

FANNIN COUNTY SCHOOL SYSTEM STUDENT ENROLLMENT FORM			
School:		Date of Enrollment:	
Grade Level:		Bus Number:	
Homeroom:			
NAME: _____ (Last) (First) (Middle) (Nickname)			
Social Security Number:		Date of Birth:	
Sex (Circle):      Male      Female		Age:	
<ul style="list-style-type: none"><li>• <b>Ethnicity</b> – Is the individual of Hispanic/Latino ethnicity? ○ Yes ○ No</li><li>• <b>Race</b> – Indicate one or more of the following race indicators. Check all that apply. ○ American Indian or Alaska Native ○ Asian ○ Black or African American ○ Native Hawaiian or Other Pacific Islander ○ White</li></ul>		Place of Birth: _____ Country of Birth: _____ Date 1 <sup>st</sup> entered US school if not born in USA: _____  In which language would you prefer to receive written school information? _____ In which language would you prefer to receive verbal school information? _____ Did your child receive ESOL services? _____	
Did your child receive any special education services? _____ Yes _____ No		Name and address of previous school: _____	
Does your child have a disability? _____ Yes _____ No		_____	
Has your child ever had an IEP? _____ Yes _____ No		Siblings- Name and age: _____	
Does your child have a 504 plan? _____ Yes _____ No		_____	
Does your child receive gifted services? _____ Yes _____ No		_____	
Is the student a ward of the state? _____		_____	
What county has custody of the student? _____		_____	
<b>PARENT/GUARDIAN MILITARY INFORMATION:</b>			
Parent/Guardian is a member of the military reserves: _____ Yes _____ No			
Parent/Guardian Name: _____			
Please provide the name/s of parent or guardian (including step parent) that is currently an active duty member of the uniformed services, including the National Guard or Reserve Forces; OR is a member or veteran of the uniformed services who is severely injured and medically discharged or retired for a period of one year after medical discharge or retirement; OR is a member of the uniformed services who died on active duty or as a result of injuries sustained on active duty for a period of one year after death: Parent/Guardian: _____			
<b>OTHER:</b>			
Please provide us with the name of any parent whose legal rights to view educational records for this child have been terminated. <b>LEGAL DOCUMENTATION REQUIRED.</b> _____			
It is the policy of Fannin County School System to not discriminate on the basis of race, color, national origin, sex, age, religion, creed or disability in admission to its programs, services, and activities in access to them, in treatment of individuals or in any aspect of their operations to also include but not be limited to additions, modifications, or alterations to the physical plan of any school facility. REVISED 03/23/22			

REVISÉ 03/23/22

**PRIMARY HOUSEHOLD INFORMATION:****Father, Legal Guardian, Step Parent, Other (circle one): Name** \_\_\_\_\_

May pick up child from school: \_\_\_\_ Yes \_\_\_\_ No Home Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

(City) (State) (Zip)

911 Address (REQUIRED): \_\_\_\_\_

(City) (State) (Zip)

If you ever attended Fannin Co. School System please list your full name: \_\_\_\_\_

**Mother, Legal Guardian, Step Parent, Other (circle one): Name** \_\_\_\_\_

May pick up child from school: \_\_\_\_ Yes \_\_\_\_ No Home Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

(City) (State) (Zip)

911 Address (REQUIRED): \_\_\_\_\_

(City) (State) (Zip)

If you ever attended Fannin Co. School System please list your full name: \_\_\_\_\_

**SECONDARY HOUSEHOLD INFORMATION IF APPLICABLE:****Father, Legal Guardian, Step Parent, Other (circle one): Name** \_\_\_\_\_

May pick up child from school: \_\_\_\_ Yes \_\_\_\_ No Home Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

(City) (State) (Zip)

911 Address (REQUIRED): \_\_\_\_\_

(City) (State) (Zip)

If you ever attended Fannin Co. School System please list your full name: \_\_\_\_\_

**Mother, Legal Guardian, Step Parent, Other (circle one): Name** \_\_\_\_\_

May pick up child from school: \_\_\_\_ Yes \_\_\_\_ No Home Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

(City) (State) (Zip)

If you ever attended Fannin Co. School System please list your full name: \_\_\_\_\_

**PICK UP AND EMERGENCY CONTACT AUTHORIZATION:** Please list the people that ARE allowed to pick-up your child and include anyone who will assume care of your child in the event of an emergency and you cannot be reached. PLEASE NOTE: if a person is not on this list, they will not be allowed to pick-up your child for ANY reason.

