

Dear Parent,

Thank you for taking the time to enroll your student(s) in Hampton School District for the 2022-2023 school year.

Below you will find fillable forms for Elementary and High School that make up the school's registration packet. Please download the packet and fill out the appropriate forms for your student, then save them to your computer or snap a picture with your phone.

Elementary and High School - Hampton Schools Leaving Campus/Checking Out Policy

Elementary and High School - Public School Health Care Plan

Elementary and High School – Hearing/Vision Billing Consent

Elementary and High School – Residency Form

Elementary and High School – Digital Equity Survey

Elementary and High School – Parent Involvement Compact

Kindergarten and New Students to the district – Language Survey

High School Only – Drug Policy

9<sup>th</sup> Grade Students ONLY – Arkansas Minimum Graduation Requirements Smart Core

11<sup>th</sup> and 12<sup>th</sup> Grade Students ONLY – Objection to Publication of Directory Information

New Students to the district who enroll after the 1<sup>st</sup> day of school – Official Request for Records

Next, you will log in to PowerSchool to start the enrollment process. If your student was enrolled in Hampton School District at the end of last school year you should receive an email, on or after July 1, 2022, with a “snap code”. You will use this code to reenroll your student.

If you do not receive the email you can call the school to retrieve the code.

If your student did not finish the school year at Hampton School District then you will need to enroll them as a “New Student” in PowerSchool.

During the process of enrolling your student(s) in PowerSchool there will be a place for you to upload the fillable forms from the registration packet.

Again, thank you for enrolling your student(s) in Hampton School District. You may call the office for further information if needed.

Elementary Office – 870-798-6130

High School Office – 870-798-6104

**HAMPTON SCHOOLS  
LEAVING CAMPUS/CHECKING OUT POLICY  
2022-2023**

Hampton School District is a closed campus. Once students arrive on campus, they must remain the entire day unless:

1. They are enrolled in off-campus vocational or college classes. Release time will be pre-determined and shall be the same each day.
2. They obtain special permission from the Principal or the Principal's designee.
3. Parents check their child(ren) out (in person), or by an approved note that is sent the day before, or by telephone in limited situations such as an emergency. The parent should specify the time of checking out and the reason for checking out, along with how they are to leave the campus. Students checking out will be monitored regularly. All absences shall follow the guidelines of the "Attendance Policy".
4. No person other than a parent or legal guardian may check a student out of school unless the parent notifies the school giving prior approval to another adult.
5. Students are not allowed to check out at any time during the day. Hampton School is a closed campus. A student that checks out will not be allowed back on campus that day unless they have an excused absence, such as a doctor's note.

Students who arrive late or check out early should sign in or out through the Principal's office. Students who are 18 and still enrolled in high school must follow all above policies. They are not allowed to check themselves out unless prior approval is given by the Principal

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_ (student), do give my permission for the following adult(s) (must be 18 years or older) to check my child in or out of school. I understand that all absences shall follow the guidelines of the "Attendance Policy" in order to be excused.

The following adults **have permission** to check my child in or out of school:


The following people may **NOT** check my child out of school:


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

**Hampton Public Schools Health Care Plan**  
**Please fill out completely and return to the school nurse**

**Student Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Information**

Contacts: (Please list only numbers that can be reached during school hours.)

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information (Please check all that apply to your child)**

Medical Conditions:

- ☐ None
- ☐ Asthma (4.35F2)
- ☐ Allergies
- ☐ Attention Deficit
- ☐ Diabetes
- ☐ Hypertension
- ☐ Heart Disease
- ☐ Cerebral Palsy
- ☐ Seizure Disorder
- ☐ Multiple Sclerosis
- ☐ Spina Bifida
- ☐ Other: \_\_\_\_\_

Special needs required by your child:

- ☐ None
- ☐ Diet: \_\_\_\_\_
- ☐ Equipment: \_\_\_\_\_
- ☐ Personal Attendant: \_\_\_\_\_
- ☐ Transportation: \_\_\_\_\_
- ☐ Treatments: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

Allergies - Food and/or Medications:

---

---

List prescription medications your child takes daily:

---

---

**Medication Policy Guidelines: (handbook 4.35)**

No over-the-counter medications will be provided by the school.

