

### Amite County School District-Student Registration 2024-2025

Date \_\_\_\_\_ School \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_ Bus# \_\_\_\_\_

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_ Gender:  M  F

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_\_ Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Birth Certificate# \_\_\_\_\_ Immunization Complete?  Yes  No

Birth Place: \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Does your child speak any other language?  Yes  No. If yes, explain \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s) email address: \_\_\_\_\_

Previous School/Pre-School Attended: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Reason for withdrawal \_\_\_\_\_ Last date of school: \_\_\_\_\_

Previously attended Amite County School District?  Yes  No. If yes, when? \_\_\_\_\_

Did student receive special services? Circle the one that applies: SPEECH SPED GIFTED

Was student ever expelled from a school he/she attended?  Yes  No. If yes, when? \_\_\_\_\_

Does student have siblings at Amite County School District?  Yes  No (if yes), please name \_\_\_\_\_

Student currently lives with  Mother  Father  Legal Guardian (copy of legal papers required)

Father/Guardian Name \_\_\_\_\_ Address \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact (1) \_\_\_\_\_

Name	Address	Phone #	Relationship to Student
Emergency Contact (2) _____			

Name	Address	Phone #	Relationship to Student
Parent/Guardian Signature _____			Date _____

Office Use: Immunization Form \_\_\_\_\_ Birth Certificate \_\_\_\_\_ Residency \_\_\_\_\_  
Student is complete for enrollment: \_\_\_\_\_ YES \_\_\_\_\_ NO

**AMITE COUNTY SCHOOL DISTRICT COMPUTER USE POLICY  
2024-2025 USER AGREEMENT, ACCEPTANCE AND CONSENT FORM**

After reading the Acceptable Use Policy, fill out and sign this form to acknowledge your understanding and acceptance of these terms and conditions. Anyone who does not sign and turn in this form will be prohibited from the use of computer equipment in the Amite County School District. All forms should be turned into the School Secretary and will be maintained in the Employee or Student's permanent record. When you sign this form, you are legally bound to abide by all terms and conditions of this agreement.

**ALL USERS MUST SIGN THIS SECTION:**

I understand and agree to abide by all terms and conditions of the Amite County School's Computer Use Policy. I understand that the privilege of using School District computer resources is granted to me for educational purposes and not for entertainment or any other personal use. I pledge to conduct myself in a reasonable, ethical, and legal manner while using these resources and consent to be monitoring of my activities and further understand that any violation of the Policy may constitute a criminal offense. I understand that, should I commit any violation of these terms and conditions, my access privileges may be revoked and disciplinary action and/or appropriate legal action may be taken against me.

DATE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Parent or Guardian of MINOR Uses:

(ANY USE UNDER AGE 18 MUST HAVE A PARENT OR GUARDIAN SIGN BELOW.)

I, the parent, or guardian of the above-signed minor, have read the Computer Use Policy. I understand that the **AMITE COUNTY SCHOOL DISTRICT and the MISSISSIPPI DEPARTMENT OF EDUCATION** will make a good-faith effort to restrict access to any inappropriate material. I understand that no effort will prevent such access with 100% efficiency, and I agree not to hold them responsible for any inappropriate material acquired. Further, I accept full responsibility for my child's use of Amite County School District property and resources. I hereby give permission to provide computer network and Internet Access to my child, consent to the monitoring of their activities and certify that the information contained on this form is correct.

Do you give the Amite County School District permission to use your child's name and/or likeness for promotional use on the School District website (<http://www.amite.k12.ms.us>)?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

Do you give permission for your child to participate in student Web Page publishing?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

DATE: \_\_\_\_\_

PARENT OR GUARDIAN (print): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

## Parent Contact Information

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

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

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

Parent Phone Number: \_\_\_\_\_

Parent's E-Mail Address: \_\_\_\_\_

**AMITE COUNTY ELEMENTARY SCHOOL  
PO BOX 308  
3457 S GREENSBURG ROAD  
LIBERTY, MS 39645  
601-657-8311**

**Dear Parent/Guardian:**

RE: Handbook of Policies & Procedures  
Sign Off for Discipline

Please read and review the handbook policies and procedures with your child(ren). Upon reading the policies, you will need to check the appropriate box below, date, and sign this page and return it to your child's homeroom teacher.

