

## Welcome to the Long County School System!

**Please read the following information prior to registering your student.**

**PARENT MUST BE PRESENT** - A parent or legal guardian must accompany students who wish to register and must be able to present a copy of their identification.

**PROOF OF RESIDENCE** – The school shall accept a current utility bill (water, gas, electric, cable, phone, etc.) **AND** any one of the following items: 1) current lease/rental agreement; 2) most recent income tax return; 3) current pay stub; 4) current residential property tax statement or bill; 5) current warranty or quick claim deed; 7) mortgage statement or current home purchase agreement; 8) third person affidavit of residency (while in the presence of a school official a notarized statement shall be completed and signed by the parent or legal guardian of the student as well as the legal owner or lessor of the property where the student and the parent or legal guardian shall reside); or 9) current homeowner's insurance policy.

**NO waivers will be extended for proof of residency.**

**IMMUNIZATION CERTIFICATE** - Georgia Form 3231 certifying that all immunizations are current must be on file for all students entering a Georgia school for the first time. If not transferring from a Georgia school, this form may be obtained at the Long County Health Department, located on Macon Street in Ludowici (545-2107). If either parent is military, it may also be obtained at the Health Clinic at Fort Stewart.

**EYE-EAR-DENTAL CERTIFICATE** - Georgia Form 3300 is also required whenever a student enters a Georgia school for the first time. If not transferring from a Georgia school, this form may also be obtained from the Long County Health Department or the Fort Stewart Health Clinic.

**BIRTH CERTIFICATE** - A copy of the student's birth certificate must be provided.

**SOCIAL SECURITY CARD** - A copy of the student's social security card must be provided.

**PROOF OF GRADE** - Students enrolling must provide records from the previous school so correct grade placement may be determined. All enrollments and grade placements are considered tentative until official records are received and evaluated.

**GUARDIANSHIP** - If the student is enrolled by a legal guardian other than a parent, a copy of the court order awarding guardianship must be provided. Notarized statements or powers of attorney are not acceptable as guardianship. In order to apply for legal guardianship, contact the Long County Probate Court, located in the Long County Courthouse (545-2131).

Long County School System	<a href="http://www.longcountyps.com">www.longcountyps.com</a>	912-545-2367
Smiley Elementary (Grades Pk-2)	<a href="http://www.smileyelementary.com">www.smileyelementary.com</a>	912-545-2147
McClelland Elementary (Grades 3-5)	<a href="http://www.meslongco.com">www.meslongco.com</a>	912-545-7910
Long County Middle (Grades 6-8)	<a href="http://www.longcountyms.com">www.longcountyms.com</a>	912-545-2069
Long County High (Grades 9-12)	<a href="http://www.longcountyhs.com">www.longcountyhs.com</a>	912-545-213

**Long County School System**  
RESIDENCY AFFIRMATION

Under penalty of law, I do hereby affirm and certify that my place of legal residence is

\_\_\_\_\_  
(Physical Address)

\_\_\_\_\_, Georgia and that is my one and true legal  
(City)

residence. I promise to notify Long County School immediately should I move from the

above address. I also realize that giving false information on this form is good and

sufficient cause to withdraw my child from the Long County School System and to

pursue penalties as prescribed by State and Federal law.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date of Signature \_\_\_\_\_

**Students Enrolled in Long County School System: (Please Print)**

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

Long County School System  
**Enrollment Form**

Student's Legal Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Grade \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Age \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: (M or F) Social Security Number \_\_\_\_\_

Ethnicity: Is the student Hispanic or Latino?  Yes or  No

Race (Select as many as necessary):  American Indian/Alaskan  Asian/Pacific Islander  Black (Non-Hispanic)  
 Hispanic  White (Non-Hispanic)

Mailing Address: \_\_\_\_\_  
City ZIP

**PHYSICAL RESIDENCE ADDRESS** (List road, route and box number if applicable): \_\_\_\_\_

Directions to residence (from school) \_\_\_\_\_

Parent/Legal Guardian #1 \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

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

Parent/Legal Guardian #2 \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

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

Was the student born in the United States? (Circle one) YES or NO Where? \_\_\_\_\_

