

# Franklin County Schools Student Data/Enrollment

School _____		Enrollment Date _____		Grade _____	
Last Name _____		First Name _____		Middle Name _____	
Student resides with _____		Relation _____		Legal Guardian Y or N	
Birth Date _____		Age _____		Gender M or F	
				Social Security _____ - _____ - _____	
Ethnicity (Circle one.) <i>Hispanic</i> <i>Non-Hispanic</i>		Race (Circle all that apply.) <i>White</i> <i>Black</i> <i>Indian</i> <i>Asian</i> <i>Pacific Islander</i>			
Date entered US Schools _____				US Citizen Y or N	
Birth City _____		Birth County _____		Birth State _____	
				Birth Country _____	
Home Language _____		Primary Language _____		Limited English Proficient Y or N	
Last School Attended _____				Date Withdrawn _____	
Last School Attended Address Street _____		City _____		State _____ Zip _____ Phone _____	

  

Mother's Full Name _____		Maiden Name _____	
Language <i>English</i> or <i>Non-English</i>		Active Military Y or N	
		Active Member of Reserves Y or N	
		Active Member of Guard Y or N	
Residence (911 Address) _____		City _____ Zip _____	
Mailing Address _____		City _____ Zip _____	
County _____		Email Address _____	
		Can pick up student at school Y or N	
Primary Phone _____		Cell Phone _____	
		Work Phone _____	
Employer _____		Employment Address _____	
Number you preferred to be notified by Emergency Notification System (School Messenger) _____			

  

Father's Full Name _____			
Language <i>English</i> or <i>Non-English</i>		Active Military Y or N	
		Active Member of Reserves Y or N	
		Active Member of Guard Y or N	
Residence (911 Address) _____		City _____ Zip _____	
Mailing Address _____		City _____ Zip _____	
County _____		Email Address _____	
		Can pick up student at school Y or N	
Primary Phone _____		Cell Phone _____	
		Work Phone _____	
Employer _____		Employment Address _____	
Number you preferred to be notified by Emergency Notification System (School Messenger) _____			

*A copy of the legal court order regarding child's custody must be on file at current school if student does not reside with both parents. A legal custody order is required from any guardian other a parent.*

  

Guardian's Full Name _____			
Language <i>English</i> or <i>Non-English</i>		Active Military Y or N	
		Active Member of Reserves Y or N	
		Active Member of Guard Y or N	
Residence (911 Address) _____		City _____ Zip _____	
Mailing Address _____		City _____ Zip _____	
County _____		Email Address _____	
		Can pick up student at school Y or N	
Primary Phone _____		Cell Phone _____	
		Work Phone _____	
Employer _____		Employment Address _____	
Number you preferred to be notified by Emergency Notification System (School Messenger) _____			

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

Mode of Transportation (Circle) *Private Automobile* or *School Bus* Bus # \_\_\_\_\_

The following persons have permission to pick up or check out this student from school. Proof of identification will be required.

Full Name	Relationship to Student	Address	Phone #

List any restrictions in regard to pick up rights for student \_\_\_\_\_

**Code of Conduct** – The *Code of Conduct* for the Franklin County School System is available online on our website -- **fcstn.net** under the tab 'Parents/Students'. The *Code of Conduct* contains the expected standards of student behavior, the consequences of the failure to obey such standards, as well as other legal notices. Your signature is legally binding in that it indicates that you know that you are responsible for the contents of the *Code of Conduct*, including the *Acceptable Use Policy* (Use of Internet, Section XII), that you have read the same, and that both you and your child are aware of the contents thereof.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Student Residency Questionnaire

*This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435.*

*Student Social Security Number is not required for enrollment.*

1. Is your current address a temporary living arrangement? Yes or No

2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes or No

If you answered YES to the above questions, please provide the following information:

3. Where does your child stay at night? (Please check one)

\_\_\_\_\_ Home/apartment owned or rented by the parent(s)/guardian(s)

\_\_\_\_\_ With a relative or friend (family does not have residence)

\_\_\_\_\_ In a shelter

\_\_\_\_\_ In a motel

\_\_\_\_\_ In an automobile

\_\_\_\_\_ A campsite

\_\_\_\_\_ In housing that is inadequate (i.e. no electricity, running water, etc.)

\_\_\_\_\_ Other housing (please explain): \_\_\_\_\_

4. Do you currently have pre-school children not enrolled in school? Yes or No

If yes, please list their names and ages: \_\_\_\_\_

5. Do you have reliable internet at home? \_\_\_\_\_ If yes, who is the provider? \_\_\_\_\_

Presenting a false record or falsifying records is an offense under Section 37-'0, Penal Code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec.25.002(3)(d).

