

# COFFEE COUNTY SCHOOLS

## 2024-2025 STUDENT FORMS

Once completed, return the entire booklet to your  
homeroom teacher.

A full version of the Parent Student Information Guide  
can be found on the Coffee County Schools' website  
at [www.coffeecountyschools.org](http://www.coffeecountyschools.org).

A hard copy of the Parent Student Information Guide  
may be requested from the main office at each school.

**2024-2025**  
**RULES AND REGULATIONS GOVERNING**  
**TEXTBOOKS AND LIBRARY BOOKS**

The Coffee County School System will adhere to the following rules regarding textbooks and library books:

1. Students are responsible for all books (textbooks and library books).
2. If a book is abused, lost, or destroyed, the student must compensate for it.
3. No student can be issued another textbook until he/she compensates for the lost or destroyed book.
4. No student can check out a library book if he/she owes for a lost or destroyed library book.

This is in accordance with Alabama State Law which states:

*This is to certify that I have received and read the "Rules and Regulations Governing Textbooks and Library Books." I understand that textbooks will not be issued to any student until this slip has been signed by the parent or guardian and returned to his or her school.*

"...The parent, guardian, or other person having custody of a child to whom textbooks are issued shall be held liable for any loss, abuse, or damage in excess of that which would result from the normal use of such textbooks. In computing the loss or damage of a textbook which has been in use for a year or more, the basis of computation shall be a variable of fifty to seventy-five percent of the original cost of the book to the State. If such parent, guardian, or person having custody of such child to whom the textbook was issued fails to pay such assessed damages within thirty (30) days after notification, such student shall not be entitled to further use of such textbooks until remittance of the amount of loss or damage shall be made."

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Print)

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

\_\_\_\_\_  
Date

**This form is to be filed by grade level/school year in counselor's office.**

**Please detach this page after signing and have the student return it to their homeroom teacher.**

**2024-2025**  
**COFFEE COUNTY SCHOOL SYSTEM**  
**PARENT ACKNOWLEDGMENT**

The Coffee County School System *Parent/Student Information Guide* is now available online at [www.coffeecountyschools.org](http://www.coffeecountyschools.org). Parents and students may access the guide online or may request a printed copy by contacting the principal's office of your school.

We (I), \_\_\_\_\_  
[Printed Name of parent(s)]

parent(s)/legal guardian(s) of \_\_\_\_\_  
[Printed Name of student]

enrolled in \_\_\_\_\_  
[Name of school]

hereby acknowledge by our (my) signature that we (I) have received a copy of or viewed online the Coffee County School System *Parent/Student Information Guide*. The guide is available at [www.coffeecountyschools.org](http://www.coffeecountyschools.org). We (I) acknowledge that we have received the notification required under Every Student Succeeds Act of 2015 (ESSA) included in this guide (page 42), detailing the information which may be requested on the qualifications of our child's teacher and any paraprofessional involved in the direct instruction of our child. We (I) also acknowledge that the *Parent/Student Information Guide* contains information regarding student attendance which states that in accordance with Alabama law, a parent or guardian must explain the cause of each absence. Every student, upon return to school following an absence, must bring a written excuse that is signed by the parent or guardian.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

*NOTE: If the student lives with both parents, both parents are to sign the statement. If the student lives with only one parent or legal guardian, only one has to sign the statement.*

**This form is to be filed by grade level/school year in counselor's office.**

**Please detach this page after signing and have the student return it to their homeroom teacher.**

ALABAMA STATE DEPARTMENT OF EDUCATION

SCHOOL MEDICATION PRESCRIBER/PARENT AUTHORIZATION

School Year: \_\_\_\_\_

**STUDENT INFORMATION**

Student's Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

No known drug allergies—if drug allergies list: \_\_\_\_\_

Weight: \_\_\_\_\_ pounds

**PRESCRIBER AUTHORIZATION** (To be completed by licensed healthcare provider)

Medication Name: \_\_\_\_\_

Dosage: \_\_\_\_\_ Route: \_\_\_\_\_

Frequency/Time(s) to be given: \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for taking medication: \_\_\_\_\_

Potential side effects/contraindications/adverse reactions: \_\_\_\_\_

Treatment order in the event of an adverse reaction: \_\_\_\_\_

**SPECIAL INSTRUCTIONS:**

Is the medication a controlled substance? Yes  No

Is self-medication permitted and recommended? Yes  No

If "yes" I hereby affirm this student has been instructed  
On proper self-administration of the prescribe medication.

