



Student
Information
Sheet

***PARENTS: Please fill out this packet and have your
child return it to their 1st Block Teacher.***

James Fahrney, Principal

HR Teacher: _____ **School Year:** _____ **Grade:** _____
(YYY - YYY)

A. Student Legal Name: *(Exactly as written on the child's birth certificate)*

Last: _____ First: _____

Middle: _____ Nickname: _____

Place of Birth: _____ Date of Birth: _____
(City & State/County) *(MM/DD/YYYY)*

Age: _____ Sex: _____ SSN#: _____ Phone: _____

B. Address:

Physical Address: _____
(Street) *(City)* *(State)* *(Zip Code)*

Mailing Address: _____
(Street/PO Box) *(City)* *(State)* *(Zip Code)*

C. Ethnicity/Race/Home Language: *(Check all that apply)*

1. Ethnicity/Race *(Check all that apply):*

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hispanic or Latino Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Hawaiian or Other Pacific Islander | <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |

D. School Services:

1. Has your child attended Dade County Schools? **Yes** **No**

a. Which school/when? _____

b. Last school attended: _____

2. Is your child currently eligible for Special Education Services? **Yes** **No**

a. In what area is your child eligible to be served? _____

3. Is your child currently eligible for Gifted Education Services? **Yes** **No**

4. Does your child have a current 504? **Yes** **No**

5. Did your student attend a GA Pre-K Program or another state Pre-K Program? **Yes** **No**

E. Medical Alerts:

1. Does your child have any health conditions and/or allergies? **Yes** **No** *(If YES, please list below)*

In case of an emergency, please list your child's Primary Care Physician's name and contact information:

Practice/Agency: _____

Physician's Name: _____ Phone: _____

F. Parent/Guardian Information:

1. With whom does the student live *(Check all that apply)?*

Birth Mother
 Birth Father

Grandparents
 Foster Parents

Agency/Group Home
 Other: _____

2. Father/Step-Father/Legal Male Guardian:

Last: _____ First: _____

Middle: _____ Relationship to Student: _____

Place of Employment: _____ Email: _____

Work Ph: _____ Home Ph: _____ Cell Ph: _____

3. Mother/Step-Mother/Legal Female Guardian:

Last: _____ First: _____

Middle: _____ Relationship to Student: _____

Place of Employment: _____ Email: _____

Work Ph: _____ Home Ph: _____ Cell Ph: _____

G. Household *(Please list the full names of additional students currently enrolled in Dade County Schools living at the address provided)*

Name: _____ Name: _____

School: _____ School: _____

DOB: _____ Grade: _____ DOB: _____ Grade: _____

Name: _____ Name: _____

School: _____ School: _____

DOB: _____ Grade: _____ DOB: _____ Grade: _____

Name: _____ Name: _____

School: _____ School: _____

DOB: _____ Grade: _____ DOB: _____ Grade: _____

H. Custody Alerts:

1. Are there any court documents regarding the custody of your child? **Yes** **No**

(If YES, the school must have a copy of all documents as the information you provide is not binding without documentation.)

2. Name of person(s) not allowed to have contact with your child, per court document(s):

I. Emergency Contacts: *(These are considered outside of the household)*

In the event the school is unable to reach a parent or guardian, the following people are considered contacts for emergencies and have permission to pick up my child. Anyone *not* listed will require separate WRITTEN AUTHORIZATION.

Name: _____	Name: _____
Relationship to Student: _____	Relationship to Student: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Home Phone: _____	Home Phone: _____
Name: _____	Name: _____
Relationship to Student: _____	Relationship to Student: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Home Phone: _____	Home Phone: _____
Name: _____	Name: _____
Relationship to Student: _____	Relationship to Student: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Home Phone: _____	Home Phone: _____

J. Transportation/Early Dismissal:

1. My child's usual plan of transportation will be a *(Check all that apply)*:

- Morning Car Rider Evening Car Rider Morning Bus Rider Evening Bus Rider

2. If your child will be **Car Rider**, please list the person(s) responsible for dropping/picking them up below.

3. If your child will be a **Bus Rider**, please list *(if know)* your child's bus number and name of driver

4. During the event of an early school dismissal (inclement weather, power outage, etc.) my child should:

- Follow his/her usual plan of transportation *or* Follow the alternate plan listed below:

Damaged Chromebook Procedure

In the event that a student damages a Chromebook or its parts or components, they will be financially responsible for the replacement of the device or the parts that make the device fully functional again. At the point that it is determined that a Chromebook has been damaged, it will be the responsibility of the manager of that Chromebook set to report the damage (to the Technology Department) and determine who is responsible for the damage. Once the device has been diagnosed, the repair or replacement cost will be calculated by the Technology Department. Payment should be to the school bookkeeper where the Chromebook was damaged. The cost will come from the following price list:

Chromebook Damage Price List	
Part	Price
Keyboard	\$65
Hinge	\$12
Screen	\$50
Touch Screen	\$130
Camera	\$40
Top Cover	\$30
Bottom Cover	\$30
Interior Frame	\$25
Track Pad	\$25
USB Port	\$25
Headphone Jack	\$25
Charger	\$20
Damages that require a full replacement depend on the model	
Model	Price
N22	\$100
N23	\$120
100E	\$225
300E	\$280

**If a screen has been damaged and the damage has been determined to be accidental by the manager of the Chromebook, the student will not be charged for the first screen that they have damaged in that school calendar year. Any subsequent screens damaged by that student (accidental or not) will be the financial obligation of that student.

*I have read and reviewed the **Damaged Chromebook Procedures** with my child. We understand and agree that we will not be financially responsible the first time the Chromebook assigned to my child is in need of repairing due to physical damages if the damages were determined to be accidental by the manager of the Chromebook. Lastly, we understand and agree that we will be financially responsible for any further repairs needed due to physical damages (accidental or not).*

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Bus Safety Procedures

The primary mission of the Dade County School Transportation Department is to provide students with safe and secure transportation to and from school in a friendly environment that enhances the total learning process.

To accomplish this mission, we will:

- promote mutual respect and understanding;
- model courtesy with students, parents and our colleagues;
- help students to start and end their school day with a smile;
- greet all who enter our environment with a smile, encouragement, and a happy attitude;
- develop and Improve communications with teachers, staff, parents and students;
- ensure that our buses function at the highest possible levels of safety, cleanliness and comfort;
- maintain professional conduct and appearance at all times for both students and the public;
- enhance the public's perception of the Dade County School District through excellence In transportation;
- initiate public safety and awareness in and for everyone we serve;
- promote our team spirit of excellence in all undertakings.

For the safety of all, students should comply with the following *(These rules will be posted on each bus):*

1. Students will follow directions of the driver.
2. Students should be at the bus stop 5 minutes before the bus arrives, waiting in a safe place, clear of traffic and 12 feet from-where the bus stops.
3. Students will cross the roadways in front of the bus after the bus has stopped, they have looked at the driver for a hand signal, and they have looked in both directions for traffic: left, right, left.
4. Students will go directly to a seat when entering the bus. Keep the aisles and exits clear.
5. Students will remain properly seated: back against the back of the seat, bottom against the bottom of the seat, and keep hands to themselves.
6. Students will not eat, drink or bring tobacco, alcohol, drugs, or any controlled substances on the bus.
7. Students will not carry animals, glass objects, nuisance items, hazardous materials, or weapons onto the bus. Students may carry only objects that can be held in their laps.
8. Students will refrain from using loud voices, profanity, and/or obscene gestures, and respect the rights and safety of others.
9. Students will stay seated until time to get off the bus. The open door is the signal to get up from the bus seat.
10. Students are expected to ride the bus to which they have been assigned and to get off at their assigned bus stop. Only in the event of an emergency, as determined by the principal or their representative, will a student be allowed to ride a different bus. Notification of this emergency must be sent to school in a written note signed by the parent/guardian. The school administrator may provide a bus pass granting permission.