- I have read and understand the Discipline Policy and give my permission for school officials to administer corporal punishment if needed.
  
- I have read and understand the Discipline Policy and DO NOT give my Permission for school officials to administer corporal punishment. I also understand that, as a parent/guardian, I must assume total RESPONSIBILITY in seeing that my child's behavior is acceptable while In school, on the bus, and at any school function or activity.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Teacher's Name

**AMITE COUNTY SCHOOL DISTRICT  
2024-2025  
ACTIVE PARENT REGISTRATION FORM**

**IF YOU ARE ALREADY ENROLLED IN ACTIVE PARENT, YOU DO NOT NEED TO COMPLETE THIS FORM. YOU ONLY NEED TO FILL OUT ONE FORM PER FAMILY.**

SAM SPECTRA PARENT ONLINE ALLOWS YOU AS THE PARENT/GUARDIAN TO VIEW YOUR CHILD'S GRADES, ATTENDANCE, AND DISCIPLINE.

Parent/guardian name(please print): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Home phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

I request to be an ACTIVE PARENT and view the information made available to me for the following student's:

Student's Name	Grade	School (ACE or HS)

**PARENTS YOU MUST PROVIDE THE USERNAME AND THE PASSWORD.  
USER NAME AND PASSWORD MUST CONTAIN 5 LETTERS AND 1  
NUMBER**

Please print: User Name: \_\_\_\_\_

Please print: Password: \_\_\_\_\_

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

School Official: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions you may contact: Becky Johnson,  
[bjohnson@amite.k12.ms.us](mailto:bjohnson@amite.k12.ms.us) or 601-657-4361

Amite County Elementary School  
**STUDENT HEALTH RECORD FOR SCHOOL NURSE**  
 School Year 2024-2025

Grade \_\_\_\_\_

(Please complete: Information to be shared with teaching staff as needed.)

Male  Female

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Father/Mother/Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ (relationship) \_\_\_\_\_ Phone: \_\_\_\_\_

**Student's Medical History**

Problem	No	Yes	If yes, list allergies and describe reaction
Allergies to food			
...to medication			
...insect bites or stings			
...other(including seasonal)			
Does student have an EpiPen?			
Asthma			
Does student use an inhaler?			<b>Name of inhaler?                      How often?</b>
Does student use a nebulizer?			<b>Name of medication for nebulizer?                      How often?</b>
Attention deficit (ADD, ADHD)			<b>Please list meds taking for ADD or ADHD Name of Medication:</b>
Birth defect/physical handicap			
Bladder problems			
Bone or joint problems			
Convulsions (seizure/epilepsy)			
Diabetes (high blood sugar)			
Earaches (frequent? Tubes?)			
Emotional/Psychological disorder			
Headaches			
Heart problems			
Hypertension (high blood pressure)			
Nose bleeds			
Sinus problems			
Speech and/or Hearing problems			
Stomach or digestive problems			
Surgeries			<b>List:</b>
Vision (seeing) problems			<b>Glasses?    yes    no    Contacts?    yes    no</b>

Describe any handicaps or special needs of student: \_\_\_\_\_  
 Is the student taking daily medication? \_\_\_yes \_\_\_no. If yes, please name: \_\_\_\_\_  
 \_\_\_\_\_

Please list any other concerns you feel I should know about your child.  
 \_\_\_\_\_  
 \_\_\_\_\_

**AMITE COUNTY SCHOOL DISTRICT  
RESIDENCY REGISTRATION AND DOCUMENTATION CHECKLIST  
TO BE COMPLETED BY PARENT/GUARDIAN ONLY  
2024-2025**

School Name \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

Student name \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ STATE \_\_\_\_\_ Zip \_\_\_\_\_  
(PO Box or Route # is not acceptable for an address, Must be your 911 address)

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(If different from above)