You may provide over-the-counter medications for your child to be locked up in the nurse's office for recurrent problems (such as headaches, stomach ache, etc.).

All over-the-counter medication to be administered by the school nurse must be in the original container and properly labeled. Medications may be labeled for multiple family members. (4.35F)

All Rx medications to be administered by the school nurse must have a current prescription label on the bottle including: name, med, how it is to be given and how often. (4.35F) (4.35F3) (4.35F4)

No medication to be given three (3) times per day or less will be administered at school unless the physician orders it to be given at a specific time during the school day.

Student medications will be kept locked in a cabinet in the nurse's office.

Parents may allow responsible students to keep inhalers or epi-pens on them during the school day. A release form must be signed and submitted to the nurse's office. (4.35F2) (4.35F4)

All student medications are to be picked up by a parent or guardian at the end of the school year.

**Nurse Contact Information:**

Phone: (870) 798-6128

Fax: (870) 798-6180

Email: [pdavis@hampton.k12.ar.us](mailto:pdavis@hampton.k12.ar.us)

Address: P.O. Box 1176/485 East Main St.

**\*\*\*Please notify the school nurse of any changes in the child's health status made during the year.**

- ☐ I give consent for medical information regarding this child to be shared with school staff on a need to know basis only.
- ☐ I acknowledge that I have read and understand the contents of this form. I understand that if my child comes to the nurse's office in need of medication, emergent care or further attention beyond the capabilities of the school nurse's office, the nurse will attempt to reach me or my emergency contacts listed on the front of this form.
- ☐ Hampton School District has my permission to take my child to the nearest medical facility for emergency treatment in the event that the listed contacts cannot be reached.
- ☐ I acknowledge that the district, its Board of Directors, and its employees shall be immune from civil liability for damages resulting from the administration of medications in accordance with this consent form

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Forms Submitted:**

- ☐ 4.35F
- ☐ 4.35F2
- ☐ 4.35F3
- ☐ 4.35F4
- ☐ 4.41

**Hampton School District  
Hearing/Vision Billing Consent**

In compliance with the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 123g; 34 CFR Part 99)

I, \_\_\_\_\_, give permission for my child,  
\_\_\_\_\_'s personally identifiable information/student education  
records to be disclosed to a Third Party Billing Agent for the purpose of billing Medicaid and/or  
private insurance.

\_\_\_\_\_  
Printed Name of Parent/Guardian

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

\_\_\_\_\_  
Date Signed

**Distrito Escolar de Hampton**  
**Consentimiento de facturación de audiencia / visión del**

En cumplimiento de los Derechos Educativos y Privacidad (FERPA) (20 USC § 123g; 34 CFR Parte 99)

Yo, \_\_\_\_\_, doy permiso para mi hijo,

\_\_\_\_\_’s (Nombre del padre/tutor) \_\_\_\_\_

(Nombre y Apellido) registros educativos del informcion/estudiante de identificación personal que se comuniquen a la facturación de terceros Agente para fines de facturación de Medicaid y / o seguros privados.

\_\_\_\_\_  
Nombre del padre / tutor

\_\_\_\_\_  
Firma del padre / tutor

\_\_\_\_\_  
Fecha de la firma

## RESIDENCY FORM

Your answers will help determine if the child/youth meets eligibility requirements for services under the McKinney-Vento Act.

**List all of your children birth through age 21.**

Name of Child/Youth	School/Program	Age	Grade/ Early Childhood Level	Date of Birth

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

Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please choose which of the following situations the child or youth currently lives in (you can choose more than one):**

- \_\_\_\_\_ House or apartment with parent or guardian
- \_\_\_\_\_ Motel, car, or campsite
- \_\_\_\_\_ Shelter or other temporary housing
- \_\_\_\_\_ With friends or family members (other than or in addition to parent/guardian)
- \_\_\_\_\_ Living in inadequate housing (no heat, no water, mold infested, etc.)