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Franklin County Schools Student Health Record

School Year 2021-22

Student Name: \_\_\_\_\_  
(Last) (First) (Middle)

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Guardian/Legal Custodian: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Other/Emergency Contact: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Company/Policy Number: \_\_\_\_\_

TennCare: ☐ Yes ☐ No

Health Problems: \_\_\_\_\_

Medications (Dosage and Frequency): \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Dietary Considerations: \_\_\_\_\_

Activity Limitations: \_\_\_\_\_

Special Equipment: \_\_\_\_\_

Safety Precautions: \_\_\_\_\_

Has your child had a head injury? Yes No

If Yes - Cause of injury: Fall, Car/motor vehicle accident, Sports related, Other

If Yes: Did your child lose consciousness or appear to be dazed? Yes, No, Not sure

Please explain: \_\_\_\_\_

Signature of Parent/Guardian/Legal Custodian: \_\_\_\_\_ Date: \_\_\_\_\_



## Disciplinary - Preference Form

### 2021-22 School Year

Please complete this form and return it to the school by Friday, August 27, 2021 indicating your preference in this regard.

       ***I do give permission for corporal punishment to be administered against my child as a disciplinary consequence.***

       ***I do not give permission for corporal punishment to be administered against my child as a disciplinary consequence.***

Your Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Print Full Name

Parent/Guardian's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Full Name

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

#### **Board Policy 6.314 – Corporal Punishment**

Any principal, assistant principal, or teacher with the permission of the school principal may use corporal punishment in a reasonable manner against any student for good cause in order to maintain discipline and order within the public schools in accordance with the following guidelines:

- A student's parent(s) or guardian(s) shall be given an opportunity to express a preference as to whether corporal punishment may or may not be administered against the student. Such preference shall be expressed on a written disciplinary preference form designated by the Director of Schools and sent to parents and guardians by school principals at the beginning of the school year. A parent or guardian may change a previously stated preference by completing and submitting a new form;
- Corporal punishment may be administered against a student only if the school has received a disciplinary-preference form for the current school year signed by the student's parent or guardian authorizing the school to administer corporal punishment against the student;
- Corporal punishment shall be administered only after other less stringent measures or behavior modifications have failed;
- The instrument to be used shall be approved by the director of schools by administrative directive;
- Corporal punishment shall be administered in the presence of another professional employee, preferably the principal or assistant principal; the preferred site is in the office area;
- An attempt shall be made to notify the student's parents or guardians prior to administering corporal punishment; the parents or guardians shall be invited to witness the administration of the punishment;
- The nature of the punishment shall be such that it is in proportion to the gravity of the offense, the apparent motive and disposition of the student, and the influence of the student's example and conduct on others;
- If a student has a disability, corporal punishment shall be administered only when the school has received written parental permission. The parental permission must include the type of corporal punishment that is allowed and the circumstances under which it is permitted. This information will be kept on file at the school. It may be revoked at any time; and
- The principal shall notify the parent(s)/guardian(s) any time corporal punishment is used.

A disciplinary record shall be maintained and shall contain the name of the student, the type of misconduct, the type of corporal punishment administered, the name of the person administering the punishment, the name of the witness present, and the date and time of punishment. Disciplinary records shall be filed in the school office and made available to parent(s)/guardian(s) or students, whichever is appropriate.



# Franklin County Schools

## Consent Form

4.407.2

1 Name of Student: \_\_\_\_\_

2 Name of Parent/Guardian (if applicable): \_\_\_\_\_

3 Grade: \_\_\_\_\_ Name of Teacher: \_\_\_\_\_

4 I understand that my child's\* work (writings, drawings, etc.) may occasionally be published on the  
5 internet and newspaper. I give my permission to publish my child's\* work with identification as  
6 specified below.

7 Please circle "yes" or "no" for each of the following:

8 1. My child's\* work (writings, drawings, etc.) may be published on the internet and newspaper.  
9 Yes No

10 2. My child's\* first name (may include last name) may be used to identify his/her work.  
11 Yes No

12 3. My child's\* class (teacher/grade level/school) may be used to identify the work.  
13 Yes No

14 Additionally, photographs, videos or audio recordings, and/or webcasts are sometimes taken, or  
15 recorded at school or school related activities and may be included on the school and school system's  
16 web-site and other social media as well as newspaper.

17 Please circle "yes" or "no" for the following:

18 • My child's likeness and/or voice may be recorded and exhibited as still photographs, videos,  
19 webcasts, or other similar media, including other internet applications.  
20 Yes No

21 Please list any other restrictions you wish to include. \_\_\_\_\_

22 \_\_\_\_\_

23 \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
\* Student Signature (if applicable)

\_\_\_\_\_  
Date

\* The student becomes an 'eligible student' when he/she reaches the age of eighteen (18), at which time all of the above rights become the student's right.



## AGREEMENT OF PARENT FOR COUNTY OWNED TEXTBOOKS

Being the parent/guardian/legal custodian of \_\_\_\_\_ I agree that I will be responsible for all textbooks used by my child. I further agree that I will reimburse

Franklin County High School for the appropriate percent of the replacement cost for any  
(name of school)  
badly damaged, destroyed or misplaced textbooks which my child has during the 2021-22  
school year (Board Policy 4.401).

\_\_\_\_\_  
*Signature of Parent/Guardian/Legal Custodian*

\_\_\_\_\_  
*Date*

*The school principal is responsible for distributing, collecting and maintaining a file of this annual agreement.*