Name	Relationship	Phone	Emergency Contact
1. _____			<input type="checkbox"/>
2. _____			<input type="checkbox"/>
3. _____			<input type="checkbox"/>
4. _____			<input type="checkbox"/>
5. _____			<input type="checkbox"/>

It is the responsibility of the Parent or Guardian to notify the school of any changes to this form during the school year.

Parent/Legal Guardian Signature \_\_\_\_\_ Print Name: \_\_\_\_\_

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REVISED 03/23/22

# AFFIDAVIT OF GEORGIA RESIDENCY

State of Georgia  
County of Fannin

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

Personally before the undersigned Notary authorized to administer oaths appeared \_\_\_\_\_, who, after being duly sworn, deposes under oath as follows:

1. I (we) are the parent(s) of \_\_\_\_\_, a minor of school age whose birthday is \_\_\_\_\_, and is presently \_\_\_\_\_ years old. I signed this affidavit in support of my child's right to enroll in the Fannin County Schools.
2. I (we) affirm that my child and I are bona fide residents of Fannin County, and that our address is \_\_\_\_\_. We became residents of Fannin County on or about \_\_\_\_\_. We were formerly residents of \_\_\_\_\_. In support of our residency, I affirm that the following is true and the proper documentation is attached. *(Two documents, i.e. utility bill, paperwork, etc. verifying your 911 address; P. O. boxes are not proof of residency)*
  - a. I have registered to vote in Fannin County and,
  - b. I have acquired a Georgia driver's license or my application for a Georgia driver's license is pending and,
  - c. I have purchased a tag for my automobile in Fannin County and,
  - d. I have receipts for utilities furnished to my home in Fannin County that I will provide the School District or,
  - e. Other evidence of my intent to make Fannin County my legal residency is as follows:  
\_\_\_\_\_  
\_\_\_\_\_

If your response to a through d is no, please explain below:  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the school district will rely upon this affidavit to verify my residency in Fannin County in order to enroll my child in school. If at any time I am no longer a resident of Fannin County, I will advise the principal where my child is enrolled. I understand that any information furnished to the school system that is intentionally false may constitute the offense of false swearing under Georgia law.

Notary:

Sworn to and subscribed before me this

\_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_

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

(must be signed in front of a notary)

\_\_\_\_\_  
Notary Public  
Seal

**FANNIN COUNTY SCHOOL SYSTEM**  
**ANNUAL STUDENT HEALTH INFORMATION**  
~ CONFIDENTIAL ~

Name of Student	DOB	Grade	Homeroom Teacher
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**PART I: Student Health Status**

*Does your child have ANY of the following health conditions:*

Asthma?	<input type="checkbox"/> Yes	Medications taken _____
Severe allergies? (other than seasonal)	<input type="checkbox"/> Yes	Allergic to: _____ Epi-pen Prescribed? _____
Diabetes?	<input type="checkbox"/> Yes	Meds/Dose: _____
Seizures?	<input type="checkbox"/> Yes	Type of seizure and medication taken: _____
ADD/ADHD?	<input type="checkbox"/> Yes	Medications taken _____

**If your child has any chronic health condition (such as asthma, diabetes, seizures, severe allergies, etc.) you MUST provide an Action Plan signed by the student's doctor at the start of each school year.**

*Please give details for all that are marked YES below*

	Yes	No
Heart Problem/Defect		
Anemia (include sickle cell)		
Arthritis		
Back/Neck Injury or Condition		
Bee Sting Allergy		
Blood/Clotting Disorder		
Cancer/Leukemia		
Diet Restrictions		
Food Allergy		
Head Injury/Concussion		