**If you are living in shared housing, please check all of the following reasons that apply:**

- \_\_\_\_\_ Loss of housing
- \_\_\_\_\_ Economic situation
- \_\_\_\_\_ Temporarily waiting for house or apartment
- \_\_\_\_\_ Provide care for a family member
- \_\_\_\_\_ Living with boyfriend/girlfriend
- \_\_\_\_\_ Loss of employment
- \_\_\_\_\_ Parent/Guardian is deployed
- \_\_\_\_\_ Other (Please explain)

Are you a child or youth living apart from your parents or guardians?

Yes              No



### **Housing and Educational Rights**

Students without fixed, regular, and adequate nighttime residences have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento liaison at (870) 798-2673, or the State Coordinator at 501-683-5428.

*Arkansas law provides that anyone who knowingly gives a false residential address for purposes of public school enrollment is guilty of a violation and subject to a fine of up to \$1,000 (Ark. Code Ann. § 6-18-202(f)).*

By signing below, I acknowledge that I have received and understand the above rights.

---

*Signature of Parent/Guardian/Unattached Youth*

*Date*

---

*Signature of McKinney-Vento Liaison*

*Date*

## Services for McKinney-Vento Identified Students

Student: \_\_\_\_\_

School: \_\_\_\_\_

Grade \_\_\_\_\_

Please check the services needed or desired:

☐ Early Head Start or Head Start

☐ Transportation to the school of origin

☐ Clothing/Uniform

☐ School supplies

☐ Counseling

☐ Medical/dental referral

☐ Vision referral

☐ Medicaid/DSHS services – food stamps

☐ Preschool Enrollment records

☐ Missing enrollment records

☐ Birth certificate

☐ Immunization/medical records

☐ Tutoring

☐ After-school programs

☐ Teen Center

☐ Mentoring

☐ Special Education

☐ Gifted/talented

☐ Vocational/technical

☐ Community resource

☐ Prior academic records

☐ LEP/Bilingual program

☐ Guardianship issues

\_\_\_\_\_  
*Signature of Parent/Guardian/Unattached Youth*

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

\_\_\_\_\_  
*Signature of McKinney-Vento Liaison*

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

**Hampton School District  
Digital Equity Survey**

**Please complete/update the following survey and return the form to your child's school.**

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

1. Does this child have Internet access at home?      \_\_\_\_\_ Yes      \_\_\_\_\_ No
2. If there is no Internet access, what is the reason this child does NOT have Internet access?
  - a. \_\_\_\_\_ Not Available
  - b. \_\_\_\_\_ Not Affordable
  - c. \_\_\_\_\_ Other
3. What type of Internet access is available in the home?
  - a. \_\_\_\_\_ Residential Broadband (SATCO)
  - b. \_\_\_\_\_ Cellular Network (Cell Phone)
  - c. \_\_\_\_\_ Hotspot (Cellular company provided hotspot)
  - d. \_\_\_\_\_ Community Provided Wi-Fi (Library, etc)
  - e. \_\_\_\_\_ Satellite (Hughes Net, WildBlue, Viasat, etc)
  - f. \_\_\_\_\_ Dial-Up
  - g. \_\_\_\_\_ Other
  - h. \_\_\_\_\_ None
  - i. \_\_\_\_\_ Unknown
4. Is Internet performance acceptable for learning activities? (Select one of the following)
  - a. \_\_\_\_\_ Yes - experiences very few or no interruptions in learning activities caused by poor internet performance in the primary place of residence.
  - b. \_\_\_\_\_ Sometimes - regularly experiences interruptions in learning activities caused by poor internet performance in their primary place of residence.
  - c. \_\_\_\_\_ No - unable to complete learning activities due to poor internet performance in their primary place of residence.
5. What type of device does this child use most often to complete learning activities away from the school?  
(Select one of the following)
  - a. \_\_\_\_\_ Desktop Computer
  - b. \_\_\_\_\_ Laptop Computer
  - c. \_\_\_\_\_ Tablet (iPad, Galaxy Tab, etc.)
  - d. \_\_\_\_\_ Chromebook
  - e. \_\_\_\_\_ Smartphone
  - f. \_\_\_\_\_ None
  - g. \_\_\_\_\_ Other
6. Who provides the primary learning device?
  - a. \_\_\_\_\_ District Provided
  - b. \_\_\_\_\_ Personal
  - c. \_\_\_\_\_ Other
7. Access to primary learning devices? (Select one of the following)
  - a. \_\_\_\_\_ Shared
  - b. \_\_\_\_\_ Not Shared (Choose this option if device is district provided)

