

Franklin County School District – 2025-2026
Student Information Enrollment

STUDENT: _____ RACE _____ SEX _____
(Last) (First) (Middle)3239

Date of Enrollment _____ **Grade Entering** _____ **Hispanic Descent** ___Yes ___No

Does your student receive Special Education/504 services? ___Yes ___No

Date of Birth _____

Mailing Address _____

Physical Address _____ (Town) (County)

Telephone(s) _____
(Home) (Emergency Numbers—Relatives/Neighbors)

PARENT INFORMATION:

Student lives with (check one): ___ Mother ___ Father ___ Both Parents ___ Guardian

PARENT/GUARDIAN: _____

Occupation _____ Company _____ Town _____ State _____
(Last) (First) (Middle) (Maiden)

Work Phone _____ Cell Phone _____

PARENT/GUARDIAN: _____

Occupation _____ Company _____ Town _____ State _____
(Last) (First) (Middle)

Work Phone _____ Cell Phone _____

Number of persons in home (including parents) _____ Parent Email _____

Sisters in school Name _____ Grade ___ Name _____ Grade ___

Brothers in school Name _____ Grade ___ Name _____ Grade ___

Parent(s) please write your name(s) along with any other adult who has permission to check out your child - (NO MORE THAN FIVE [5] NAMES INCLUDING PARENTS) (A student cannot be listed as a checkout person)

| | Relationship to Student | Daytime Phone No. |
|----------|-------------------------|-------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |

Under no circumstances, not even in an emergency situation, is my child to be checked out by:

1. _____
(Relationship to Student)

*Because of school security, identification may be checked before permission to check out is granted.

I have completed all of the information above and I understand that my child will receive a copy of the Franklin County School District Handbook. I understand that it is my responsibility to read and ensure that my child follows the rules and guidelines contained therein.

Signature of Parent/Guardian _____ **Date** _____

- Parent _____Yes ___No I consent to having my child's photo, name, and achievements published.
- Permissions ___Yes ___No I do permit corporal punishment. (Elementary Only)
- ___Yes ___No I have signed the Internet Usage Agreement.
- ___Yes ___No I permit transport of my child to the hospital in case of emergency.
- ___Yes ___No I am responsible for the condition and return of textbooks issued to my child.

**Franklin County School District Health History
Confidential Data 2025-2026 School Year**

Grade _____ Homeroom Teacher _____
 Full Name _____ Birthday _____ Sex _____ Race _____
 Male Parent/Guardian _____ Work Phone _____ Cell Phone _____
 Female Parent/Guardian _____ Work Phone _____ Cell Phone _____
 Student's Doctor/Health Care Provider _____ Phone _____

Please mark which type insurance this student has and include the ID number:

Medicaid _____ CHIPS _____ Other _____

MEDICAL HISTORY: Please check all that apply and explain.

| | |
|--------------------------|--------------------------------------------------|
| <input type="checkbox"/> | Allergies to drugs |
| <input type="checkbox"/> | Allergies to foods |
| <input type="checkbox"/> | Seasonal Allergies |
| <input type="checkbox"/> | Asthma |
| <input type="checkbox"/> | Tuberculosis (TB) |
| <input type="checkbox"/> | A.D.D. / A.D.H.D. |
| <input type="checkbox"/> | Diabetes/High Blood Sugar |
| <input type="checkbox"/> | Epilepsy or Seizure Disorder |
| <input type="checkbox"/> | Heart Problems |
| <input type="checkbox"/> | Kidney Disease |
| <input type="checkbox"/> | HIV |
| <input type="checkbox"/> | Sickle Cell Anemia |
| <input type="checkbox"/> | Arthritis |
| <input type="checkbox"/> | Migraines |
| <input type="checkbox"/> | Stomach or Digestive Problems |
| <input type="checkbox"/> | Hearing Problems |
| <input type="checkbox"/> | Dental Problems |
| <input type="checkbox"/> | Vision Problems |
| <input type="checkbox"/> | Does the student need to wear glasses at school? |
| <input type="checkbox"/> | Chicken Pox |
| <input type="checkbox"/> | Birth Defects/Handicap |
| <input type="checkbox"/> | High Blood Pressure |
| <input type="checkbox"/> | Rheumatic Fever |
| <input type="checkbox"/> | Surgeries/Serious Accidents |
| <input type="checkbox"/> | Other |

Please list any daily medications: _____

I give the school permission to transport my child for immediate care in an emergency situation in which I cannot be reached. I also give permission for my child to participate in the school's health program and receive first aid care and basic health education from the school nurses. This will include vision/hearing screenings, body and vital sign measurements, and school health/safety educational programs.

