not limited to)
  - Profanity, fighting, threats, bullying
  - Head down on desk, sleeping
  - Throwing objects
  - Extreme disrespect
  - Out of dress code
  - All major infractions will result in a discipline referral. \*\*\*
- MINOR INFRACTIONS (examples, but not limited to)
  - Talking, playing, eating candy
  - Laughing/giggling
  - Chewing gum
  - Turning around in chair
  - Getting out of seat without permission

Date	Parent's Signature	Student's Signature
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**Houston County WIN Academy  
Parent/Guardian Contract of Commitment  
“Excellence Without Excuses”**

The responsibilities of the Parent/Guardian are to:

- Support the student in following all the rules, regulations and procedures outlined in the Houston County Schools Code of Student Conduct and the Houston County **WIN Academy Student Handbook**.
- Meet with teachers and/or administration when necessary to ensure the success of your student.
- Ensure that all emergency and demographic information is provided and current at all times.
- Understand that continued placement at Houston County **WIN Academy** may be contingent upon your student’s demonstration of commitment to academics and positive behavior.
- Understand that failure to abide by the policies, rules, and procedures of the Houston County **WIN Academy Code of Conduct** may result in recommendation for expulsion.

In addition to the above requirements, the following condition is **required**:

Attendance at school is key to your student’s academic success. Therefore, you must agree to ensure that your student(s) attends school regularly and provide excuses on days he/she cannot be present. Additionally, you should encourage your student to complete assignments which are available to him/her upon returning to school.

I understand my responsibilities as a parent of a student at Houston County **WIN Academy** and I commit to fulfilling them.

<b>Date</b>	<b>Parent’s Name Printed</b>	<b>Parent’s Signature</b>





**Houston County WIN Academy**  
**Student Contract of Commitment**  
**“Excellence Without Excuses”**

The responsibilities of the students are to:

- Abide by all student rules, regulations, and procedures assigned by **Houston County Schools Code of Student Conduct and Houston County WIN Academy Student Handbook**.
- Make a personal commitment to become invested in their education as evidenced by attendance, work ethic, respect for others, and pride in self.
- Realize that mistakes are opportunities for growth and that staff members are required to enforce consequences so that students may learn from their mistakes.
- Students are expected to be at school and not leave the building until their group (bus riders, walkers, car riders) is dismissed or their parent/guardian or designee signs them out.
- Understand that your success at the **Houston County WIN Academy** is highly impacted by the demonstration of commitment to academics, positive behavior, school rules/regulations, and the education of others.
- Understand that failure to abide by these policies may result in recommendation for expulsion.

In addition to the above requirements, the following condition is required:

Attendance at school is key to your academic success. Therefore, you must commit to attending school regularly and provide documentation excusing absences on days you cannot be present. Additionally, you must complete make-up assignments when returning to school.

I understand my responsibilities as a student at the **Houston County WIN Academy** and I am committed to fulfilling them.

Date	Student’s Name Printed	Student’s Signature



## Houston County WIN Academy Attendance and Behavior Strategies

### Attendance:

If a student misses 10% of their assigned time at WIN Academy due to unexcused absences (180 \* 10% = 18 days) (90 \* 10% = 9 days) the attendance is deemed unsuccessful. This expectation aligns with current College Career Readiness Performance Index (CCRPI) requirements.

Once a student misses 5% of their placement due to unexcused absences, WIN Academy staff will contact the parent and notify them. They will explain if the student reaches 10% of unexcused absences, their time may be extended, in 9-week increments for middle school students and a semester for high school students. A meeting with student/parent/guardian will be scheduled as needed.

Notification will be made of a meeting when attendance contract is signed by the student, parent and school official.

If a student reaches the 10% threshold, the principal at WIN Academy will communicate with the home school principal to discuss the possible extension. If the principals agree to the extension, the WIN Academy principal will send the request to the Executive Director for School Operations for approval.

### Behavior:

The number and severity of office referrals a student receives during their placement determines successful versus unsuccessful behavior.

If a student accumulates 30 points for a year placement, 20 points during a semester placement or 10 points during half a semester placement, the behavior is deemed unsuccessful. Points are accumulated based on the level of suspension a student receives: 1 day of ISS = 1 point, 1 day of OSS = 2 points.

If a student placed for a year receives 15 points, WIN Academy staff will contact parent and notify them, explaining if the student receives 30 total points their time may be extended, in 9-week increments for middle school students and a semester for high school students. If a student placed for a semester receives 10 points, WIN Academy staff will contact parent and notify them, explaining if the student receives 20 total points their time may be extended, in 9-week increments for middle school students and a semester for high school students. If a student placed for half a semester or less receives 5 points, WIN Academy staff will contact parent and notify them, explaining if the student receives 10 total points their time may be extended, in 9-week increments for middle school students and a semester for high school students. In all situations, a conference shall be conducted where a behavior contract is signed by the student, parent and school official.