If not, how long has the student been attending schools in the United States? \_\_\_\_\_

At the previous school was the student serviced in: (Please circle all that apply)

Section 504 SPEECH GIFTED SPECIAL EDUCATION Regular Education

Has the student previously attended school in Long County?  NO  YES When? \_\_\_\_\_

**Student Lives with (circle all that apply) Mother Father Stepmother Stepfather Other** \_\_\_\_\_

Does any parent/legal guardian serve in the military or work on federal property? (circle) YES or NO

If military, what rank and unit? \_\_\_\_\_

**By signing this enrollment form I state that I am the custodial parent/ guardian of this student.**

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

**OFFICE ONLY: Official Enrollment Date:** \_\_\_\_\_

Long County School System  
AUTHORIZATION TO RELEASE STUDENT RECORDS

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please list the last two schools attended:

School Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Enrolled at this school for how long? \_\_\_\_\_ From (Date) \_\_\_\_\_ To(Date) \_\_\_\_\_

School Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Enrolled at this school for how long? \_\_\_\_\_ From (Date) \_\_\_\_\_ To(Date) \_\_\_\_\_

Has this student ever been retained (repeated a grade)? \_\_\_\_\_ If yes, what grade? \_\_\_\_\_

**Is this student currently under Suspension/Expulsion for any disciplinary action from any previous school?  
(circle one) No Yes**

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Please circle if attended: GA Pre-K Other Pre-K Headstart None before Kindergarten

**I state that I am the custodial parent/legal guardian of this student and I give my permission for the Long County School System to request my child's records from any previous school.**

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

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

Long County School System  
**Long County School District**  
**HOME LANGUAGE SURVEY**

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex:  Male  Female  
Smiley Elem. McClelland Elem. LCMS LCHS Grade: \_\_\_\_\_

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

Federal and state laws require the following information be collected about the primary and home language of every student upon enrollment in the school district. Please complete a survey for each child you are enrolling in the school district.

1. What language did your child learn when he/she first began to talk? \_\_\_\_\_
2. What language does your child most frequently speak at home? \_\_\_\_\_
3. What language is spoken by you and your family most of the time at home? \_\_\_\_\_

**If a language other than English is indicated for any of the above questions, the school district will test your child's English language proficiency to determine eligibility for initial and continuing placement in an English language development program. You will be notified about the results of this testing.**

1. Was your child born in the United States?  Yes  No
2. If yes, in which state? \_\_\_\_\_
3. If no, in what country? \_\_\_\_\_
4. If no, date child entered the United States: (Month/Day/Year) \_\_\_\_\_

If available, in what language would you prefer to receive information from the school?

\_\_\_\_\_

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

\_\_\_\_\_  
Date

**PLACE IN PERMANENT RECORD FOLDER**

(If any answer contains a language other than English, please send a copy to the designated school staff member.)

Distrito Escolar: \_\_\_\_\_

Fecha: \_\_\_\_\_

**Encuesta Ocupacional para Padres**

**Favor de completar este formulario para ayudarnos a determinar si su(s) hijo(s) califica(n) para recibir servicios suplementarios de parte del Programa de Título I, Parte C**

Nombre del/los Estudiante(s)	Nombre de la Escuela	Grado
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. ¿Alguien en su casa se ha mudado para trabajar en otra ciudad, condado, o estado, en los últimos tres (3) años?  Sí  No

2. ¿Alguien en su casa trabaja o ha trabajado en una de las siguientes ocupaciones de forma permanente o temporaria en los últimos tres años?  Sí  No