Do you recommend this medication be kept "on person" by student? Yes  No

**Emergency Drug required during Bus Transportation** Yes  No

**Cake Icing Gel ONLY for Diabetic Student during Bus Transportation** Yes  No

Printed Name of Licensed Healthcare Provider: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_

Signature of Licensed Healthcare Provider: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT AUTHORIZATION**

I authorize the School Nurse, the registered nurse (RN) or licensed practical nurse (LPN) to administer or to delegate to unlicensed school personnel the task of assisting my child in taking the above medication in accordance with the administrative code practice rules. I understand that additional parent/prescriber signed statements will be necessary if the dosage of medication is changed.

**Prescription Medication** must be registered with School Nurse or trained Medication Assistants. Prescription medication must be properly labeled with student's name, prescriber's name, name of medication, dosage, time intervals, route of administration and the date of drug's expiration when appropriate.

**Over the Counter Medication** must be registered with the School Nurse or Trained Medication Assistant, OTC's in the original, unopened and sealed container. Local Education Agency Policy for OTC medication to be followed:

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

**SELF-ADMINISTRATION AUTHORIZATION**

**(To be completed ONLY if student is authorized to complete self-care by licensed healthcare provider.)**

I authorize and recommend self-medication by my child for the above medication. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless the school, the agents of the school, and the local board of education against any claims that may arise relating to my child's self-administration of prescribed medication(s).

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

## **Coffee County Schools**

### **Opt-In for Mental Health Services by Parent or Legal Guardian**

No student under the age of fourteen may participate in ongoing school counseling services, including, but not limited to, mental health services, unless (1) the student's parent or legal guardian has submitted a written opt-in granting permission for the student to participate or (2) there is an imminent threat to the health of the student or others.

For purposes of this policy, "mental health services" includes services, treatment, surveys, or assessments relating to mental health; however, it does not include instructional activities designed to educate students regarding topics related to mental health (1) contained in the school system's approved curriculum or (2) otherwise required to be taught by law (e.g., Erin's Law; Jason Flatt Act). Furthermore, "ongoing school counseling services" shall not include those school counseling services that are split into domains not requiring a mental health therapist or other mental health therapeutic license.

This policy does not apply to any school counseling services or "mental health services" contained in a student's PST, IEP, or 504 plans. Consent for those services will be obtained in accordance with the specific procedures required by federal and/or state law, and information regarding any mental health services will be provided in the pertinent plan.

A. **Written Notification** – At least annually, the Coffee County School System shall provide parents and legal guardians with written notification regarding school-provided or sponsored mental health services. The notification will include the purpose and general description of each of the mental health services available; information regarding ways parents may review materials to be used in guidance and counseling programs available to students; and information regarding ways parents may allow, limit, or prevent their student's participation in the programs.

The written notification may be provided electronically or by other means and methods as are customarily used for such purposes.

B. **Opt-In To Participate in Mental Health Services** –

1. *General Requirement* – For a student under the age of fourteen to participate in mental health services, written permission by the student's parent or legal guardian is required annually. The written permission must be specific to any treatment and not broad in nature. Parents and legal guardians may be provided the opportunity to opt in electronically or by means and methods that are customarily used for such purposes.
2. *Rescinding Permission* – A parent or guardian may rescind permission for a student to participate in mental health services at any time by providing written notice to the school guidance counselor.
3. *Requests for Opt-In and Referrals Authorized* – If a parent or legal guardian does not initially opt into mental health services, school officials may contact the parent or legal guardian to (1) attempt to obtain permission for the student to participate in mental health services if the school official believes that the student would benefit from services or if a circumstance arises for which services could be beneficial; and/or (2) provide a parent or legal guardian with a referral or information regarding

Coffee County Schools  
Annual Notification Regarding  
School Provided or Sponsored Mental Health Services  
2024-2025

**Mental Health Services**

The Coffee County School System provides or sponsors the following mental health services.

Large group guidance - includes a school counselor or professional visiting the classroom to discuss topics such as bullying, class scheduling, stress management, test anxiety, or guest speakers to discuss good choices, substance abuse prevention, etc.

Small group guidance - includes a small group of students with a school counselor or professional to discuss topics such as test anxiety, grief, healthy coping skills, etc.

Mentoring - Peer Helpers, Big Brothers/Big Sisters, and/or Social Work Interns work with students in school on topics such as friendships, healthy relationships, anger management, and anxiety.

Assessments or Surveys - includes questionnaires provided to students related to social behaviors, feelings, etc.

Crisis intervention - short-term, immediate assistance by a school counselor or professional for a specific situation.

School-Based Mental Health - On-going counseling services by school professionals or private practitioners in the school setting. A parent or legal guardian's permission will be obtained during an intake meeting before services are provided.