If a student reaches the maximum number of points, the principal at WIN Academy will communicate with the home school principal to discuss the possible extension. If the principals agree to the extension, the WIN Academy principal will send the request to the Executive Director for School Operations for approval.

\*\*\* (180 days = a school year, 90 Days = one semester, 45 days = 9 weeks) \*\*\*.

Date	Parent's Signature	Student's Signature

### Office SWARM use:

Conference Date	Student Signature	Print Student Name



Student ID <b>(LUNCH NUMBER)</b>	
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## 2023 - 2024 CONTACT INFORMATION

**(Please print clearly using only blue or black ink pen)**

Student's Full Name	LAST	FIRST	MIDDLE
Street Address			Apt./Lot # <span style="float: right;">Office Use</span>
City			ZIP
School entered from	Student Grade >	Flag?? Special Education (IEP)? 504 or SST- Tiers	
<b>Student lives with: Both Parents   Mother   Father   Other _____ Court Order _____</b>			
Father/Guardian's Name		Home Ph.	
E-mail	Cell		
Employment location	Work Phone / ext.		
Mother/Guardian's Name		Home Ph.	
E-mail	Cell		
Employment location	Work Phone / ext.		
***** <b>FIRST Person to Contact</b> *****			
<b><u>Secondary/Emergency Contacts (other than Parent)</u></b>			
<b>Name</b>	<b>Relationship to student</b>	<b>Phone Number</b>	
<b>Name</b>	<b>Relationship</b>	<b>Phone Number</b>	
<b>Name</b>	<b>Relationship</b>	<b>Phone Number</b>	

**PLEASE MARK ALL BELOW**

Is your student on Probation in Houston Co.? _____ No _____ Yes	Do you authorize the probation officer to visit the student at WIN Academy? _____ No _____ Yes	<b>Pending Assignment/</b> How many Weeks: _____ Months: _____ Years: _____ Probation Officer Name: _____ Phone Number: (____) _____ - _____ Email Address if applicable: _____
County, if not Houston, what county?		<b>Name and Contact phone #</b>
Has your student ever attended the W.I.N. Academy (Crossroads) before, at any time?		<b>Yes</b> <b>No</b>
Is this student returning to the W.I.N. Academy during this school year?		<b>Yes</b> <b>No</b>

**\*\*In the event emergency transportation is required for my student, I understand all expenses are the responsibility of the parent/guardian. I will contact the school immediately if any of the above should change, I will provide Central Registration, within 3 school days, the required information should the family or student move. \*\***

Parent's Signature	Date	
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Student's Name: \_\_\_\_\_ Student's ID #: \_\_\_\_\_ DOB: \_\_\_\_\_

School: Houston County WIN Academy Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Does this student have any medical concerns?  Yes (complete form)  **No (you can stop here)**

Allergies (medication, food, insect, environment):  
\_\_\_\_\_

What kind of reaction occurs with these allergies? \_\_\_\_\_

Has your student ever had an Anaphylactic Reaction?  Y  N  EMERGENCY Injectable Epinephrine  Y  N