**Si la respuesta es "sí", marque todo trabajo que aplique:**

- 1. Sembrando/Cosechando vegetales (tomates, calabazas, cebollas, etc.) o frutas (uvas, fresas, arándanos, etc.)
- 2. Sembrando, cortando, procesando árboles, o juntando paja de pino (*pine straw*)
- 3. Procesando/Empacando productos agrícolas
- 4. Trabajo en lechería, polleras o ganadería
- 5. Empacando/Procesando carnes (res, pollo, o mariscos)
- 6. Trabajos relacionados con la pesca (pesca comercial, o criadero de pescados)
- 7. Otra actividad. Por favor especifique en cuál: \_\_\_\_\_

Nombre de los padres o guardianes legales: \_\_\_\_\_

Dirección donde vive: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_ Teléfono: \_\_\_\_\_

**¡Muchas Gracias! Por favor regrese éste formulario a la escuela**

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 fax 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, 201 West Lee Street, Brooklet, GA 30415  
Toll Free (800) 621-5217 Fax (912) 842-5440

GaDOE Region 2 MEP, 221 N. Robinson Street, Lenox, GA 31637  
Toll Free (866) 505-3182 Fax (229) 546-3251

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

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

1854 Twin Towers East • 205 Jesse Hill Jr. Drive • Atlanta, GA 30334 • www.gadoe.org

Richard Woods, Georgia's School Superintendent

An Equal Opportunity Employer



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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 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 fax 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:

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Richard Woods, Georgia's School Superintendent

An Equal Opportunity Employer



**LONG COUNTY SCHOOL HEALTH SERVICES  
STUDENT HEALTH INFORMATION  
School Year 2019-2020**

**This information will be kept confidential.**  
Please complete & sign these forms (Return to the School Nurse)

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_  
Other Allergies: \_\_\_\_\_ Grade: \_\_\_\_\_

**PARENTAL CONSENT FOR SCHOOL HEALTH SERVICES**

I hereby give my consent for my above named child to participate in the School Health Services Program which may include vision, hearing, height, weight, body mass index, nutrition, dental, scoliosis screenings, health/nursing appraisals & assessments. I also give my consent for this information to be shared and/or faxed to my child's doctor/dentist.

In cases of minor accidents or illness, I hereby give my consent for my child to receive routine first aid administered by school personnel. I also give permission for the use of the following over the counter and emergency preparations when needed in the event of minor skin irritation/injury, for minor pain, discomfort, fever, or life-threatening emergency.

**Over the counter medications will only be used according to the label directions for the listed purpose and age/size of the student** unless an individual physician order is provided. No over the counter medications will be used more than 5 consecutive or 30 cumulative school days per semester without a doctor's order. If an over the counter medication is required by a student more than **5 times, the parent will be required to furnish that medication for future need. Over the counter medications will only be provided at the discretion of the school nurse and/or designated staff person, or a physician.** This standing protocol medication procedure is established for the purpose of aiding student attendance, minimizing student discomfort so that they may be more attentive in class, to assist parents by not having to leave their jobs to come to the school each time a student has a minor discomfort or injury and to sustain life in the event of a life-threatening emergency.

**STRIKE THROUGH & INITIAL ANY OF THE FOLLOWING MEDICATIONS THAT YOU DO NOT WANT TO BE USED FOR YOUR CHILD**

**Generic Preparations** may be substituted for these listed over the counter products.

The Long County Schools will not be required to furnish medications but will have these on hand as funds are available.

Tylenol	Vic's vapor rub	Saline <b>eye drops</b>	Benadryl liquid/capsules
Motrin	Chloraseptic throat spray	Visine/Visine allergy eye drops	Albuterol inhaler emergency
Maalox	1% Hydrocortisone cream	Contact lens cleaning/rewetting drops	Epi pen for anaphylactic reaction
Tums	Antifungal cream (for suspected ringworm)	Sting Kill	
Zyrtec	Neosporin cream/ointment	Oragel/Ambesol	
Claritin	Cough syrup with suppressant (dextromethorphan) and/or expectorant (guaifenesin)	Cough drops	

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

In case of an accident or illness where my child is unable to remain at school, I request that one of the following be contacted to care for my child in the event that a parent/guardian can't be reached.