Bus Expectations:

Be Respectful

- of the bus driver
- of the bus
- of yourself & other

Use Self-control

- waiting for the bus
- loading the bus
- during the bus route

Safety is PRIORITY

- for yourself
- for the bus driver
- for ALL students on the bus

Possible Consequences for Bus Misconduct:

- Warning
- Parent/guardian contact by bus driver and/or Director of Transportation
- Parent/guardian conference with bus driver, Director of Transportation, and/or school administrator
- Reassigned seating as prescribed by bus driver and/or Director of Transportation
- Behavior contract signed by student, parent/guardian, bus driver, Director of Transportation,
- and/or school administrator
- Short- or Long-term removal from the school bus

***Important:** School and/or district level administration is not limited to the above actions. The administration may utilize other measures and/or consequences to ensure SAFETY for ALL students. The administrators will consider the current situation and/or circumstances to make informed decisions in the best interest of the student(s) being transported on the school bus.

Compulsory Attendance Notification

The State Compulsory Attendance Law O.C.G.A Code 20-2-690.1 states that mandatory attendance in a public school, private school, or home school program shall be required for children between their sixth and sixteenth birthdays. This applies to all children who reside in the state of Georgia. If a child is under six years of age and has attended more than 20 days in a public school, he/she is then subject to this law. The law also provides “penalties for parent(s), guardian(s), or other persons residing in Georgia who are in violation of O.C.G.A Code 20-2-690; which are imposed at the discretion of the court having jurisdiction”. Each day’s violation of the law, after the School District has notified the parent, guardian, or other person in charge of a child having **five (5) unexcused absences** from, shall constitute a separate offense subjecting the person notified to the following possible consequences:

1. In-House Attendance Meeting
2. Truancy Treatment Team referral
3. Truancy Court and/or Juvenile Court
4. Denial/suspension of a driver’s license
5. Fine of not less than \$25/no greater than \$100
6. Imprisonment not to exceed 30 days
7. Community Service
8. Any combination of the above penalties

In accordance with Dade County Board Policy, a student must bring a parent note from their parent or guardian or a medical/dental excuse. Parent notes must be hand-written, provide the date(s) and reason for the absence(s), parent or guardian signature, and phone number. Only five (5) parent notes will be accepted and considered “unexcused” throughout the school year. Medical/dental excuses must be printed/typed on the facilities letterhead, indicate the date, and scheduled time of the appointment, as well as the arrival and departure time of appointment. Medical/dental notes can be faxed by the medical facility or hand delivered to the attendance clerks or counselors of the school within **five (5)** calendar days of the return-to-school date.

Please ensure that your child attends school every day and arrives on time. Here are a few practical tips to help support regular attendance:

- Make sure that your child keeps a regular bedtime and establish a morning routine;
- Lay out cloths and pack your child’s book bag the night before;
- Ensure that your child comes to school every day unless he or she is truly sick;
- Avoid scheduling vacations or doctor’s appointments when school is in session;
- Talk to teachers and counselors for advice if your child feels anxious about going to school;
- Develop back up plans for getting to school if something comes up (Call on a family member, neighbor, or another parent to take your child to school).

In addition, the Dade County School System is required by law to obtain parent/guardian and student signatures acknowledging receipt of the Compulsory Attendance Notification. Please see *pg. 8, section ‘O’ of the Student Information Form* to acknowledge receipt.

FERPA Notification

The Family Educational Rights and Privacy Act (FERPA) gives parents/guardians the right to access their child's educational records. FERPA grants the parents the right to inspect and review the educational record and prohibits the release of educational records to third parties without prior written parental consent. Parents also have the right to request not to disclose directory information (name, address, telephone number) to the public, including the military, by completing the opt-out form and returning to the school's main office within two weeks of the beginning of the academic year. Under current Federal Law, you do not have to allow your child's information to be shared publicly if you choose to opt-out.

Please see *pg. 8, section ‘O’ of the Student Information Form* to acknowledge receipt of the FERPA Notification and clarify whether you consent or do not consent to your child's name, address, and telephone number being publicly disclosed.