	Yes	No
Hearing Deficit (explain correction below)		
Hepatitis		
Surgery		
Activity Restrictions		
Physical Disability		
Mononucleosis		
Vision Deficit (explain correction below)		
Other (explain below & on back)		
Medication Allergy		

**PART II: ALL Current Medications “The schools do not keep any (OTC) Over the Counter medications in stock”**

**“Do Not List (OTC) Over the Counter Medications” Does the student take ANY medication?** \_\_\_\_\_

List: Include med dosage, reason and frequency? \_\_\_\_\_

Is medication required during school hours? ☐ Yes ☐ No

*If yes, please obtain necessary permission form at registration or from the nurse.* ☐ Yes ☐ No

**CONSENT TO CONTACT DOCTOR:** The school nurse has permission to contact my child's doctor if medically necessary.

Doctor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

- \* I understand that in order to provide the safest possible environment and most complete educational program for my child, the school needs to be informed of any health or medical conditions that may affect my child's school day or impact their learning.
- \* I understand that medications of any kind are not allowed on school grounds without the proper medical authorization on file and must be brought to the school by the parent/adult.
- \* I understand that school staff, including the nurse, MAY NOT administer or assist with any medication without the proper medical authorization on file.
- \* I understand that for the safety of my child, or to provide for their educational program, the school nurse may need to share information about my child's condition with appropriate school staff. This will be done in a confidential manner. If I do not wish that information be shared; I must request this in writing and file it with the school nurse.

Parent/Guardian Signature	Telephone #	Date
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School District: \_\_\_\_\_

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

### Parent Occupational Survey

Please complete this form to determine if your child(ren) qualify to receive supplemental services under Title I, Part C

Name of Student(s)	Name of School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Has anyone in your household moved in order to work in another city, county, or state, in the last three (3) years? ☐ Yes ☐ No
- Has anyone in your household been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years? ☐ Yes ☐ No

If you answer "yes", check all that applies:

- ☐ 1) Planting/Picking vegetables (tomatoes, squash, onions, etc.) or fruits (grapes, strawberries, blueberries, etc.)
- ☐ 2) Planting, growing, cutting, processing trees (pulpwood), or raking pine straw
- ☐ 3) Processing/Packing agricultural products
- ☐ 4) Dairy/Poultry/Livestock
- ☐ 5) Packing/Processing meats (beef, poultry, or seafood)
- ☐ 6) Commercial fishing or fish farms
- ☐ 7) Other (Please specify occupation): \_\_\_\_\_

Names of Parent(s) or Legal Guardian(s) \_\_\_\_\_

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

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

Thank You! Please return this form to the school

Please maintain original copy in your files.

MEP funded school/district: Please give this form to the migrant liaison or migrant contact for your school/district.

Non-MEP funded (consortium) school/districts: When at least one "yes" and one or more of the boxes from 1 to 7 is/are checked, districts should email, always through the DOE's Portal, occupational surveys to the Regional Migrant Education Program Office serving your district. For additional questions regarding this form, please call the MEP office serving your district:

GaDOE Region 1 MEP, Rose McKeehan  
Phone: 470-763-1137  
[rmcKeehan@doe.k12.ga.us](mailto:rmcKeehan@doe.k12.ga.us)

GaDOE Region 2 MEP, Pearl Barker  
Phone: 470-763-1138  
[PBarker@doe.k12.ga.us](mailto:PBarker@doe.k12.ga.us)

Family Contacted/Attempt Date: \_\_\_\_\_

Sent to Regional Office on: \_\_\_\_\_

1562 Twin Towers East • 205 Jesse Hill Jr. Drive • Atlanta, GA 30334 • [www.gadoe.org](http://www.gadoe.org)

Richard Woods, Georgia's School Superintendent

An Equal Opportunity Employer



# Georgia Home Language Survey

Required: January 2024 | Optional: January 2023 – December 2023

## Notice to Parents and Guardians:

Georgia school systems are required<sup>1</sup> to collect your responses<sup>2</sup> to questions about your preferred language for school communication and your child's primary or home language. Information from the first question is used to identify your need for an interpreter or for translated documents. Information from the three *Home Language Survey questions* and the additional language information help us determine whether to screen your child's level of English language proficiency. The screening process will identify if your child qualifies for English learner status and services in our language instruction educational program.