Name, Relationship, Cell phone, home phone, work phone

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

In the event of a major accident or serious illness, I understand the school will make every effort to contact me. School Health personnel have my permission to contact my child's listed physician(s) for further medical information and for instruction if I am unavailable to be reached in the event of an emergency. I, the parent/legal guardian, authorize the transport and treatment by Emergency Medical Services and the hospital emergency staff for my above listed child. Fees for transport and medical services will be the responsibility of the parent/guardian signed below.



Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**\*\*In the event a previously undiagnosed life threatening allergic reaction occurs, the school has my permission to administer the life saving medication, epinephrine. Designated school staff are trained to assess, call 911, and administer epinephrine. When epinephrine is administered the student will be transported to the ER for further evaluation and treatment.**

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

**OR**

I **DO NOT** want my child to receive school health services. I agree to be **immediately available** to provide care for my child at school at **ALL times**.

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

If you have an email address, this is the quickest way to contact you if your child is seen in the clinic for anything other than emergencies.

Parent/Guardian Name #1 \_\_\_\_\_ Home Phone \_\_\_\_\_

Email address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian Name #2 \_\_\_\_\_ Home Phone \_\_\_\_\_

Email address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of employment \_\_\_\_\_ Work Phone \_\_\_\_\_

**Student Medical Insurance:**

\_\_\_\_ Private; Name of private insurance \_\_\_\_\_ Peach Care \_\_\_\_\_ Medicaid \_\_\_\_\_ None

**Health History: Does your child now have or has he/she ever had:**

<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Attention Deficit Disorder (ADD)</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Attention Deficit Hyperactivity Disorder (ADHD)</b> Requires medication <input type="checkbox"/> At school <input type="checkbox"/> At Home
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Allergies:</b> <input type="checkbox"/> Food _____ <input type="checkbox"/> Hives/rash <input type="checkbox"/> Epi-pen <input type="checkbox"/> Insects _____ <input type="checkbox"/> Breathing difficulty <input type="checkbox"/> Environmental _____ <input type="checkbox"/> Medications <input type="checkbox"/> Other:
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Asthma</b> <input type="checkbox"/> Uses an inhaler/nebulizer at school <input type="checkbox"/> Uses an inhaler/nebulizer at home
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Blood/Bleeding Problems:</b> <input type="checkbox"/> Hemophilia, <input type="checkbox"/> Von Willebrands, <input type="checkbox"/> Other <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Frequent Nose Bleeds:</b> <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Cancer/Leukemia:</b> <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Cerebral Palsy:</b> <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Cystic Fibrosis:</b> <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Dental Problems:</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Diabetes</b> <input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Monitors Blood Sugars at school <input type="checkbox"/> Requires Insulin at school <input type="checkbox"/> Type 2 Diabetes <input type="checkbox"/> Managed with diet <input type="checkbox"/> Insulin pump <input type="checkbox"/> Oral medication <input type="checkbox"/> Glucagon order
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Emotional/Behavioral/Psychological:</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Gastrointestinal/Stomach Problems:</b> <input type="checkbox"/> G-tube <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Headaches:</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Hearing Problems:</b> <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/> Both ears <input type="checkbox"/> Hearing loss <input type="checkbox"/> Hearing aid <input type="checkbox"/> Tubes <input type="checkbox"/> Cochlear Implant
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Heart Condition:</b> <input type="checkbox"/> Activity restrictions <input type="checkbox"/> Medications taken at home: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Hypertension (High Blood Pressure):</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Juvenile Arthritis/Bone-Joint Problems:</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Kidney/ Bladder/ Urinary Problems:</b> <input type="checkbox"/> Catheter <i>Please explain::</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Scoliosis:</b> <input type="checkbox"/> No Treatment <input type="checkbox"/> Wears Brace <input type="checkbox"/> Surgery
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Seizures/Convulsions:</b> Type of seizure: _____ <i>Medications:</i> <input type="checkbox"/> Diastat <input type="checkbox"/> Klonopin <input type="checkbox"/> Versed <input type="checkbox"/> Meds taken at home <input type="checkbox"/> Meds taken at school <input type="checkbox"/> Vagal Nerve Stimulator <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Sickle Cell:</b> <input type="checkbox"/> Anemia <input type="checkbox"/> Trait
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Shunt:</b> <input type="checkbox"/> VP shunt <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Spina Bifida:</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Vision Problems:</b> <input type="checkbox"/> Wears glasses <input type="checkbox"/> Wears contacts <input type="checkbox"/> Other
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Mono in the past year</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Other Medical Conditions:</b> Please include any medications taken at home only. <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Walker <input type="checkbox"/> Wheel chair <input type="checkbox"/> Oxygen supplementation <input type="checkbox"/> Other: <i>Please explain:</i>