**Hampton School District Parent Involvement Compact**  
**A Partnership Between Home and School**

**Parent/Guardian Agreement**

I want \_\_\_\_\_ to reach his/her full academic potential. I will commit to do all the following:

- Make sure my child attends school each day.
- Send my child to school each day ready to learn.
- Monitor my child's homework and offer assistance as needed.
- Support the school in its efforts to maintain proper discipline.
- Show respect and support for my child, the teacher, and the school.
- Communicate regularly with my child's teacher.
- Show an interest in my child's well-being by attending school functions, supporting school activities, and making every effort to attend parent-teacher conferences.

**Student Agreement**

I wish to reach my full academic potential. I will commit to all the following:

- Arrive at school and attend class on time each day
- Come to school ready to learn with the necessary supplies
- Show respect at all times to everyone who is part of the school.
- Obey all of the classroom rules and conduct myself accordingly.
- Complete classwork and homework neatly and on time.
- Pay attention in class and participate in class discussions.

**School Agreement**

The Hampton School District wants each student to reach his/her academic potential. The District commits to all of the following:

- Provide a safe environment conducive to learning.
- Maintain open lines of communication with our students and their families to support student learning.
- Act as the instructional leader by supporting teachers in their classrooms.
- Reinforce the partnership among parent, student, and staff.
- Encourage parent involvement.
- Teach grade-level skills and concepts using effective teaching strategies.
- Strive to address the individual needs of all students.
- Encourage students to do their best.
- Demonstrate professional behavior and a positive attitude.

Parent Signature: \_\_\_\_\_

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

# HAMPTON PUBLIC SCHOOLS

P.O. BOX 1176 – HAMPTON, AR 71744

DOUG WORLEY, Superintendent  
BRYAN SANDERS, High School Principal  
TOM SAWYER, Elementary Principal

Board Members

CODY ABLES

JAMES RAWLS

MICHELLE IVY

Phone: 870-798-2229

Fax: 870-798-6179



Board Members

ALAN FERGUSON

STEVE IVY

[www.hamptonbulldogs.school](http://www.hamptonbulldogs.school)

Dear Guardians,

All students who desire to participate in an activity program will be required to sign and return the attached Student Activity Drug Testing Policy General Authorization Form.

Activity programs consist of not only all sports teams, but also clubs such as Beta, Student Council, FFA, Women of Wisdom, Men of Knowledge, Yearbook, Bulldog Buddies, Trap Shooting, etc. Also, for your student to be allowed to drive and park on campus, you and your student must sign the Student Activity Drug Testing policy General Authorization Form.

Refusal to sign and return the form to school will result in your student being removed from all sports activities, clubs, and they will not be allowed to drive on campus.

Guardians and students not involved in activities may choose voluntarily to participate in the testing pool with a consent form signed by the guardian and student.

All students involved in activity programs, along with voluntary students, will be placed in a random selection pool each month starting in September and going through May. The testing agency and school personnel will have no way of knowingly choosing or failing to choose particular students for the testing process.

Attached is the Drug and Alcohol policy for Hampton High School. Please read over it with your student, both guardian and student sign, and return to school.

Thank you,

Bryan Sanders

Hampton High School Principal

## 4.24—DRUGS AND ALCOHOL

An orderly and safe school environment that is conducive to promoting student achievement requires a student population free from the deleterious effects of alcohol and drugs. Their use is illegal, disruptive to the educational environment, and diminishes the capacity of students to learn and function properly in our schools.

Therefore, no student in the Hampton School District shall possess, attempt to possess, consume, use, distribute, sell, buy, attempt to sell, attempt to buy, give to any person, or be under the influence of any substance as defined in this policy, or what the student represents or believes to be any substance as defined in this policy. This policy applies to any student who; is on or about school property; is in attendance at school or any school sponsored activity; has left the school campus for any reason and returns to the campus; is en route to or from school or any school sponsored activity.