Purpose of Questions	Questions & Parent/Guardians Responses
<b>Communication Preferences</b>  This question helps the school provide you with an interpreter or translated documents, free of charge, should you want them.  This question is for informational purposes only. It is <b>not</b> used to identify your child for English language proficiency screening.	<b>Parent Communication Language (Required)</b>  <ul style="list-style-type: none"><li>Student Name: _____</li><li>In which language would you prefer to receive school communication? _____</li></ul>
<b>Identification of Potential English Learners</b>  These three questions help schools identify if your child should be screened for eligibility to participate in their language instruction educational program.  When the response to any of these questions is a language other than English, schools may be required to screen your child's level of English language proficiency. If you respond with more than one language, the school will need additional information from you before making this decision.	<b>Home Language Survey (Required)</b>  <ol style="list-style-type: none"><li>Which language does your child <u>best</u> understand and speak? _____</li><li>Which language does your child <u>most</u> frequently speak at home? _____</li><li>Which language do adults in your home <u>most</u> frequently use when speaking with your child? _____</li></ol>
<b>Additional Information from Multilingual Families</b>  If you indicated that your child and other adults in the home <b>understand and use English and another language</b> or languages, schools will ask you to provide additional information to decide if your child should be screened for English proficiency.  If you respond that your child understands and uses English more than the other home language, or that your child understands and uses both English and the other home language equally, the school will not screen your child for English language proficiency.	<b>Additional Information from Multilingual Families. Choose <u>only one sentence</u> that best describes your child's primary language.</b>  <input type="checkbox"/> My child understands and uses only the home language and <b>no English</b> . <input type="checkbox"/> My child understands and uses mostly the home language and <b>a little English</b> . <input type="checkbox"/> My child understands and uses the home language and English <b>equally</b> . <input type="checkbox"/> My child understands and uses <b>mostly English</b> and only a little of the home language. <input type="checkbox"/> My child understands and uses <b>only English</b> .

<sup>1</sup> [U.S. Department of Justice, Civil Rights Division, and U.S. Department of Education, Office for Civil Rights, 7 January 2015, Dear Colleague Letter: English Learner Students and Limited English Proficient Parents, p. 10.](#)

<sup>2</sup> The Home Language Survey should be given to first time enrollees to United States public schools.

**Homeless Survey**  
Fannin County School System  
2290 East First Street  
Blue Ridge, GA 30513  
www.fannin.k12.ga.us  
706-632-3771

Dear Parents,

In order to obtain federal funding to assist our students, it is necessary that we obtain the information in this brief survey. Please complete the information below and return as soon as possible. The information in the survey will be kept completely confidential and will not be shared with anyone other than the necessary personnel.  
Thank you for your assistance in this matter and we look forward to working with your child in the upcoming year.

Sincerely,  
Tara S. Cantrell  
Fannin County School Social Worker

Students Name \_\_\_\_\_

\*\*\* Please note the physical address should NOT be a PO Box. It should be the address of where you primarily sleep at night. If there is no physical address available please explain in the section provided at the bottom of the survey. \*\*\*

\*\*Physical Address \_\_\_\_\_

Is this address temporary (other than a rental)? ☐ Yes ☐ No

Is the temporary living arrangement due to financial hardship? ☐ Yes ☐ No

Is the student in foster care or awaiting foster care? ☐ Yes ☐ No

As a student, are you living with someone other than your parent or guardian? ☐ Yes ☐ No

Description of Residence (please indicate the best answer)