**Long County School System  
Emergency Contact and Check Out Information**

Student: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Teacher \_\_\_\_\_ Grade: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mother/Legal Guardian: \_\_\_\_\_

Work Place & Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father/Legal Guardian: \_\_\_\_\_

Work Place & Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

How will your child arrive to school? Bus # \_\_\_\_\_ Parent \_\_\_\_\_ Daycare Van \_\_\_\_\_ Self Transport \_\_\_\_\_

Other \_\_\_\_\_

How will your child depart from school? Bus # \_\_\_\_\_ Parent \_\_\_\_\_ Daycare Van \_\_\_\_\_

Self Transport \_\_\_\_\_ Other \_\_\_\_\_

**Emergency Contacts and Check Out Permission**

Please list at least **THREE** adults that we may contact in case of an emergency or illness. These are the **ONLY** people your child will be released to unless we have received **written** verifiable permission from you. Due to safety reasons, telephone requests are not permitted.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_ Relationship \_\_\_\_\_

Do we have consent to give your child Tylenol if needed? \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

By signing this form, I state that I am the custodial parent/legal guardian of this student.

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

**Long County School System**  
**PERMISSION TO DISPLAY STUDENT PHOTOGRAPH**

**Student Photograph Release**

I hereby grant permission to Long County School System (LCSS) to use, including publicly display, publish, and/or broadcast my student's photograph, video, or audio clip on the LCSS web site, individual school web pages, area newspapers, or in other official LCSS publications without further notice. I acknowledge LCSS right to crop, edit, or treat the photograph, video, or audio clip at its discretion.

I also understand that once my student's photograph, video or audio clip is published on a web site, it can be downloaded by any computer user, on or off campus. I understand a student's name may be published along with the student's picture.

Therefore, I agree to indemnify, defend and hold harmless the members of the Long County Board of Education, LCSS, its officers, employees, agents, successors and assignees (the "Indemnified Parties") from and against any and all claims and liabilities resulting from this publishing.

Permission is granted for the use requested above.

\_\_\_\_\_  
Printed Name of Student                      Signature of Student                      Date

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian      Signature of Parent                      Date

\_\_\_\_\_  
Home Room Teacher                      Grade

I do **NOT** want my child to be photographed and placed on the school web site.

\_\_\_\_\_  
Print Name of Student                      Date                      Grade

\_\_\_\_\_  
Signature of Parent                      Date

**FOR WEBMASTER**

Copy to Technology Director: \_\_\_\_\_ Date      Picture Subject/No. \_\_\_\_\_

## **Long County Schools Acceptable Use and Internet Safety Agreement**

The Long County Board of Education provides employees and students with access to technology resources and the Internet for educational and instructional purposes. The School District will enforce the following procedures. Although some examples may be stated, they are intended as illustrations only, and do not purport to be all inclusive of inappropriate use. Failure to comply with the Long County School System Acceptable Use and Internet Safety Policy shall be deemed grounds for revocation of privileges, potential disciplinary action and/or the technological resources of Long County Schools. All students must read the following Acceptable Use and Internet Safety Agreement and shall indicate acceptance of the agreement by their signature (or their parent's signature if under the age of 18) for the respective school's student handbook.