Prohibited substances shall include, but are not limited to: alcohol, or any alcoholic beverage; inhalants or any ingestible matter that alter a student's ability to act, think, or respond; LSD, or any other hallucinogen; marijuana, cocaine, heroin, or any other narcotic drug; PCP; amphetamines; steroids; "designer drugs;"; look-alike drugs; or any controlled substance.

The sale, distribution, or attempted sale or distribution of over-the-counter (OTC) medications, dietary supplement or other perceived health remedy not regulated by the US Food and Drug Administration, or prescription drugs is prohibited. The possession or use of OTC medications, dietary supplement or other perceived health remedy not regulated by the US Food and Drug Administration, or prescription drugs is prohibited except as permitted under Policy 4.35—STUDENT MEDICATIONS.

Cross Reference: 4.35—STUDENT MEDICATIONS

Legal References: A.C.A. § 6-18-502  
DESE Rules Governing Student Discipline and School Safety

Date Adopted: July 2009

Last Revised: July 2020

### **4.24H – DRUGS AND ALCOHOL** **DRUG/ALCOHOL ABUSE POLICY**

*The Board of Directors of the Hampton School district recognizes its responsibility to parents and community institutions to assist students in becoming law abiding, productive citizens. The Board also recognizes that the possession, use and/or sale of illegal and/or illicit drugs and alcohol by children does extend in to the school. The Board also recognizes its responsibility to make students and parents aware of laws controlling the illegal use of drugs and alcohol and its responsibility to aid in both the prevention of the sale and/or use of illegal substances and the rehabilitation of students who have problems with drug/alcohol abuse.*



*When it has been established that a student is under the influence of alcohol or an illegal or illicit drug or other substance prohibited by Federal, State, or local laws, or when it has been established that a student is in possession of any drug or medication prohibited by Federal, State or local laws or by the Hampton School district, he/she will be suspended from school for a period of ten (10) school days.*

*The Principal will investigate, and for violation of the drug/alcohol policy or for possession of any controlled substance, which may include non-prescription medications, will recommend the student for expulsion for a period of not less than the remainder of the current semester.*

*A conference will be held with the parent or legal guardian to explain and outline the terms of the suspension/expulsion.*

*The Superintendent of Schools will review each case recommended for expulsion as a result of a violation of the drug/alcohol policy and shall have the authority to modify the 10 day suspension or to recommend a punishment in excess of the 10 day suspension but not less than the 10 day suspension.*

*Any student who has been expelled for violation of the drug/alcohol policy and who has been re-admitted will be placed on probation for the length of the original expulsion. Failure on the part of the student to abide by all terms of the probation will result in the expulsion being continued.*

*A violation of the drug/alcohol policy while on probation will result in a ten (10) day out of school suspension and a recommendation for expulsion for a period of one (1) calendar year.*

*Any student found to be guilty of selling any drug, alcohol, or other substance expressly prohibited by Federal, State, or local laws will be suspended from school for ten (10) school days and a recommendation of expulsion for no less than one (1) calendar year will be made to the Board of Education. There will be no exceptions for early re-admittance for persons found to be guilty of selling drugs, alcohol, or other substances prohibited by law.*

*NOTE: All due process rights for appeal shall be available regardless of the violation.*

### **DRUG/ALCOHOL TESTING**

*Should there be reasonable suspicion that a student is under the influence of alcohol, a controlled substance, or an illicit drug, a test for the substance will be required. This shall be defined as a personal search. Once reasonable suspicion has been established, the student (and a parent for students under age 18) will be informed of the circumstances under which the suspicion has been established.*

*The Principal or the Principal's designee will explain the procedure for testing to the student and parent. The test will be administered by school personnel under the supervision of the school nurse. A parent may request testing be administered by a drug testing laboratory or doctor. Should this occur, the parent shall assume the expense of the test.*

*If the test for the substance is positive, the parent can request a second test. If the result of the second test is positive, the parent shall pay the cost of the test. If the second test is negative, the school shall pay the cost.*