☐ Single Family Home- parent(s) and their child(ren) ☐ Trailer ☐ Camper

☐ Hotel/Motel ☐ Apartment ☐ Campground

☐ Shelter ☐ Vehicle ☐ Abandoned building

☐ Living with another Family(i.e. Grandparents or friends) ☐ Other\*\* (please explain below)

\_\_\_\_\_  
\_\_\_\_\_

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# Internet Acceptable Use Agreement

## INTERNET NETWORK ACCESS AGREEMENT

I accept responsibility to abide by the Board of Education's Acceptable Use Guidelines. I understand that the use of the computer network and Internet is a privilege not a right, and I agree:

- To use the computer network and Internet for appropriate educational purpose and research;
- To use the computer network and Internet only with permission of teachers and administrators;
- To be considerate of other users on the network and use appropriate language for school situations;
- Not to intentionally degrade or disrupt Internet network services or equipment. This includes but is not limited to tampering with computer hardware or software, vandalizing data, invoking computer viruses, attempting to gain access to restricted or unauthorized network services, or violating copyright laws;
- To immediately report any security problems or breeches of these responsibilities to appropriate School staff;
- To comply with all of the rules and expectations included in the policy and procedures;
- Not to divulge personal information such as addresses and telephone numbers over the Internet.

I understand that I have no right to privacy when I use the school Internet network, and I consent to staff monitoring of my communications.

I also understand that any conduct that is in conflict with these responsibilities is inappropriate and may result in termination of network access and possible disciplinary action.

**Student name (please print):** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

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

Due to the nature of the Internet, it is neither practical nor possible for the Board of Education to enforce compliance with user rules at all times. Accordingly, parents and students must recognize that students will be required to make independent decisions and use good judgment in their use of the Internet. Therefore, parents must participate in the decision whether to allow their children access to the Internet and must communicate their own expectations to their children regarding its use.

As the parent/legal guardian of the above student, I have read, understand and agree that my child or ward shall comply with the terms of the School District's Use and Internet Safety Guidelines for student access to the School District's computer network and the Internet.

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

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



# Internet Acceptable Use Agreement

The Fannin County School District will enforce its Acceptable Use and Internet Safety Guidelines. Upon reading the guidelines, each student must sign an approved Internet Network Access Agreement before they will be given the opportunity to enjoy Internet access at school. If a student is under the age of 18, his or her parents or legal guardian must also read and sign the agreement. The school district will not provide access to any student who fails to obtain the required signature on an approved agreement.

## A. INTERNET SAFETY AND EDUCATION

- A. Individual Responsibility of Parents and User: All users and their parents or guardians are advised that due to the nature of the Internet, it is extremely difficult for the Board of Education to completely regulate and monitor the information received or sent by students. Students will be required to make independent decisions and use good judgment in their use of the Internet.
- B. Personal Safety: Be safe. When using the computer network and Internet, users should not reveal personal information such as name, home address or home telephone number without authorization from the school.
- C. Users should not arrange an in-person meeting with someone they "meet" on the computer without their parent's permission.
- D. In order to promote the safety and security of students when accessing the Internet and any online communication programs, the school district will provide age-appropriate education regarding appropriate online behavior, including interacting with others on social networking websites and in chat rooms, as well as cyberbullying awareness and response.
- E. "Hacking" and Other Illegal Activities: It is a violation of these guidelines to use the school's computer network or the Internet to gain unauthorized access to other computers or computer systems, or to attempt to gain such unauthorized access.
- F. Active Restriction Measures: The school district, either by itself or in combination with the Data Acquisition Site providing Internet access, will utilize filtering software or other technologies to prevent students from accessing visual depictions that are (i) obscene, (ii) child

# FANNIN COUNTY BOARD OF EDUCATION

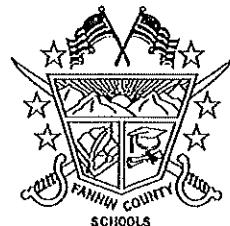
*Fannin County Schools Staff Development Center*

6145 Old Highway 76

Blue Ridge, Georgia 30513

Phone: 706-632-3771 Fax: 706-632-7583

[www.fannin.k12.ga.us](http://www.fannin.k12.ga.us)



SUPERINTENDENT  
Shannon Dillard-Miller

## BOARD MEMBERS

Terry Bramlett

Mike Cole

Bobby Bearden

Lewis DeWeese

Chad Galloway

August 3, 2023

Dear Parents,

Please review the information about Fannin County School System's Attendance Support Team on the back of this letter. The Attendance Support Team (AST) cares about Fannin County students, and our goal is to help them succeed in school. We believe that regular attendance is crucial to academic success.