Student's Current Medical History: **(Check All That Apply)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> ADHD  | <input type="checkbox"/> Cancer  | <input type="checkbox"/>   |
| <input type="checkbox"/> Anemia  | <input type="checkbox"/> Cardiac                                       | <input type="checkbox"/> Chest Pain  |
| <input type="checkbox"/> Arthritis   | <input type="checkbox"/> Crohns/IBS                                    | <input type="checkbox"/> Missing Organs ( <i>eye, kidney, etc.</i> )         |
| <input type="checkbox"/> Asthma: <input type="checkbox"/> Y / <input type="checkbox"/> N | <input type="checkbox"/> Convulsions w/Fever                           | <input type="checkbox"/> Pacemaker or <input type="checkbox"/> Defibrillator |
| <input type="checkbox"/> Inhaler   | <input type="checkbox"/> Cystic Fibrosis                               | <input type="checkbox"/> Premature Birth (Complications)                     |
| <input type="checkbox"/> Seasonal  | Diabetes: _____ <input type="checkbox"/>                               | <input type="checkbox"/> Rheumatic Fever                                     |
| <input type="checkbox"/> Nebulizer   | <input type="checkbox"/> <i>Glucagon</i>                               | <input type="checkbox"/> Seizures:<br>(Type): _____                          |
| <input type="checkbox"/> Trigger(s): _____   | <input type="checkbox"/> Insulin injection or <input type="checkbox"/> | <input type="checkbox"/> Diastat _____ VNS                                   |
| <input type="checkbox"/> Auto Immune Disorder  | <input type="checkbox"/> Pump  | <input type="checkbox"/> Sickle Cell Condition                               |
| <input type="checkbox"/> Bleeding Problems/Blood Disorder                                | <input type="checkbox"/> Fainting Spells/Dizziness                     | <input type="checkbox"/> Skin Condition                                      |
| <input type="checkbox"/> Blood Pressure:   | <input type="checkbox"/> Frequent Headaches/Migraines                  | <input type="checkbox"/> Speech Difficulty                                   |
| <input type="checkbox"/> High  | <input type="checkbox"/> Frequent Nose Bleeds                          | <input type="checkbox"/> Surgery/Hospitalization                             |
| <input type="checkbox"/> Low   | <input type="checkbox"/> Hearing Problems                              | <input type="checkbox"/> Vision Problems/Contacts                            |
| <input type="checkbox"/> Bowel/Bladder Problem   | Heart Murmurs/ Type: _____   | <input type="checkbox"/> Weight Problems                                     |
| <input type="checkbox"/> Bronchitis ( <i>Chronic</i> )                                   | <input type="checkbox"/> Heat Exhaustion                               | <input type="checkbox"/> <b>Other:</b> _____                                 |
|  | <input type="checkbox"/> Hemophilia                                    |  |

Describe how the above checked items affect your student at school (you may use back of form if needed).  
\_\_\_\_\_  
\_\_\_\_\_

Does your student have any potentially life threatening condition(s)? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all medication(s) the student takes (if taken at school, see Health Tech for form): \_\_\_\_\_  
\_\_\_\_\_

Has a doctor ordered any special dietary modifications? (See Health Tech for Meal Modification form, updated annually)  
\_\_\_\_\_

Current Physician: \_\_\_\_\_ Family Pediatrician: \_\_\_\_\_ Specialist: \_\_\_\_\_

**Sign if you consent to the exchange of relevant medical information between the student's physician and the school nurse to include diagnosis, prognosis, treatment medical orders and records.**

Signature: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Date: \_\_\_\_\_ Reviewed by \_\_\_\_\_



Superintendent of Schools Dr.  
Mark Scott

Board Members

Helen Hughes, Vice Chairman  
Lori Johnson  
Hoke Morrow

Mr. Fred Wilson, Chairman

Dr. Rick Unruh  
Dave Crockett  
Bryan Upshaw

**Sex Education Instruction - Option to Decline**

DEAR PARENTS:

The GA DOE regulations require that each local board of education develop and implement a comprehensive health and physical education program that includes sex education and AIDS prevention education. Regulations allow parents/guardians to exercise the option of excluding their child from sex education and AIDS prevention instructional programs.

A Sex Education Review Committee was recently convened by the Houston County Board of Education to review the *Choosing The Best (CTB)* materials in consideration for use. The committee was composed primarily of non-teaching parents of public school children and educators, health professionals and other community representatives. The committee also included male and female 11<sup>th</sup>-12<sup>th</sup> grade students. The committee approved of the implementation of the *CTB* curriculum with middle and high school students.

The *Choosing The Best* curriculum is an abstinence-centered, sexual risk avoidance and relationship education program. It is research-based, medically accurate, and universally applicable and inclusive. It supports the **CDC** stance that the **most reliable way to avoid the risk** of STD is to be abstinent until you enter into a long-term, mutually monogamous relationship with an uninfected partner. This type of relationship is most commonly referred to as marriage and may be referenced as such.

The program focuses on the reasons and methods to avoid at-risk behaviors. It includes lessons on making decisions, understanding healthy relationships, identifying risks, understanding consequences, knowing facts and statistics regarding STD's, and dealing with peer pressure.

The Houston County School District has chosen to participate in a Federal Title V grant opportunity that maximizes the resources available with the *Choosing The Best* curriculum. Participation in this grant requires students to complete a Pre- and a Post- Survey that does include questions regarding previous decisions as well as future intent in regards to at-risk sexual behaviors. These results do not include student names but are used to determine if the implementation of the program is linked to improved student (collective) choices (and hopefully outcomes). Data for the results of the surveys are aggregated and are not specific to any individual participant.