X Parent/Guardian Signature _____ Date _____

Franklin County School District Acceptable Use Policy

Introduction

Franklin County School District has established a computer network and is pleased to offer Internet access for student use. This will allow students to have email accounts under certain conditions and will provide them with access to a variety of Internet resources. In order for students to use the Internet, students and their parents or guardians must first read and understand the following acceptable use policies. Franklin County School District makes every effort to comply with the Child Internet Protection Act, CIPA, through the use of filtering software from the Mississippi Department of Education and Border Manager, software installed at the local level. It should be noted that internet access is a privilege and not a right.

Acceptable Uses

1. The computer network at Franklin County School District has been set up in order to allow Internet access for educational purposes. This includes classroom activities, research activities, peer review of assigned work, and the exchange of project-related ideas, opinions, and questions via email, message boards, and other means.
2. Students will have access to the Internet via [classroom, library, lab, etc.] computers.
3. Student use of the Internet is contingent upon parent/guardian permission in the form of a signed copy of this Acceptable Use Policy. Parents/guardians may revoke approval at any time.
4. Material created and/or stored on the system is not guaranteed to be private. Network administrators may review the system from time to time to ensure that the system is being used properly. For this reason, students should expect that emails, material placed on personal Web pages, and other work that is created on the network may be viewed by a third party.
5. Network users must keep their passwords private. Accounts and/or passwords may not be shared.
6. Network users are expected to adhere to the safety guidelines listed below.

Unacceptable Uses

1. Using the network for any illegal activity, including violation of copyright or other contracts, or transmitting any material in violation of any U.S. or Mississippi regulation;
2. Unauthorized downloading of software, regardless of whether it is copyrighted or decompiled;
3. Downloading copyrighted material for other than personal use
4. Using the network for private financial or commercial gain
5. Wastefully using resources, such as file space
6. Gaining unauthorized access to resources or entities
7. Invading the privacy of individuals
8. Using another user's account or password
9. Posting material authored or created by another without his/her consent
10. Posting anonymous messages
11. Using the network for commercial or private advertising
12. Accessing, submitting, posting, publishing, or displaying any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, harassing, or illegal material
13. Using the network while access privileges are suspended or revoked

Safety

The Franklin County School District incorporates Internet Safety into its curriculum which includes but not limited to;

1. The education of minors about appropriate online behavior, including interacting with other individuals on social networking sites and in chat rooms.
2. Cyberbullying awareness and response.

Safety Guidelines for Students

1. Never give out your last name, address, phone number or social security number.
2. Never give out the last name, address, phone number or social security number of another person.
3. Never agree to meet in person with anyone you have met online unless you first have the approval of a parent or guardian.
4. Notify an adult immediately if you receive a message that may be inappropriate or if you encounter any material that violates this Acceptable Use Policy.
5. Your parents should instruct you if there is additional material that they think would be inappropriate for you to access. Franklin County School District expects you to follow your parent's wishes in this matter.

Compensation: The student and/or the student's parent(s)/legal guardian(s) shall be responsible for compensating the district for any losses, cost or damages incurred by the school/district relating to or arising out of any student violation of this policy.

Violations: Consequences for the violation of the Franklin County School District Internet Use Agreement will be dealt with according to current disciplinary procedures in each building. However certain violations may warrant loss of internet use privilege. This will be determined by the building administrator. Violations of state and Federal law may be prosecuted to the fullest extent of the law. Violations of AUP agreement by faculty and staff may result in the loss of privilege of access or restricted access. This will be determined by a committee consisting of the Administrator, Superintendent, and technology coordinator.

Parent/Guardian Permission : I have read and understand the above information about appropriate use of the computer network at Franklin County School District and I understand that this form is a legally binding document and will be kept on file at the school. I give my child permission to access the network as outlined above. I also understand that my child's work (writing, drawings, etc.) may occasionally be published on the Internet and be accessible on a World Wide Web server.

Parent name (print) _____ Parent signature _____ Date _____

Student name (print) _____ Student signature _____ Date _____

Teacher name (print) _____ Teacher signature _____



FRANKLIN COUNTY SCHOOL DISTRICT

Federal Programs Survey

Parents: All information in this form is confidential. The answers to this survey help to determine the services that your child may be eligible to receive. Please complete one form for each child and return it to the office.