House Bill 1190 was signed into law in the spring of 2004 and requires all counties in Georgia to implement an attendance team. Ours has been in effect for several years, and we have modified our procedures slightly each year to serve our families best. One of the current procedures this law requires is that all parents and students aged ten or over sign a notice for the School System that they have received the guidelines of their county's AST. You will find that letter attached to this one. Please sign it after reviewing the guidelines printed on the back of this letter, and return it to your child's school at your earliest convenience.

If you have any questions about the Attendance Support Team or referral procedures, you can contact your school principal or Family Support Worker at the individual school, or you may also contact me at the Fannin County Technology Center, 706-258-2791.

Sincerely,

Gini Tipton

Director of Communications & Information Services

Attendance Support Team Coordinator

## Guidelines for Attendance

Fannin County School System guidelines:

### Absences:

1. At five unexcused absences the Family Support Worker will mail a letter and attempt to call the parent/guardian.
2. At six unexcused absences the principal may choose to send the school attendance officer to the child's home for a home visit.
3. At seven unexcused absences the Family Support Worker will mail a letter to the parent/guardian. At this time, the parent will be contacted to meet with the Attendance Support Team to discuss ways to help improve attendance. After two reasonable attempts to notify the parent, the FSW will send written notice via first class or certified mail, return receipt requested.
4. At ten unexcused absences, a student will be referred to juvenile court. Prior to any action to commence judicial proceedings to impose a penalty on the parent for failing to comply with compulsory attendance law, the FSW will notify by certified mail, return receipt requested.

### Tardies or Early Dismissals:

Please consult your school's handbook for consequences for excessive tardies or early dismissals.

Consequences for truancy at the school may consist of allowable forms of discipline as stated in the Student Code of Conduct. Consequences for truancy should a child be referred to Juvenile Court may include fine(s) and/or imprisonment for the parent/guardian as well as community service for middle and high school students.

# FANNIN COUNTY BOARD OF EDUCATION

*Fannin County Schools Staff Development Center*

6145 Old Highway 76

Blue Ridge, Georgia 30513

Phone: 706-632-3771 Fax: 706-632-7583

[www.fannin.k12.ga.us](http://www.fannin.k12.ga.us)



SUPERINTENDENT  
*Shannon Dillard-Miller*

BOARD MEMBERS  
*Terry Bramlett*  
*Mike Cole*  
*Bobby Bearden*  
*Lewis DeWeese*  
*Chad Galloway*

To Whom It May Concern:

Re: \_\_\_\_\_  
(Child's Name)

I have received a copy of the Fannin County Attendance Support Team (AST) information and understand the procedures of the AST and the consequences that may occur should my child have ten unexcused absences.

My signature on this letter does not indicate that I agree or disagree with this policy. I realize that the Fannin County School System is required by law (House Bill 1190) to obtain my signature and my child's (if he or she is age 10 or over) acknowledging my receipt of this information.

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

\_\_\_\_\_  
(Child's Signature if age 10 or older\*)

\*Any child who will be 10 years of age during this school year needs to sign

# FANNIN COUNTY BOARD OF EDUCATION

*Fannin County Schools Staff Development Center*

6145 Old Highway 76

Blue Ridge, Georgia 30513

Phone: 706-632-3771 Fax: 706-632-7583

*www.fannin.k12.ga.us*

## Media Permission

**Dear Parent or Guardian,**

We are proud of our students' accomplishments and frequently share pictures and information to school or district social media accounts and local news organizations. Seeing your child recognized can be a very exciting experience; however, it's not our desire to invade the privacy of any of our families. If you wish for the school to limit your child's picture and name from being shared on social media or with the local news media, please indicate this below. If you additionally wish for your child's picture to NOT appear in the yearbook, please indicate that as well.