*Should the student or parent refuse to submit to a test, when there is reasonable suspicion to believe the student is under the influence of a prohibited substance, the student shall be suspended from school for 10 school days and the principal shall recommend expulsion for no less than the remainder of the current semester and no more than one calendar year.*

*The Superintendent of Schools shall have the authority to review each case and to accept the recommendation of the principal, to modify the 10-day suspension, or change the punishment to exceed the 10-day suspension but assign a suspension of no less than 10 days.*

*Should the Breathalyzer test for alcohol or the test for drugs result in a negative result, all records of the event will be deleted from the personal records of the student. Should a test result in a positive reading, the policy for drug/alcohol abuse shall be followed.*

#### **4.24NH – DRUGS AND ALCOHOL**

##### **Student Drug Testing Policy**

##### **Hampton High School**

##### **MISSION STATEMENT:**

The Hampton School District recognizes that drug abuse is a significant health problem for students. Drug abuse affects a student's overall health, behavior, ability to learn, reflexes, and total development. Our goal is to provide incentives to keep students drug free. Educators and parents must work hand in hand to provide programs that promote a drug free environment at school. Drug abuse includes, but is not limited to, the use of illegal drugs, alcohol, and the abuse of prescription drugs and medications.

##### **DEFINITIONS:**

**Drug:** Any substances deemed illegal by Arkansas statutes, or which is controlled by the Food and Drug Administration, unless prescribed by a licensed physician, and/or the misuse of legal drugs and medications.

**Activity Program:** An activity that meets the guidelines of the Arkansas Activities Association and/or sponsored by the Hampton School District. This includes all school sponsored academic, athletic, spirit, student groups, and students who drive on campus.

##### **TESTING AGENCY:**

Hampton School District will choose a certified agency for the purpose of randomly selecting students consistent with the process established by the district. Utmost care and caution will be maintained in collecting and processing sample results and related matters.



### **PRESCRIPTION MEDICATION:**

Students who are taking prescription medication may provide a copy of the prescription or a doctor's verification, which will be considered in determining whether a "positive" test result has been explained. That information will be given to the test coordinator to insure the accuracy of that result. Students who refuse to provide verification and test positive will be subject to the consequences of a positive test in this policy.

### **SCOPE:**

The samples will be screened for alcohol, illegal drugs, and the misuse of prescription medications. Student samples will not be screened for the presence of any substance other than alcohol, illegal drugs, or the misuse of prescription medications. As a quality control measure, Hampton School District reserves the right to send any sample that appears unusual in color and/or density (consistency) to a laboratory for analysis.

### **RANDOM SELECTION:**

All students who desire to participate in an activity program as previously defined will be entered into a pool for random selection.

### **PROCEDURES FOR STUDENTS:**

**Consent:** Each student wishing to participate in any activity program and the student's custodial parent or guardian shall consent in writing to drug testing pursuant to district policy. Lack of consent to test will prohibit the student from participating in any activity program at Hampton High School. Written consent shall be in the form attached to this policy.

Students not involved in activities may choose voluntarily to participate in the testing pool with a consent form signed by the parent.

Parents may also request that their child be tested by filling out the appropriate form attached to this policy.

**Student Selection:** At the option of Hampton School District, all students involved in activity programs may be random tested during a nine month period (September-May). Each random selection will choose 10 students to be tested. Selection for the lottery will be from a pool of all students participating in any activity program. A single test can be requested by the principal from a student for reasonable suspicion per Hampton Student Handbook guidelines. The superintendent or their designee shall take all reasonable steps to insure the integrity, confidentiality, and random nature of the selection process including, but not limited to, assuring that the names of all students participating in an activity program are in the pool, assuring that the testing agency has no way of knowingly choosing, or failing to choose particular students for the testing process. The superintendent or their designee will also assure that the identity of students drawn for testing is not known to those involved in the selection process.

### **SAMPLE COLLECTION:**

Samples will be collected within a two (2) hour time period on the same day a student is selected for testing. If a student is absent that day, the student may be tested upon the student's return to school. If a student is unable to produce a sample, the student will remain at the testing facility until a sample can be produced. Hampton School District will pay the costs of the monthly random tests.

