

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

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

Does your student receive Special Education/504 services? ___Yes ___No
Has your physical address changed since the 2020-2021 school year? ___Yes ___No (If yes, new proofs are required.)

Date of Birth _____

Mailing Address _____
(Town) (County)

Physical Address _____

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

PARENT INFORMATION:

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

PARENT/GUARDIAN: _____
(Last) (First) (Middle) (Maiden)

Occupation _____ Company _____ Town _____ State _____

Work Phone _____ Cell Phone _____

PARENT/GUARDIAN: _____
(Last) (First) (Middle)

Occupation _____ Company _____ Town _____ State _____

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 2022-2023**

Grade _____ Homeroom Teacher _____

Full Name _____ Birthday _____ Sex _____ Race _____

Address _____ City/State/Zip Code _____ Home Phone _____

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: _____

Please list people to contact in case of illness/emergency who may pick your child up if you cannot be contacted:

Name/Phone Number

Name/Phone Number

Name/Phone Number

_____/_____/_____ / _____/_____/_____ / _____/_____/_____

_____/_____/_____ / _____/_____/_____ / _____/_____/_____

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
Statement of Residency 2022-23

In the case that the physical address **has not changed** since the 2021-2022 school year, no new proofs of residency are required. Just complete, sign and date this form.
If your address has changed you must obtain a new Proof of Residency form and submit two proofs.

Student Name _____ Grade _____

Parent / Guardian Name _____

Verified Physical Address:

Address: _____

Town: _____, MS Zip _____

County Living In _____

If your ***mailing address*** is different from the physical address and/or has changed, please note below:

P.O. Box / Street _____

Town: _____, MS Zip _____

I verify that my physical address remains the same as it was in the 2021-2022 school year.

Signature of Parent / Guardian

Date

Signature of Representative – School District

Date

Franklin County School District Bus Form



School Year 2022-202

Robert Smith, Transportation Director

Jackequaul Smith, Secretary

Student's Legal Name

Grade

Parent's/Guardian's Name

Home\cell Phone

Work Phone

Address

City, ST ZIP Code

The following information is kept **Confidential** and is for **emergency use** only. The safety of your child is our number one priority. If your child has any health problems, special needs or there is anything you feel the driver needs to be aware of to transport your child safely to and from school, please explain below.

Please list all students in home that will ride the bus.

| Name: | Grade: | Race: | Gender: |
|-------|--------|-------|---------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |

Franklin County School District
Transportation Department
Pupil Rules

Students Will (not limited to the following)

1. Be ready in the morning at the scheduled **time and place** for the bus to arrive
2. Wait until the bus stops before moving to load or unload.
3. When it is necessary to cross the road to load and unload a bus, wait for a signal before crossing.
4. Cross at least 10 feet in front of the bus, if necessary to cross road or highway, to board bus or after leaving bus.
5. Always look in both directions to be sure that it is safe before crossing a road or highway.
6. Be quiet when the bus is nearing and crossing a railroad or intersections.

Students Will Not (not limited to the following)

- Play on the road while waiting for the bus
- Fight or tussle
- Use profane language or make vulgar gestures
- Carry a deadly weapon
- Make excessive noise
- Throw objects
- Commit any other act of improper conduct
- Put head or hands out the windows
- Ride outside the bus
- Mar or deface the bus
- Smoke or use intoxicants
- Possess or use alcohol
- Strike or threaten the bus driver

Driver Responsibility to Parents and Children

- Be on time.
- Be Courteous
- Be Cooperative
- Exercise maximum safety by practicing good and proper driving at all times
- Recognize when assistance is needed from school officials in solving parent, passenger, or driver conflicts.

The before mentioned items have been read and understood.

Parent or Guardian Signature

Date

Student Name

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 devirused
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 _____ Date _____



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 and sign below.*



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

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.

| 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: _____



Franklin County Upper Elementary School
409 Highway 98 East
Meadville, MS 39653
Phone (601) 384-2940 Fax (601) 384-5885

Sandra Oliver, Principal

Promotion Policy

2022-2023

Reading Requirements for Promotion

A student must pass with a 70% or above in language arts, mathematics, science and social studies; additionally, a student must meet year end proficiency scores on the STAR reading test in order to be promoted. The table below lists the required proficiency scores for the 2022-2023 school year.

STAR Cut Scores Required for Promotion – Grades 4-6

| Grade | School Year | Required Score |
|--------------|--------------------|-----------------------|
| 4 | 2022-2023 | 545 |
| 5 | 2022-2023 | 660 |
| 6 | 2022-2023 | 780 |

Your child will be STAR tested the first full week of each month. You will receive a STAR score report on the second full week of each month. The monthly STAR report will require a parent's signature and will be kept on file in the school office. If for some reason you don't receive the monthly STAR report, please contact the office. If the parent fails to return a signed copy of the monthly STAR report, the parent will be contacted by school officials.

Math Requirements for Promotion

In order to be promoted, students in the 4th, 5th and 6th grade must know the multiplication and division facts from the one family through the twelve family with 90% accuracy on a 100 problem speed drill test. The speed drill test will be a timed 5 minute test that will be conducted at the beginning and end of each month. At the end of the month, the student's two scores will be averaged for a final score. If the average of the two scores is 90% or above, the student has met the math promotion requirement. Parents will receive a monthly student progress report.

Parent/Guardian: _____ Date: _____

Student's Name: _____ Date: _____