K. Home Language:

1. Which language does your child best understand and speak? _____
2. Primary Language spoken in the home: _____
3. Parent Preferred Language for School Communication: _____
4. In which language would you prefer to receive school information? _____

L. McKinny-Vento:

1. Is student's address a temporary living arrangement? **Yes** **No**
2. Is your living arrangement due to loss of housing or economic hardship? **Yes** **No**
(A long-term, cooperative living arrangement among families or friends that is fixed, regular, and adequate should NOT be considered a homeless situation, even if the parties are living together to save money.)
3. If you answered YES to the above questions, is the student presently living:
 With more than one family in a house or apartment
 A place not designed for ordinary sleeping accommodations such as a car, park, or campsite
 Moving from place-to-place
 In a Motel
 In a Shelter

M. Parent Occupational Information:

1. Has anyone in your household moved in order to work in another city, county, or state, in the last three (3) years? **Yes** **No**
2. Has anyone in your household been involved in one (1) or more of the following occupations, either full or part-time or temporarily during the last three (3) years? *(Check all that apply)*
 Planting/Picking vegetables (tomatoes, squash, onions, etc.) or fruits (grapes, strawberries, blueberries, etc.)
 Planting, growing, cutting, processing trees (pulpwood), or raking pine straw
 Processing/Packing agricultural products
 Dairy/Poultry/Livestock
 Packing/Processing meats (beef, poultry, or seafood)
 Commercial fishing or fish farms
 Other (Please specify occupation): _____

N. Military Connections:

1. Does this student have a parent or guardian who is on active duty in U.S. Armed Forces or National Guard? **Yes** **No**
2. Does this student have a parent or guardian who is a member of the military reserves (US Armed Forces, National Guard, or Reserve)? **Yes** **No**
3. If you answered YES, please fill in the blanks below:

Name: _____

Name: _____

Relationship to Student: _____

Relationship to Student: _____

Military Branch: _____

Military Branch: _____

Status: _____

Status: _____

Service Start/End Date: _____

Service Start/End Date: _____

O. Parental Consent/Acknowledgement of Understanding:

Parent/Guardian Name: _____

Parent/Guardian: Please circle the underlined phrases in parenthesis and initial by the statements to allow or not allow your child to participate.

_____ My child (has permission / does not have permission) to participate in school-related videos that may be shared school-wide or county-wide.

_____ My child (has permission / does not have permission) to participate in local field trips to other Dade County Schools, local ball fields, parks, and/or other locations within the county.

_____ My child (has permission / does not have permission) to use the Internet while at school for educational purposes (e.g., for assignments, testing, learning platforms, etc.) according to the rules outlined by the school.

_____ I (authorize / do not authorize) officials of the Dade County School System to publish my child's work on the internet and to publish photographs of my child on the school's website and social media platforms (e.g., Facebook, Twitter, Instagram), and in the local newspapers.

_____ My I (will allow / do not want) my child to participate in surveys given by the Dade County School System.

_____ I (authorize / do not authorize) officials of the Dade County School System to contact directly the persons named on *pg. 3, section P* of this form, and do authorize the named physician to render such treatment as deemed necessary in an emergency. In the event the physician, emergency contacts, or parents cannot be contacted, the school officials are hereby authorized to take whatever action deemed necessary in their judgment, for the health of my child.

Parent/Guardian: Please initial beside the statements to provide clarification. Acknowledgement of Understanding.

_____ I do hereby certify that I am the custodial parent/guardian of the student indicated on *pg. 1, section 'A'* of this form, now residing in Dade County/in the State of Georgia and in the Dade County School District attendance zone. I have provided true and accurate proof of my residency and understand that any person that knowingly falsifies or forges information on any enrollment may be criminally liable under O.C.G.A. 16-9-1, 16-9-2 and/or 16-10-20.

Parent/Guardian & Student: Please initial beside the statements to acknowledge that you understand and agree to follow the procedures outlined on the form bolded in the statement.

_____ I received, and have read and reviewed the **Compulsory Attendance Notification** with my child. We understand that complying with compulsory attendance laws and the Dade County Board of Education attendance policy is mandatory in the state of Georgia and that there are consequences for noncompliance, and therefore agree to follow them accordingly.

_____ I have read and reviewed the **Bus Safety Procedures** with my child. We understand that the procedures and consequences outlined are to ensure safety of all students on the bus, that school and/or district level administration is not limited to outlined consequences, and that we agree to follow them accordingly.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____