School _____ Date _____

Student's Name _____ Male ___ Female ___ Date of Birth _____ Grade _____

Parent/Guardian Name _____

Address _____ Telephone Number(s) _____

1. What is the dominant language **most often** spoken by the student? _____
2. What is the language **routinely** spoken in the home, regardless of the language spoken by the student? _____
3. What language was **first** learned by the student? _____
4. Does the parent/guardian need **interpretation** services? Yes No If so, what language? _____
5. Does the parent/guardian need **translated materials**? Yes No If so, what language? _____
6. What was the date the student first enrolled in a school in the United States? _____
7. In what country was the student born? _____

PART A

1. Is your current address a temporary living arrangement? Yes No
2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes No

If you answered **YES** to question 1, please complete Part B of this form.

If you answered **No** to question 1, you may stop here.



PART B

Complete **only** if it shows (1) your child's current living situation; or (2) your living situation if you are a youth not living with a parent or guardian. Check the appropriate box:

- In a shelter In a hotel/motel In abandoned apartment/building Moving from place to place
 With relatives or others due to lack of housing At a train or bus station, park, or in a car
 Temporarily housed in shelter awaiting permanent foster care Disaster victim in an emergency shelter

Last school attended: _____ School address _____

Eligible for any of these educational and school related activities and services?

- Special Education (IDEA) English Language Learners (ELL) Gifted and Talented Vocational Education
 Other _____

At this time, is your family in need of assistance in any of the following areas?

- School Records Immunization or health records School Transportation
 School supplies or clothing After-school Programs Preschool/Headstart Programs

I declare that all information completed above is true and correct.

Signature of Parent or Guardian _____ Date _____

School Use Only

Please provide the following information: Student's ID Number _____ Teacher: _____

If the parent/guardian has completed both parts of the form or answered yes to speaking a language other than English, please send a copy to Dr. Selma Wells in the Federal Programs Office.

| DOCUMENTATION OF LAS LINKS SCREENER FOR STUDENT | | | | | |
|-------------------------------------------------|----------------|-----------------|---------------|---------------|-----------------|
| Date | Speaking Score | Listening Score | Reading Score | Writing Score | Composite Score |
| | | | | | |
| | | | | | |

I certify that the above named student qualifies for services under the provisions of the McKinney-Vento Act or EL services.

Liaison: _____ Date: _____

Student's Name _____

Please Print

Title I Parent Compact 2025-2026

Effective schools are a result of families and personnel working together to insure that children are successful in school. A compact is an agreement between two groups that firmly unite them. You are invited to be involved in a partnership with Franklin County High School.

VISION STATEMENT

The faculty and staff at Franklin County High School believe that all children can achieve academic success and grow to be productive citizens. Parents play a vital role in this process.

GOALS

1. To have open communication lines between the home and the school.
2. To coordinate parental involvement with school curriculum.
3. To provide a positive school environment and safe classroom climate conducive to learning.
4. To obtain maximum use of learning time.

FAMILY INVOLVEMENT

Parents and other significant adults are asked to agree to the following commitments as they are involved in assisting the school for insuring a productive school experience for their children.

PLEDGE

1. To insure that my children attend regularly, are on time, and dressed appropriately.
2. To monitor the amount and content of my children's television watching.
3. To assist with homework and read with my children every day.
4. To attend school functions and other programs at the school as scheduled.
5. To attend two Parent-Teacher conferences, which may include report card pick-up times.
6. To volunteer at the school or provide other assistance to teachers as needed.

Principal's Signature_____
Parent's Signature_____
Date_____
Date

**Franklin County Middle School
2025-2026 Subject Selection Sheet
8th Grade**

Student's Name _____

Address _____

Phone Number(s) _____

Date of Birth _____

Required for 8th Grade

8th Grade English

8th Grade Math

8th Grade Science

Mississippi Studies/Geography

8th Grade Cyber Foundations

Students must choose a physical activity based elective. Please choose ONE from the list below:

_____ Band

_____ Music

_____ Chess

_____ Chorus

_____ JROTC

_____ Physical Education

_____ Sports/Athletics (Check your choices below)

Football _____

Baseball (must try-out) _____

Softball (must try-out) _____

Basketball (must try-out) _____

Soccer (must try-out) _____

Track (must try-out) _____

Parent/student-initiated schedule changes will **ONLY** be addressed during the first week of school.

*****Transfer Students Only*****

My child last attended the school indicated below.

He/She left in good standing.

(Circle One) YES NO

School Name _____

Address _____

Phone/Fax# _____

My child has been expelled or is currently in an expulsion proceeding. (Circle One)

 YES NO

Did your child receive Special Services at his/her previous school?

 YES NO

Does your child speak any language other than English? Yes No

If yes, please answer the following questions:

1. What was the first language your child learned to speak? _____

2. What language does your child speak most often? _____

3. What language is most often spoken in your home? _____

Student Signature (Required)

Parent Signature (Required)