Student lives with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Legal Guardian \_\_\_\_\_  
(Check one that applies)

I hereby certify that the information given above on this document is true and correct statement of my legal residence, should my legal residence change while the above listed student is enrolled in the above cited school district, I will promptly notify the appropriate officials of this school district. Further, I understand that a student is not legally enrolled until this form is completed and signed by the parent, guardian, or other adult with whom the student may be living. I understand that a pupil admitted under false information is not legally enrolled and maybe subject to penalty.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

**TO BE COMPLETED BY SCHOOL**

\_\_\_ A. Documents provided to me by the Parent/Guardian (Minimum of two required)\_

1. Filed Homestead Exemption Application Form
2. Mortgage Documents or Property Deed
3. Apartment or Home Lease
4. Utility Bills (specify) \_\_\_\_\_
5. Driver's License
6. Automobile Registration
7. A. Affidavit of Residency  
B. District Representative Personal Visit
9. Other Documentation (describe) \_\_\_\_\_

\_\_\_ B. Student living with legal guardian and a certified copy of the Court Decree, or petition if pending, was received Declaring the district resident to be the legal guardian of the student and further declaring that the guardianship Was formed for a purpose other than establishing residency for school district attendance purposes.

\_\_\_ C. Student living with an adult other than parent or legal guardian and the adult has Affidavit stating his/her relationship to the student, and that the student will be living in his/her home full time and fully explain the reason (other than school attendance zone or district preference) for this arrangement and the School Board or its designee has made the necessary factual determination under 11.1© (2) of the State Residency Verification Procedures.

School Official \_\_\_\_\_

Date \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_ Bus Number: \_\_\_\_\_

**EMERGENCY & ILLNESS INFORMATION**  
**IMPORTANT: RETURN FIRST WEEK OF SCHOOL**  
**2024-2025**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_  
Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone number \_\_\_\_\_

**PLACE OF EMPLOYMENT:**

Father \_\_\_\_\_ Working Hours \_\_\_\_\_ Business Phone \_\_\_\_\_  
Mother \_\_\_\_\_ Working Hours \_\_\_\_\_ Business Phone \_\_\_\_\_

**NAME OF LOCAL PERSON TO CONTACT IF PARENT(S) ARE NOT AVAILABLE. (THIS MUST BE COMPLETED)**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**HEALTH INFORMATION**

DOES YOUR CHILD HAVE ANY UNUSUAL HEALTH CONDITIONS? \_\_\_ YES \_\_\_ NO

IF YES, PLEASE INDICATE:

- Asthma
  - Bee Sting Allergy
  - Internal Irregularities
  - Deafness
  - Physical Handicap (Describe) \_\_\_\_\_
  - Kidney/Bladder
  - Other Allergy (List): \_\_\_\_\_
  - Convulsive Seizures
  - Surgical \_\_\_\_\_
  - Arthritis
  - Sight Impairment
  - Fractures
  - Other \_\_\_\_\_
  - Diabetes
  - Mild  Severe
  - Wears Glasses
  - Heart \_\_\_\_\_
- Does your child take medication daily? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If yes, list medication \_\_\_\_\_

**RELEASE**

If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers the school authorities to exercise their own judgement in calling 911, if not available, to transport the child to a hospital emergency room. Likewise your signature below is not sufficient for the release of confidential information protected by Federal Law.

Parent Signature/	Date/
Parent Signature/	Date/

**SPECIAL NOTE:** Please notify school officials immediately as to changes or modifications to any/all information stated.  
Comments: \_\_\_\_\_



## AMITE COUNTY SCHOOLS' HOME LANGUAGE SURVEY 2024-2025

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex:  Male  Female

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

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

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

School: Grade \_\_\_\_\_ Date: \_\_\_\_\_

1. Was your child born in the United States?  Yes  No  
 If yes, in which state? \_\_\_\_\_  
 If no, in what other county? \_\_\_\_\_
2. Has your child attended any school in the United States?  Yes  No  
 for any three years during their lifetime?  
 If yes, please provide school name(s), state, and dates attended:  
 Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_  
 Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_  
 Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_
3. What language is spoken by you and your family most of the time at home? \_\_\_\_\_
4. If available, in what language would you prefer to receive communication from the school? \_\_\_\_\_
5. Please check if your child is:  
 A.  Native American Indian  Native Pacific Islander  
 B.  Alaska Native  Native U.S. Virgin Islander
6. Is your child's first-learned or home language anything other than English?  Yes  No

