

Franklin County Schools Student Data/Enrollment

School _____ Enrollment Date _____ Grade _____

Last Name _____ First Name _____ Middle Name _____

Student resides with _____ Relation _____ Legal Guardian Y or N

Birth Date _____ Age _____ Gender M or F

Ethnicity (Circle one.) *Hispanic* *Non-Hispanic* Race (Circle all that apply.) *White* *Black* *Indian* *Asian* *Pacific Islander*

Date entered US Schools _____ US Citizen Y or N

Home Language _____ Primary Language _____ Limited English Proficient Y or N

Last School Attended _____ Date Withdrawn _____

Last School Attended Address Street _____ City _____ State _____ Zip _____ Phone _____

Mother's Full Name _____ Maiden Name _____

Language *English* or *Non-English* Active Military Y or N Active Member of Reserves Y or N Active Member of Guard Y or N

Residence (911 Address) _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

County _____ Email Address _____ Can pick up student at school Y or N

Primary Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Employment Address _____

Number you preferred to be notified by Emergency Notification System (School Messenger) _____

Father's Full Name _____

Language *English* or *Non-English* Active Military Y or N Active Member of Reserves Y or N Active Member of Guard Y or N

Residence (911 Address) _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

County _____ Email Address _____ Can pick up student at school Y or N

Primary Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Employment Address _____

Number you preferred to be notified by Emergency Notification System (School Messenger) _____

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

Guardian's Full Name _____

Language *English* or *Non-English* Active Military Y or N Active Member of Reserves Y or N Active Member of Guard Y or N

Residence (911 Address) _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

County _____ Email Address _____ Can pick up student at school Y or N

Primary Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Employment Address _____

Number you preferred to be notified by Emergency Notification System (School Messenger) _____

Student Name _____ Grade _____

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

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

Full Name	Relationship to Student	Address	Phone #

List any restrictions in regard to pick up rights for student _____

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

Parent/Legal Guardian Signature _____ Date _____

Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. Student Social Security Number is not required for enrollment.

1. Is your current address a temporary living arrangement? *Yes* or *No*
2. Is this temporary living arrangement due to loss of housing or economic hardship? *Yes* or *No*
 If you answered YES to the above questions, please provide the following information:

3. Where does your child stay at night? (Please check one)
 - Home/apartment owned or rented by the parent(s)/guardian(s)
 - With a relative or friend (family does not have residence)
 - In a shelter
 - In a motel
 - In an automobile
 - A campsite
 - In housing that is inadequate (i.e. no electricity, running water, etc.)
 - Other housing (please explain): _____

4. Do you currently have pre-school children not enrolled in school? *Yes* or *No*
 If yes, please list their names and ages: _____

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

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

Parent/Legal Guardian Signature _____ Date _____

Franklin County Schools Student Health Record

School Year _____

Student Name: _____
(Last) (First) (Middle)

School: _____ Grade: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mother's Name: _____	Telephone: _____	Cell: _____
Employer: _____	Work Number: _____	
Father's Name: _____	Telephone: _____	Cell: _____
Employer: _____	Work Number: _____	
Guardian/Legal Custodian: _____	Telephone: _____	Cell: _____
Employer: _____	Work Number: _____	

Other/Emergency Contact: _____	Emergency Phone Number: _____
Physician: _____	Phone Number: _____
Insurance Company/Policy Number: _____	
TennCare: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Health Problems: _____
Medications (Dosage and Frequency): _____
Allergies: _____
Special Dietary Considerations: _____
Activity Limitations: _____
Special Equipment: _____
Safety Precautions: _____
Has your child had a head injury? Yes No
If Yes - Cause of injury: Fall, Car/motor vehicle accident, Sports related, Other
If Yes: Did your child lose consciousness or appear to be dazed? Yes, No, Not sure
Please explain: _____

Signature of Parent/Guardian/Legal Custodian: _____	Date: _____
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**Franklin County
Board of Education**

215 South College Street
Winchester, TN 37398

Telephone: (931) 967-0626

Fax: (931) 967-7832



Board of Education

CleiJo Walker, *Chair*
Lance Williams, *Vice-Chairman*
Erik Cole
Linda M. Jones
Sara Liechty
Sarah Marhevsky
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Sandy Schultz

Director of Schools

Dr. Cary Holman

Dear Parent/Guardian,

This form is to inform you of a change being implemented starting this 2024/2025 school year. As of July 1, 2024, the State of Tennessee has passed a bill requiring parental consent for your child to receive health checks from the school nurse or any other school employee. This change is a chapter of the "Families' Rights and Responsibilities Act". This includes, but is not limited to assessment of the child's temperature, vital signs, injuries, and any other incidents that may occur. Please check the box below to indicate your decision.

- Yes, I give permission for my child to receive health checks at school.
- No, I do not give my child permission to receive health checks at school.

If this form is not returned, parents/guardians will be contacted before a health check is initiated. If you have selected NO for your child to receive a health check at school, you will be contacted to come to school to care for your child.

Student Name _____ (please print)

Parent/Guardian Name _____ (please print)

Thank You,

Chris Hawkersmith
Director of Coordinated School Health and Safety
Franklin County School District

HOME LANGUAGE IDENTIFICATION FORM

Franklin County School System

Student Name: _____

School Year: _____

Date: _____ School/Grade: _____ Teacher: _____

This original form must be placed in the above named student's permanent record (Title VI requirement). A copy of this form must be sent as soon as possible to the ELL instructor when English is not circled as the first language spoken or the language spoken most often in the home is not English.

Section A. Each student should respond to the following questions about his/her language background. Circle or write in the answer.