**Acceptable Use-** Use of the Internet and technological resources must be in support of education and research and must be consistent with the educational objectives of the Long County School System. Use of any other organization's network or computing resources must comply with the rules appropriate for that network. In addition to adherence to the policies and procedures of various networks and any set forth by a service provider or host system, users must abide by all rules and procedures specified and deemed necessary at the site from which access to the Internet is made. These procedures may include, but are not limited to, a logbook, user time restrictions, and limitations on use of finite resources. Transmission of any material in violation of any United States or state regulation is prohibited. This includes, but is not limited to, copyrighted material, threatening or obscene material, or material protected by trade secret. Use for commercial activities by for-profit institutions is not acceptable. Use for product advertisement or political lobbying is also prohibited. Illegal activities are strictly prohibited.

**Unacceptable Use-** The user is responsible for all of his/her actions and activities involving the network and the Internet. Examples of prohibited conduct include but are not limited to the following: \*Accessing materials or communications that are inappropriate \*Sending or posting materials or communications that are inappropriate \*Using the network for any illegal activity; Copying or downloading copyrighted material on any system connected to the School System's hardware/software/network without the owner's permission \*Using the network for private financial or commercial gain or political lobbying \*Wastefully using resources, including print resources \*"Chatting" or visiting Chat Rooms on school equipment at any time \*Utilizing or creating any software or viruses having the purpose of damaging the school system's networks or other user's system \*Gaining unauthorized access to resources or entities \*Invading the privacy of individuals; Using another user's account or password \*Posting material authorized or created by another without his/her consent \*Posting anonymous messages \*Using the network for commercial or private advertising \*Forging of electronic mail messages \*Creation and sending of harassing electronic mail messages \*Attempting to read, delete, copy, or modify the electronic mail of other system users and deliberately interfering with the ability of other system users to send/receive electronic mail \*Using the network and access to the Internet in a fashion inconsistent with directions from supervisors/teachers/administrators

**Privileges-** The use of the Internet and Long County School System technology resources is a privilege, not a right, and inappropriate use will result in cancellation of those privileges. Any user not complying with the Long County School System Acceptable Use and Internet Safety Agreement shall lose Internet and/or network privileges for a period of time deemed appropriate by the superintendent. Student infractions may result in appropriate disciplinary action in addition to suspension or termination of access privileges. Unauthorized use of the network, intentional deletion or damage to files and data belonging to other users, or copyright violations may be termed theft as defined under the Long County Schools Student Discipline Code. Before using the Internet, each student and faculty member will participate in an orientation conducted by an administrator or faculty member. The orientation will be on the Long County School System Acceptable Use and Internet Safety Agreement, the proper use of the network, and network etiquette. Based upon the acceptable use guidelines in this document, the superintendent, the technology coordinator, and the school principals will deem what is inappropriate use. The

superintendent's decision is final. Also, the superintendent or school principal may deny access at any time until a decision is made. The administration, faculty, and staff members of Long County Schools may request that the technology coordinator deny, revoke, or suspend specific user privileges temporarily until a decision is made. **Staff Supervision-**All employees should become familiar with this procedure and should enforce, follow, and abide by the rules concerning appropriate use while at school including when their duties involve supervision of students using the Internet or the school's technology equipment. **Compensation-**Employees, the student, and/or the student's parents/legal guardians shall be responsible for compensating the school system for any losses, costs, or damages incurred by the school system relating to or arising out of any violation of these procedures. **Security-**Security on any computer system is a high priority, especially when the system involves many users. A user identifying a security problem must notify a classroom teacher or the local school administrator. The security problem is not to be demonstrated to any other user. Users must never divulge or allow others to use their passwords. Use of another individual's account is prohibited without express written permission of the account holder. Account holders are ultimately responsible for all activities under their account. Attempting to log on as a system administrator is prohibited. Any user identified as being a security risk or as having a history of problems with other computer systems may be denied access to the Internet. **Vandalism-**Vandalism will result in cancellation of privileges. Vandalism is defined as any malicious attempt to harm, modify, or destroy data, equipment, or software. **Disclaimer-** Long County Schools makes no warranties of any kind, whether expressed or implied, for the service it is providing. The school system will not be responsible for any damages suffered by any user. This includes loss of data resulting from delays, non-deliveries, mis-deliveries, or service interruptions caused by its own negligence or user errors or omissions. Use of any information obtained via the Internet is at the risk of the user. Long County School System specifically denies any responsibility for the accuracy or quality of information obtained through its services. The Long County Board of Education reserves the right to monitor all e-mail and Internet traffic without notice. **Network Etiquette-**Users are expected to abide by the generally accepted rules of network etiquette. **Penalties for Misuse-**Failure to abide by this policy may result in the suspension and/or revocation of access privileges. Additionally, student violations may result in discipline up to and including suspension or expulsion. Students could be expelled from school for engaging in conduct on the Internet or school networks that contain elements of criminal mischief as defined by state and federal law. Any unauthorized access or breach of state or federal law is subject to criminal prosecution. Staff violations may also result in discipline up to and including dismissal.