Parents may preview all materials, including the survey. See a list of standards on the following page. For more information on *Choosing the Best* go to <http://www.choosingthebest.com/> or contact Blanche Lamb, Coordinator for Special Programs, at [blanche.lamb@hcbe.net](mailto:blanche.lamb@hcbe.net) or at 478-988-6200 ext. 3437.

No action is required at this time if you permit your child to participate. Please look for your child to bring home his/her student workbook at the completion of the unit.

**ONLY complete this form if your child will NOT be allowed to participate.** Return to your child's Health/PE teacher.

No (My child may **not** participate in the *Choosing the Best* sex education instructional unit of study.)

\_\_\_\_\_  
STUDENT'S NAME (print)                      PARENT /GUARDIAN SIGNATURE                      DATE

## Household Information Form

**Dear Parent/Guardian:**

Please complete this quick form to help your school possibly benefit from state and federal funds. All information will be kept strictly confidential. If you have any questions, please contact the school district at 478-322-3308.

**Section 1: Benefit Information**

Does *any* member of your household receive SNAP, TANF, or FDPIR? If yes, provide the information below for the person who receives benefits.

If no, please skip to Section 2.

**First Name:**

**Date of Birth:**  M  M  D  D  Y  Y

**Last Name:**

**Case #:**

**Section 2: Student Information**

Please complete this section for each Pre-K through 12th grade student who lives in your household. These students may or may not be family members, but are students who live in the same house.

	Last Name	First Name	Birth Date	Student ID (Lunch #)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D <input type="text"/> Y <input type="text"/> Y	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I certify that all information on this form is true. I understand that school representatives may verify the information.

Signature of Parent/Guardian: \_\_\_\_\_

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

*Thank you!*



## **PARENT’S SIGNATURE PAGE**

**Please sign and return this page to your child’s school.**

Student Name (please print)

I have read the information in the Houston County WIN Academy School Student Handbook and understand that the school must operate in accordance with the stated policies and procedures. I have paid particular attention to the following subjects:

- **Attendance Policy**
- **Bus Conduct Policy**
- **Family Educational Rights and Privacy Act (FERPA)**
- **Grievance Procedures for Title IX, Title I, Title II, Section 504 and General Complaints**
- **ESSA “Right to Know Professional Qualifications of Teachers and Paraprofessionals”**
- **School Clubs/Activities** There are NO Extracurricular Activities available while at WIN Academy. Both the student and I have completed the Student Prohibition from Extracurricular Activities form for any clubs or activities I prohibit my child from participating
- **Student Code of Conduct** which includes information about **Bullying** and **Sexual Harassment**

**Signature of Student:**

**Signature of Parent:**

**Date:**



Permission Notice for WIN Academy Counseling Department

Date \_\_\_\_\_

Subject: Small Group Permission

Dear Parents and Guardians,

I would like to include your child \_\_\_\_\_ in small group counseling. Small groups meet 30 minutes once a week during the school day for approximately 6-8 sessions.

A small group teaches students to:

- Coping with Feelings/Anger Management
- Grief Support
- Discuss Self-Confidence and awareness of leadership skills
- Develop positive skills for working and interacting with others
- Accept responsibility for schoolwork and homework
- Identify areas for personal growth and improvement
- Transitions (to Middle School, High School, and Post-Secondary options( for qualified students), new classrooms, and others)

While using positive Behavior Interventions and Supports/Restorative Practices Module and Curriculum for students.

If you are interested in your child participating in a small group, please sign the permission slip at the bottom of this form and return it to your child’s teacher. You may call me at (478) 929-7828 ext. 3 between (8:30am -3:00 pm) if you have any questions.

Thank you and I look forward to working with your child.

Kind regards,

Mrs. Crystal Johnson, Ed.S.  
Professional School Counselor

\*\*\*\*\*

\_\_\_\_\_ has my permission to participate in small group counseling. I understand groups meet once a week during the school day for 6-8 weeks.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Print

\_\_\_\_\_  
Phone Number





## Houston County WIN Academy Student Handbook

Dear Parents and Students:

For the 2023-2024 school year, we are making our school handbook available electronically for viewing online. We encourage you to access our handbook by going to the following web address: <http://WIN.hcbe.net/>. The purpose of this handbook is to serve as a guide for students and to inform parents about the policies and procedures of our school. Please read this handbook carefully; lack of knowledge of these rules is no excuse for breaking them and does not exempt a student from receiving consequences for inappropriate behavior.

After reading the handbook, please complete the attached pages and return the forms marked as required.