**Review of Materials**

You may request to review any materials used in the guidance and counseling programs available to students by contacting the school counselor.

**Information Regarding How to Allow, Limit, or Prevent Your Child's Participation in Mental Health Services**

Under Alabama law, no student under the age of fourteen may participate in ongoing school counseling services, including, but not limited to, mental health services, unless (1) the student's parent or legal guardian has submitted a written opt-in granting permission for the student to participate or (2) there is an imminent threat to the health of the student or others.

Therefore, if your child is under fourteen, they will only be allowed to participate in mental health services if you opt-in. If you would like the Coffee County School system to be able to offer and/or provide mental health services to your child, you must opt-in for each service listed for them to participate in that service.

Even if you do not opt-in to mental health services, your child may be provided mental health services if there is an imminent threat to their health or others. School employees may determine at their discretion whether such an imminent threat exists and provide any mental health services they deem necessary under the circumstances.

Parent of students with disabilities: Please note that the opt-in process is not applicable to any school counseling services or "mental health services" contained in a student's IEP or 504 plan. Consent for those services will be obtained, and information regarding your child's mental health services will be provided through the usual special education process.

## OPT-IN FOR MENTAL HEALTH SERVICES 2024-2025

As of the date of my signature below, my child, \_\_\_\_\_, is under the age of 14 years old: \_\_\_\_\_  
Yes \_\_\_\_\_ No \_\_\_\_\_

If No, stop here. If Yes, continue.

I hereby give my permission for my child to participate in the following mental health services: [Check the box for each mental health service you want to be available to your child]

\_\_\_\_ **Large group guidance** - Large group counseling services provided by a mental health agency or professional

\_\_\_\_ **Small group guidance** - A small group of students working with a school counselor or other professional to discuss topics that align with Alabama's Attitudes and Essential Skills for Student Success. Specific information will be provided to the parent/guardian regarding the reason for the small group, how it is expected to help the student, and the times and frequency of group meetings. Additional permission will be obtained from the parent or guardian prior to a student's participation in a small group.

\_\_\_\_ **Mentoring** - Mentoring that includes treatment plans and is facilitated by a mental health professional

\_\_\_\_ **Assessments/Surveys** - includes questionnaires provided to students related to social behaviors, feelings, etc.

\_\_\_\_ **School-Based Mental Health** - On-going counseling services by school professionals or private practitioners in the school setting. A parent or legal guardian's permission will be obtained during an intake meeting before services are provided.

You may rescind permission for a student to participate in mental health services at any time by providing written notice to the school counselor.

Parent/Guardian Name (Printed) \_\_\_\_\_

Parent/Guardian Name (Signature) \_\_\_\_\_

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

# Zion Chapel School

## Photo/Videotape Release Form

---

Throughout the school year, there may be times when Zion Chapel School staff, the media, or other organizations, with the approval of the school principal, may take photographs of students, or interview students for school related stories in a way that would individually identify a specific student. Those photographs and/or videotaped images or interviews may appear in District/School publications, in District/School video productions, on the District/School website, on District authorized social networking sites such as Facebook, in the news media, or in other organizations' school related stories or articles. To authorize your child's photograph and/or videotaped image or interview to be used for these purposes, please complete this form and return it to your child's teacher.

I hereby grant unto Zion Chapel School permission to use my child's photograph and/or videotaped image or interview for the purposes mentioned above. I understand and agree that ZCS may use these photos and/or videotaped images or interviews in subsequent school years unless I revoke this authorization by notifying the school principal in writing. I further grant unto Zion Chapel School permission to permit my child to be photographed audio/videotaped or interviewed by the news media or other organizations for school related stories or articles.

No, I do not give permission to use my child's photograph and/or videotaped image or interview.

Student's Name: \_\_\_\_\_

Teacher: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

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

# Coffee County Parents and Teachers United in Helping Our Pupils Excel

Dear Parents,

Research shows that students are more likely to succeed when parents are actively involved in their child's education. This year we will keep you informed about school activities and your child's progress through a variety of means. These methods include PowerSchool, SchoolCast, newsletters, calendar of events, PTO, Open House and conferences. You in turn will be invited to share your knowledge and experiences with students. When parents and schools work together to promote education, positive results occur.

**Place a check beside the activities in which you would like to participate.**

I have a talent/hobby I will share with a class. It is \_\_\_\_\_.

I have traveled to \_\_\_\_\_.

I will help with a class party by attending or sending food.

I will chaperone a class activity or field trip.

I will tutor a student.

I will read a story to a class.

I will assist with clerical work or preparing a bulletin board.

Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Child's Name and Grade \_\_\_\_\_

If you need information/training in any area concerning your child's education or how to access resources, please contact your child's teacher, school counselor or Carol Mooney at 334-897-5016.