If you responded "Yes" to question number 6 above, please answer the following questions:

7. What language did your child learn when he/she first began to talk? \_\_\_\_\_
8. What language does your child most frequently speak at home? \_\_\_\_\_
9. What language do you most frequently speak to your child? (Father: \_\_\_\_\_  
 Mother: \_\_\_\_\_)
10. Please describe the language understood by your child. (Check only one!)  
 A.  Understands only the home language and no English  
 B.  Understands mostly the home language and some English  
 C.  Understands the home language and English equally  
 D.  Understands mostly English and some of the home language  
 E.  Understands only English

\_\_\_\_\_  
 Parent or Guardian's Signature Date

**OFFICE USE ONLY**

Student ID# \_\_\_\_\_ Date Distributed \_\_\_\_\_ Date Received \_\_\_\_\_

School Year 2024-2025

AMITE COUNTY SCHOOL DISTRICT  
WEB SITES AND IN THE NEWSPAPER

School \_\_\_\_\_

STUDENT: \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_ BUS # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Does your student receive Special Education Services: \_\_\_\_\_ YES \_\_\_\_\_ NO  
Mailing Address \_\_\_\_\_ Physical Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**PARENT INFORMATION:**

Student lives with (check one): \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Both Parents \_\_\_\_\_ Guardian(proof required)

**PARENT/GUARDIAN:** \_\_\_\_\_  
Occupation \_\_\_\_\_ Company \_\_\_\_\_ Town & State \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**PARENT/GUARDIAN:** \_\_\_\_\_  
Occupation \_\_\_\_\_ Company \_\_\_\_\_ Town & State \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Number of persons in home (including parents) \_\_\_\_\_ Parent email address \_\_\_\_\_  
Siblings in school Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_  
Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_  
Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s) please write your name(s) along with any other adult who has permission to check your child-  
(NO MORE THAN FIVE (5) NAMES INCLUDING PARENTS) (A STUDENT CANNOT BE LISTED AS A CHECKOUT PERSON)

1.	_____	_____	_____
	Name of Contact	Relationship to Student	Daytime Phone #
2.	_____	_____	_____
	Name of Contact	Relationship to Student	Daytime Phone #
3.	_____	_____	_____
	Name of Contact	Relationship to Student	Daytime Phone #
4.	_____	_____	_____
	Name of Contact	Relationship to Student	Daytime Phone #
5.	_____	_____	_____
	Name of Contact	Relationship to Student	Daytime Phone #

UNDER NO CIRCUMSTANCES, NOT EVEN IN AN EMERGENCY SITUATION, IS MY CHILD TO BE CHECKED OUT BY:

1. \_\_\_\_\_  
Name Relationship to Student

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

I have completed all the information above, and I understand that the Amite County School District Handbook is available to view on the school district website. 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 Permission  YES  NO I consent to having my child's photo, name, and achievements published.
- YES  NO I do permit corporal punishment.
- 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 library and textbooks issued to my child.
- YES  NO Web Publicity Allowed.
- YES  NO Network Use Allowed
- YES  NO Personal Identifiable Information
- YES  NO Newspaper Publicity Allowed
- YES  NO Yearbook Appearance Allowed

# USE OF YOUR CHILD'S NAME AND IMAGE ON THE ACSD'S WEB SITES AND IN THE NEWSPAPER

STUDENT'S FULL NAME (Please Print) \_\_\_\_\_

From time to time, the Amite Co. School District publishes pictures of its students showing them in activities to publicize events and activities taking place in the district. The primary publication media are newspapers and the district's World Wide Web server.

The School District uses the following guidelines regarding the use of your child's name and image:

For newspapers, magazines, radio and television communications, the child's image is used as well as the child's whole name.