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

\_\_\_\_\_ **DO NOT SHARE** my child's name or pictures on **social media** or with **local news organizations**.

\_\_\_\_\_ **DO NOT PLACE** my child's pictures in the **school yearbook**

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

*Revised 7/18/2023*

The Fannin County School System does not discriminate on the basis of race, color, national origin, sex, age, religion, creed, or disability in admission to its programs, services, and activities, in access to them, in treatment of individuals, or in any aspect of operations. This also includes but is not limited to additions, modifications, or alterations to the physical plan of any school facility.

# FCSS Instructional Applications Permission K-12

To parents and guardians,

The Fannin County School District has identified valuable online tools students will use for educational purposes. The FCSS has online tools to help protect each student's personal data. Whenever possible, students' login information will be generic and will not include student names or other personal information. In addition, the district evaluates each application's privacy policies and determines if they meet district-defined privacy standards. However, many of these applications and services require Parental Permission. A current list of all approved web-based applications can be found at <http://bit.ly/FCSSApprovedAppsforstudents>, or you may obtain a printed copy by contacting the FCSS Technology Department at 706-258-2791.

The FCSS also uses Google Workspace for Education, and we are seeking your permission to provide and manage a Google Workspace for Education account for your child. Google Workspace for Education is a set of education productivity tools from Google, including Gmail, Calendar, Docs, Classroom, and more, used by tens of millions of students and teachers worldwide. At the FCSS, students will use their Google Workspace for Education accounts to complete assignments, communicate with their teachers, sign into their Chromebooks, and learn 21<sup>st</sup>-century digital citizenship skills.

Please visit <http://bit.ly/FCSSGoogleWorkspace> to review a document that answers common questions about what Google can and can't do with your child's personal information. Please read it carefully, let us know of any questions, and then sign below to indicate that you've read the notice and give your consent. If you don't provide your consent, we will not create a Google Workspace for Education account for your child. Students who cannot use Google services may need to use other software to complete assignments or collaborate with peers.

Thank you,

Gini Tipton, Director of Communications & Information Services

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I permit for the FCSS to create/maintain a Google Workspace for Education account for my child and for Google to collect, use, and disclose information about my child only for the purposes described in the notice linked above. I additionally give my permission for my child to use educational software and applications vetted by the district for student use.

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Full name of student

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Printed name of parent/guardian

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Signature of parent/guardian

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Date

The Fannin County School System does not discriminate on the basis of race, color, national origin, sex, age, religion, creed, or disability in admission to its programs, services, and activities, in access to them, in treatment of individuals, or in any aspect of operations. This also includes but is not limited to additions, modifications, or alterations to the physical plan of any school facility.

## ChromeBook Home Use Agreement 3-12

This contract details students' responsibilities for the care of the Chromebook that will be issued to them at the beginning of the 2023-2024 school year. Student accounts and Chromebook usage are monitored through our network content filter, "GoGuardian" software and "SysCloud" software. These programs provide filtering and monitoring of internet usage and Google Applications at all times, regardless of location.