- Parent Signature Page (**required**)
- Internet Acceptable Use and B.Y.O.D Agreement (**required**)
- GA DOE Parent Occupational Survey (**required**)
- Health Related Services Medical Questionnaire (**required**)
- Student’s contact / emergency notification information. (**required**)
- Household Information Form (**required**)
- Military Recruitment Provision Opt Out Form (optional)
- Student Prohibition from Extracurricular Activities or (**required**)
- Photo, Video, and Media Interview Opt Out Form (optional)
- Sex Education Instruction - Option to Decline (optional)

If you would prefer to have a printed copy of the handbook, please indicate in the space provided below. We will be glad to send you a hard copy of the handbook where you can refer to policies and procedures. Indicate your request below.

**I was provided a hard copy of the school handbook supplement, or have had one sent home with my student on first day of attendance.**

**I do not wish to have a printed, hard copy of the school handbook. I will access the one provided on the school’s webpage.**

Date	Parent’s Signature	Student’s Signature

We look forward to a great year at the **Houston County WIN Academy**. If you have any questions or concerns, please feel free to call us for assistance.

Sincerely,  
Dr. Kay Isom-Benjamin  
Principal



Richard Woods, Georgia's School Superintendent  
 "Educating Georgia's Future"

**Richard Woods, Georgia's School Superintendent**  
 "Educating Georgia's Future"

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

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

**Parent Occupational Survey**

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

Has your family moved in order to work in another city, county, or state, in the last three (3) years?  Yes  No

If so, what is the date your family arrived in the city/town you reside? \_\_\_\_\_

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)

- 1) Agriculture: planting/picking vegetables or fruits such as tomatoes, squash, grapes, onions, strawberries, blueberries, etc.
- 2) Planting, growing, or cutting trees (pulpwood)/raking pine straw
- 3) Processing/packing agricultural products
- 4) Dairy/Poultry/Livestock
- 5) Meatpacking/Meat processing/Seafood
- 6) Fishing or fish farms
- 7) Other (Please specify occupation): \_\_\_\_\_

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

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

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

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

**Thank You!**

**Please return this form to the school**

*The answers to this survey will help determine if your child(ren) are eligible to receive supplemental services from the Title I, Part C Program.*

**Note for the school/district:** When both "yes" and one or more of the boxes from 1 to 7 is/are checked, please give this form to the migrant liaison or migrant contact for your school/district. Please file original in student's records. Non-funded (consortium) systems should fax occupational parent surveys to the regional MEP office serving their district. For additional questions regarding this form, please call the MEP office serving your district:

GaDOE Region 1 MEP, P.O. Box 780, 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



Richard Woods, Georgia's School Superintendent  
 "Educating Georgia's Future"

**Richard Woods, Georgia's School Superintendent**  
 "Educating Georgia's Future"

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

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

**Encuesta Ocupacional para Padres**

**Por favor llene este formulario para determinar si sus hijos califican para recibir servicios a través del Programa de Título I, Parte C**

¿Ustedes se han movido para trabajar en otra ciudad, condado, o estado, en los últimos tres (3) años?  Sí  No

Si su respuesta es "Sí", ¿en qué fecha llegaron a la ciudad/pueblo donde viven actualmente? \_\_\_\_\_

¿Alguien de su familia trabaja, ha trabajado, o tiene la intención de trabajar, en una de las siguientes actividades en forma permanente o temporal o ha hecho este tipo de trabajo en los últimos tres años? (Marque todos los que apliquen)

- 1) Agricultura; plantando/cosechando vegetales o frutas como tomates, calabazas, uvas, cebollas, fresas, arándanos, etc.
- 2) Plantando o cortando árboles/juntando agujas de pino (*pine straw*)
- 3) Procesando /empacando productos agrícolas
- 4) Lechería o ganadería
- 5) Empacadoras o procesadoras de carne/pollo o mariscos
- 6) Pescando o criando pescado
- 7) Otra actividad. Por Favor especifique en cuál: \_\_\_\_\_

Nombre de los Estudiantes	Nombre de la Escuela	Grado
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Nombre de los padres o guardianes legales: \_\_\_\_\_

Dirección donde vive: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_ Teléfono: \_\_\_\_\_

¡Muchas Gracias!

Por favor regrese este formulario a la escuela

*Las respuestas a este formulario van a ayudar a determinar si sus hijos califican para recibir servicios a través del programa de Título I, Parte C.*

**Note for the school/district:** When both (Yes) "Si" and one or more of the boxes from 1 to 7 is/are checked, please give this form to the migrant liaison or migrant contact for your school/district. Please file original in student's records. Non-funded (consortium) systems should fax occupational parent surveys to the regional MEP office serving their district. For additional questions regarding this form, please call the MEP office serving your district:

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