# ZION CHAPEL ELEMENTARY SCHOOL

School – Parent – Student  
Partnerships for Academic Success  
2024-2025

Principal: Jared Robison

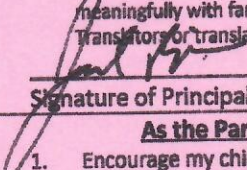
Assistant Principal: Randy Bryant

Assistant Principal: D'Andra Tingey

Zion Chapel School's mission is to provide appropriate learning experiences with effective instruction in a safe and positive environment. Additionally, it is our belief that student performance is a result of the cooperative efforts of the school staff, parents, and student. Specific responsibilities have been outlined in this compact. The goal is for the student to receive the support needed to reach his or her maximum potential.

**Zion Chapel Elementary School will:**

1. **Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the State's student academic achievement standards by:** providing curriculum and instruction based on the Alabama Course of Study Standards and Common Core Curriculum Standards taught by highly qualified teachers who use evidence-based strategies and best practices that enable students to meet and exceed Stat performance standards, assessing student's knowledge and skills while using assessments to guide instruction, providing activities that will teach different learning styles of students, providing a supportive and effective learning environment with structure and clear limits and encouraging all students to succeed by attending to the unique needs of each child.
2. **Hold parent-teacher conferences (at least annually) during which this compact will be discussed as it relates to the individual child's achievement.** Conferences will be held annually and as needed throughout the year, in order to facilitate positive communication between parents, teachers, and students. Conference opportunities will include: the annual Title I parent meeting, Open-House, Parent Visitation Night (Lights on After School), Parent visitations throughout the year as well as parent-teacher conferences throughout the year.
3. **Provide parents with frequent reports on their children's progress.** The staff will communicate with parents about concerns in attendance, achievement, grades, or behavior through: progress reports provided mid-term, quarterly report cards, communication with parents by note, school conference, phone call, home visit, or email/technological applications (Parent Portal, SchoolCast, Class DOJO, Remind, Google classroom etc...), weekly graded papers and conduct reports sent in the weekly performance folders in grades K-6.
4. **Provide parents reasonable access to staff.** School staff will be available for consultation with parents as follows: daily planning times, before school and after school by appointment, during family involvement events scheduled periodically throughout the school year, through notes, phone calls, emails home visits and conferences, and during the annual Parent Advisory Counsel Meetings.
5. **Provide parents opportunities to volunteer and participate in their child's class, and to observe classroom activities.** Opportunities for involvement will include open house, parent visitation days, classroom helpers, serving on committees, attending meetings, athletic events, Annual Title I Parent meetings, scheduled classroom visits, Field Day, and other school activities. Responses to the parent surveys will be used to request volunteers to help.
6. **Ensure regular two-way, meaningful communication between family members and school staff, and, to the extent practicable, in a language that family members can understand.** Meaningful communication will be provided through the school's website and through School Cast messages, phone calls, and emails in order to inform and educate parents and stakeholders on the current vocabulary related to student data in order to obtain a clear understanding of student performance and results. The school will communicate frequently and meaningfully with family members through flyers, surveys, weekly newsletters, the school website, formal meetings, and social media platforms. Translators or translation software will be provided as needed.

 \_\_\_\_\_  
Signature of Principal Date 08/07/2024

\_\_\_\_\_  
Signature of Teacher Date 08/07/2024

**As the Parent or Guardian I Will:**

1. Encourage my child to read daily.
2. Set aside a specific time and provide a quiet place to do homework.
3. Make sure my child is on time and attends school daily.
4. Sign and return all papers that require a parent's or guardian's signature (i.e. weekly folders).
5. Encourage positive attitudes toward school / extracurricular time.
6. Attend conferences, parent meetings, and school activities.
7. Take personal responsibility for my child's education by communicating and staying informed about my child's school activities.
8. Participate in decisions relating to my child's education.
9. Volunteer for classroom / school functions (minimum of one activity).

\_\_\_\_\_  
Signature of Parent or Guardian Date

**As a student I will:**

1. Always do my best.
2. Be respectful to my teachers and others.
3. Follow school and classroom rules; taking responsibility for my behavior.
4. Be responsible for bringing supplies to class and to take school notices / information home.
5. Complete class / homework assignments in a legible and timely manner.
6. Read at least 30 minutes every day outside of school time.
7. Give my parent or guardian notices and information received by me from my school.
8. Work to resolve conflicts in positive, non-violent ways.

\_\_\_\_\_  
Signature of Student Date

**Sign and return the yellow copy. Keep the pink copy for your record.**