- Chromebooks will be issued to students at the beginning of the school year. The same Chromebook will be issued to the student year after year until the device has reached "End of Life" status. This contract must be signed and returned before a student will be issued a Chromebook.
  - The Chromebook must be returned on the given due date or on the last day of attendance for the student.
  - Students are required to have their Chromebooks with them each day at school. Students are responsible for keeping their Chromebooks and chargers in secure locations. Chromebooks and chargers should never be left unattended. Faculty members will return unattended Chromebooks and chargers to the media center. Violations of Fannin County Schools' Acceptable Use Policy, which is available on the Fannin County School System's webpage, may suspend the student's eligibility in the Chromebook 1:1 program. Suspensions will be made at the discretion of school administration.
  - Parents/guardians/students are not authorized to attempt repairs themselves or to contract with any other individual or business for repair of the Chromebook. Damaged Chromebooks should be turned into the school's media center staff.
  - Chromebooks must be kept in the school-provided carrying case that will be issued with the Chromebook.
  - It is recommended that Chromebooks go home with students each evening for recharging unless other arrangements are made by the school administration.
  - The student and parent/guardian will assume the risk of loss by theft, destruction, or damage. If, during the loan period, the Chromebook is damaged or is returned with any accessories missing, the Fannin County School System may charge the student the repair or replacement cost. By signing the loan agreement, the parent/guardian agrees to be responsible for the loss/damage to the Chromebook, or the cost of repair for such damage, while in the student's possession. Cost for repairs/replacement are as follows:
- 
- **FEES for Chromebooks Repairs for accidental damage:**
    - Screen: \$25
    - Keyboard: \$25
    - Charger: \$20
    - Case: \$15

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- **Prorated Replacement Fees for lost devices or extensive damage:**
  - Replacement Costs based on the date the district purchased the device.
  - SY 2022/23: \$100.00
  - SY 2021/2022: \$75.00
  - SY 2020/2021: \$50.00
  - SY 2019/2022: \$25.00
- Students are not to remove, deface, or alter the Fannin County School System's identifying stickers, labels, or bar codes in any way, shape, or form, nor shall the student change identification within the Chromebook, such as computer name.
- Upon request, the student agrees to deliver the Chromebook to Fannin County School staff for technical inspection.
- The Chromebook should not be left for extended times in places where it will be subject to extreme temperatures or humidity (i.e.: cars or outside on cold or hot days or areas of high humidity).
- Students will return their school issued Chromebook at the end of the school year or when they transfer to another school or permanently withdraw.
- Chromebook usage requires the Fannin County School System to create/maintain a Google Workspace for Education account for my child and for Google to collect, use, and disclose information about my child only for the purposes described in the Chromebook Handbook which can be found online at: [FCSS Chromebook Handbook](#)

#### REQUIRED SIGNATURES

I have read this agreement and consent to abide by the terms and conditions as prescribed herein. I attest that without this device my student could not fully participate in remote learning.

Student's Name (please print) \_\_\_\_\_ Grade \_\_\_\_\_

Student's Signature (required): \_\_\_\_\_ Date \_\_\_\_\_

Parent and/or Guardian (please print) \_\_\_\_\_

Parent's Signature (required): \_\_\_\_\_ Date \_\_\_\_\_

This agreement shall be in effect for the 2023–2024 school year. To opt out at any time, please contact the school.

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**FANNIN COUNTY SCHOOL SYSTEM  
INFINITE CAMPUS PARENT PORTAL REGISTRATION**

**PARENT/GUARDIAN INFORMATION:**

Name:
Phone:
Email:
Relationship to Student:

**STUDENT INFORMATION:**

School	Student Name	Birth Date	Grade

Are you the Parent/Guardian of record for student/s: \_\_\_\_ Yes \_\_\_\_ No

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

Signature and photo ID are required to access student information on Parent Portal. Your Activation Key will be emailed to you at the above email address.

**FOR SCHOOL USE:**

Student Access and ID Verified by:
Date:

**DISTRICT OFFICE USE:**

Registered by:
Activation Key Email Date:

**THANK YOU FOR REGISTERING FOR  
INFINITE CAMPUS PARENT PORTAL**

If it is necessary to have this information translated please contact Mrs. Alejandra Mills at your child's school. Si usted necesita que este documento sea traducido pueden llamar a la Sra. Alejandra Mills a la escuela de su hijo.

*It is the policy of Fannin County School System to not discriminate on the basis of race, color, national origin, sex, age, religion, creed or disability in admission to its programs, services, and activities in access to them, in treatment of individuals or in any aspect of their operations to also include but not be limited to additions, modifications, or alterations to the physical plan of any school facility.*