1. What was the first language you learned to speak?
 English Spanish Japanese Other _____
2. What language do you speak most often outside of school?
 English Spanish Japanese Other _____
3. What language is usually spoken in your home?
 English Spanish Japanese Other _____
4. In what language do you want written notices sent to you?
 English Spanish Japanese Other _____

If the answer to all of the above questions was "English", go to the bottom and sign the form. If any of the above four questions have been answered with a language other than English, please fill out Section B.

Section B. Student Information

Date of Birth: _____ Place of Birth: _____

Parent/Guardian/Legal Custodian Names(s): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Work Phone Number: _____

Former School (name and address): _____

Do the parents/guardians/legal custodian understand English? ___ Yes ___ No

If no, what language do they speak? _____

*Signature of parent/guardian/legal custodian or student*_____
Date

School Use Only

In your opinion, does this student need special English (as a second language) instruction? ___Yes ___No

Student's Language Assessment Use Category:

- ____ A - speaks only the language other than English
 ____ B - speaks mostly the language other than English
 ____ C - speaks English and the other language equally well
 ____ D - speaks mostly English
 ____ E - speaks only English

Signature of teacher

Tennessee Parent Occupational Survey

In order to better serve your child, our school district wants to identify students who may qualify to receive additional educational services, such as tutoring, school supplies, free or reduced-price lunch, summer camps, and other services. **The information provided below will be kept confidential.** Please answer the following questions and return this form to your child's school.

Today's Date

Parent/Guardian First & Last Name

Student First Name

Student Last Name

School Name

Student Grade

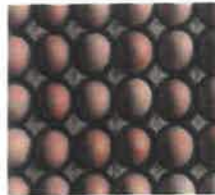
1. Have you or an immediate family member performed any of the jobs listed below temporarily or seasonally, in any part of the United States, in the past three years?

- No
- Yes. Check all that apply and list the total number of months worked:



Agriculture/Field Work (planting, picking, sorting crops; soil preparation; irrigation; fumigation)

Total Months Worked: _____



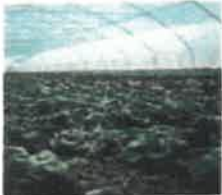
Processing & Packaging (fruit, vegetables, chicken, eggs, pork, beef)

Total Months Worked: _____



Dairy/Cattle Raising (feeding, milking, rounding up)

Total Months Worked: _____



Nursery/Greenhouse (planting, potting, pruning, watering, harvesting)

Total Months Worked: _____



Forestry (soil preparation, planting, cutting trees; landscaping not included)

Total Months Worked: _____



Commercial Fishing & Processing (catching, sorting, packing, transporting)

Total Months Worked: _____

2. In the past three years, has your family moved to another state, city, school district, and/or county?

- No
- Yes. How long have you resided at your current address?

_____ Years

_____ Months

_____ Weeks

If you answered "Yes" to questions 1 and 2, please complete the information below.

Home Street Address

Apt #

City

State

Zip Code

Telephone Number

Best Day of Week & Time of Day to Call

For School Use Only: Please send survey with two **YES** responses to your district migrant liaison. If you have questions, call (931) 212-9539 to speak with the Tennessee Migrant Education Program.

Student State ID:

Enrollment Date:

District ID:

Franklin County Schools

Consent Form

4.407.2

1 Name of Student: _____

2 Name of Parent/Guardian (if applicable): _____

3 Grade: _____ Name of Teacher: _____

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

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

8 1. My child's* work (writings, drawings, etc.) may be published on the internet and newspaper.

9 Yes No

10 2. My child's* first name (may include last name) may be used to identify his/her work.

11 Yes No

12 3. My child's* class (teacher/grade level/school) may be used to identify the work.

13 Yes No

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

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

18 • My child's likeness and/or voice may be recorded and exhibited as still photographs, videos,
19 webcasts, or other similar media, including other internet applications.

20 Yes No

21 Please list any other restrictions you wish to include. _____

22 _____

23 _____

Parent/Guardian Signature

Date

* Student Signature (if applicable)

Date

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

AGREEMENT OF PARENT FOR COUNTY OWNED TEXTBOOKS

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

Franklin County High School for the appropriate percent of the replacement cost for any
(name of school)

badly damaged, destroyed or misplaced textbooks which my child has during the _____ school year *(Board Policy 4.401)*.

Signature of Parent/Guardian/Legal Custodian

Date

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

*****Please review the Franklin County School System One-to-One Universal Chromebook Contract online. If you need a paper copy of the contract, please contact the school. Complete and return the form to school.*****

FRANKLIN COUNTY SCHOOLS CHROMEBOOK AGREEMENT 2024-2025

Please Print:

Student Name: _____ Grade _____

Last First Middle

Student ID: _____ Date of Birth: _____

Parent or Guardian Name:

Last First Middle

Address: _____

Home Phone #: _____ Work#: _____ Cell#: _____

Parent/Guardian Email Address: _____

Upon our signing of this agreement, the student acknowledges receipt and possession of a working Chromebook computer, case, and power cord (if applicable.) We have read and understand the Franklin County Schools One-to-One Device Program Policy (4.409) and understand our responsibility. This policy is incorporated by reference into this agreement. We promise to abide by this policy and understand that receipt of a Franklin County Schools Chromebook is a privilege that may be forfeited by noncompliance with the policy. We understand that we will be financially responsible for any costs due to damage, loss, or theft of the Chromebook issued, and that if we fail to return the Chromebook, legal action may be taken.

Student Signature

Date

Parent or Guardian Signature

Date

This form must be completed before a DEVICE will be provided to your student.

Please return the signed form to school in order to be issued a Chromebook.

To be completed by the school:

Franklin County School Property Tag#: _____ Charger#: _____