For the World Wide Web on the Internet, if the child's picture is used the district will not use the child's name in such a way that the name can be associated with a particular person in the picture. Further, for students eight grade and below, on the student's first name will be used. No name will be used without the parent's permission. Please check and initial one of the statements below then sign and date the statement at the end of the document.

## CHOOSE ONLY ONE

Check ( ) Initials \_\_\_\_ **I agree to allow the Amite Co. School District to use my child's picture and name within the guidelines stated above for both newspaper articles and on the Internet.**

OR

Check ( ) Initials \_\_\_\_ **The Amite Co. School District has my permission to use my child's picture and name for newspaper, magazine, television and radio communications as described above but MAY NOT use my child's picture or name on the Internet.** (Initialing this will prevent the district from listing your child's name in sports rosters, cheerleading squad rosters, honor roll lists or any similar type of lists on the Internet and will mean they will not be in group pictures of sports teams that are routinely posted on the district Web sites or class pictures.)

OR

Check ( ) Initials \_\_\_\_ **The Amite Co. School District may not use my child's picture or name for either the newspaper or the Internet** (Initialing this will prevent the district from listing your child in honor roll lists in the newspaper. It will prevent the district from using your child's picture for any reason in the newspaper such as classroom pictures, senior class pictures, awards photos, etc.)

Parent or Guardian (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

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



**AMITE COUNTY ELEMENTARY SCHOOL**  
**Title 1 Parent-School Compact**  
**Revised 2024-2025**

The compact has been jointly developed and agreed upon by Amite County High School, parents, students, and school staff.

**SCHOOL'S RESPONSIBILITY**

I, the undersigned, partner in education of children at Amite County High School commit to the following:

1. Provide a safe environment that encourages positive communication between the teacher, parent, and student.
2. Stress to teachers the importance of providing regular homework assignments to reinforce classroom instructions.
3. Attendance of students and teachers will be monitored and applauded in various ways.
4. Ensure implementation of a strong academic program based on Balanced Literacy Components.
5. Provide parent activities to support our instructional program and enhance student academic achievement.
6. Provide high-quality curriculum and instruction to all students
7. Parents will be given reasonable access t staff, to volunteer, participate and observe the child's class.
8. Hold annual parent/teacher conferences to discuss compact as it related to their child's achievement.

Principals Signature: \_\_\_\_\_

**PLEASE TURN THIS PAGE OVER TO COMPLETE COMPACT AGREEMENT  
OR COMPLETE PAGE 2.**

**STUDENT'S AGREEMENT**

I, shall strive to do the following to the best of my ability:

1. Wear uniforms every day.
2. Follow the Students Rules of Conduct and the Blue Ribbon Plan.
3. Complete and return homework assignments.
4. Come to school every day with supplies needed for classroom work.
5. Attend school daily and complete classroom assignment.

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

**TEACHER'S AGREEMENT**

I, the undersigned partner in education of children at Amite County High School commit to the following:

1. Provide weekly progress reports and communications regarding student progress.
2. Provide homework that reinforces skills taught in the classroom.
3. Provide a welcoming, developmentally appropriate atmosphere that is conducive to learning.
4. Provide ongoing communication with parents.
5. Continue to strive to meet and accommodate the needs of each student.
6. Focus on enriched skills to promote academic growth.
7. Dedicate time to receiving professional development to gain knowledge which will ensure student achievement.

Teacher's Signature: \_\_\_\_\_

**PARENT'S AGREEMENT**

I, undersigned, partner in the education of my child, commit the following:

1. Getting my child/children to school on time.
2. Providing a study place, reviewing my child's homework and other papers on regular basis.
3. Working cooperatively with the school to maintain paper discipline.
4. Encouraging my child's efforts and being available for questions and support.
5. Dressing my child in a uniform each day.
6. Providing a safe and loving environment an being a positive role model.
7. Providing supplies and necessary materials for school.
8. Returning report cards/attending parent teacher conferences.
9. Assisting my child in getting library card.

Parent's Signature: \_\_\_\_\_