**Parent/Legal Guardian Permission:** I have read and fully understand the contents of the Student and Employee Acceptable Use Guidelines/Procedures and this Acceptable Use Agreement. As the parent/legal guardian of \_\_\_\_\_, I agree to the above terms and, I request that he/she be allowed to access the Internet for educational purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Verified by: \_\_\_\_\_  
Date: \_\_\_\_\_

**Parent/Legal Guardian To Deny Permission:** As the parent/legal guardian of

\_\_\_\_\_ I do not wish for my child to have Internet access.

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

**Transfer of Disciplinary Records Authorization  
School Safety Program**

I, \_\_\_\_\_, hereby authorize  
(Parent/Guardian)

\_\_\_\_\_  
(Name of School last attended)

\_\_\_\_\_  
(Address) (City) (State) (Zip)

to release all academic and disciplinary records for:

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Birthdate

Has student been found guilty of committing any of the following felonies? (Circle) No Yes  
If YES, please circle the number(s) of all that apply to the student.

- |   |  |
|---|--|
| 1. possession of pistol or revolver (second offense)  | 15. third offense of any act which, if committed by an adult, would be a felony  |
| 2. kidnapping (13 years or older)   | 16. trafficking in cocaine, illegal drugs, marijuana, methamphetamine  |
| 3. first degree arson (13 years or older)   | 17. racketeering   |
| 4. aggravated battery (13 years or older)   | 18. escape after being found guilty of a felony  |
| 5. second degree arson (13 years or older)  | 19. manufacture, possession, transportation, distribution, or use of a hoax destructive device or detonator and interference in the detection, disarming or destruction of a destructive device (second offense) |
| 6. aggravated battery (13 years or older)   | 20. murder   |
| 7. robbery (13 years or older)  | 21. voluntary manslaughter   |
| 8. armed robbery not involving a firearm (13 years or older)  | 22. rape   |
| 9. battery of school personnel (13 years or older)  | 23. aggravated sodomy  |
| 10. attempted murder (13 years or older)  | 24. aggravated child molestation   |
| 11. attempted kidnapping (13 years or older)  | 25. aggravated sexual battery  |
| 12. possession of a weapon on school property, including buses, or in a school zone (13 years or older)                             | 26. armed robbery with a firearm   |
| 13. hijacking a motor vehicle (13 years or older)   | 27. motor vehicle theft (second offense)   |
| 14. manufacture, transportation, distribution, possession, use, or offer of distribution of an explosive device (13 years or older) |  |

Date Student was found guilty \_\_\_\_\_

Jurisdiction in which adjudication occurred \_\_\_\_\_  
(Court) (County) (State)

Is student currently service any type of suspension or expulsion? (circle) NO YES

If YES, describe reason for suspension/expulsion and when it will end:  
\_\_\_\_\_

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I understand that my child will be enrolled in the Long County School System on a conditional basis until disciplinary and academic records are received. I further understand that my child may be found ineligible for enrollment at this time based on information about current suspensions or expulsions obtained from the student's record.

I hereby certify that all above information is true and accurate.

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