### **ACCESS:**

Student results will only be reported to the superintendent or their designee.

### **PROCEDURES IN THE EVENT OF A POSITIVE RESULT:**

Whenever a student's test result indicates the presence of alcohol, illegal drugs or the misuse of prescription medication (a positive test) the following steps will be taken:

1. The student's custodial parent or legal guardian will be notified.
2. A meeting will be scheduled within 5 days with the superintendent or their designee.
3. Those present at the meeting will be
  - a. The custodial parent or legal guardian.
  - b. The student's Principal.
  - c. The student's Head Coach or Sponsor.

### **FIRST POSITIVE TEST RESULT:**

For a positive result, the student will be placed on probation and not be allowed to participate in competitions, games, presentations, activities and driving privileges of the Hampton School District for a period of 30 calendar days. A student may practice or attend the organizations meetings at the discretion of the coach/sponsor but may not compete, dress out for competition, or drive on campus. The student will be referred to counseling, if any charge is incurred, it will be the responsibility of the parent guardian.

Following the 30 day probation, the student will be retested at the expense of the parent-guardian. If the test result is found to be positive, this will count as the second positive test result. If the test result returns negative the student will again become eligible for driving on campus, competitions, games, and presentations relating to Hampton School District. However, the student must submit to a mandatory drug screen or lab test on a monthly basis, at the expense of the parent-guardian for the next three (3) consecutive months.

### **SECOND POSITIVE TEST:**

A second positive test result within a 12 month period following the first positive test result will cause the student to be suspended from driving on campus and participating in competitions, games, presentations, and activities for one calendar year (365 days). During this time the student must successfully complete a certified drug counseling program, if any charge is incurred, it will be the responsibility of the parent-guardian.

On day 366 the student will be retested at the expense of the parent-guardian. If the test result is found to be positive it will count as a third positive test.

### **THIRD POSITIVE TEST:**



*For a third positive test result, the student will be suspended from participating in activities and driving on campus for the remainder of his/her enrollment with the Hampton School District.*

**NON PUNITIVE NATURE OF THE POLICY:**

*The student shall not be penalized academically for testing positive as a result of the drug screening. Results are not to be documented in any of the student's academic records. Information regarding the results will not be disclosed to criminal or juvenile authorities without legal compulsion by valid or binding subpoena or other legal process, which the district shall not solicit. In the event of service of any such subpoena or legal process, the student and the student's custodial parent-guardian will be notified as soon as possible by the school district.*

**OTHER DISCIPLINARY MEASURES:**

*By accepting this policy, Hampton School District is not precluded from utilizing other disciplinary measures set forth in the Hampton Student Handbook. Likewise, this policy does not prevent the school district from following its disciplinary procedures and resulting action when founded upon reasonable belief and suspicion that a student has participated in alcohol/drug related activities.*

*If a student exhibits physical manifestations in which school administration determines to be the result of alcohol or drug use, the student will be subjected to the consequences outlined in the Hampton Student Handbook.*

**HAMPTON LANGUAGE SURVEY**  
**(Required only for Kindergarten and New Students)**  
**Hampton Public Schools**  
**Hampton, Arkansas**

**CUESTIONARIO SOBRE EL IDIOMA HABLADO EN EL HOGAR**

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

Student's Name: \_\_\_\_\_  
(Nombre del Estudiante)

Gender: \_\_\_\_\_  
(Genero)

Student's ID: \_\_\_\_\_  
(Numero de Identificacion del Estudiante)

Date of Birth: \_\_\_\_\_  
(Fecha de Nacimiento)      Month      Day      Year  
(Mes)      (Dia)      (Año)

Place of Birth: \_\_\_\_\_  
(Lugar de Nacimiento)

School: \_\_\_\_\_  
(Escuela)

Grade: \_\_\_\_\_  
(Grado)

Age: \_\_\_\_\_  
(Edad)

What was/were the first language(s) the student learned to speak?  
¿Cual fue(ron) el/los primer idioma(s) que aprendio a hablar su hijo?

\_\_\_\_\_

What language(s) are spoken in the home?  
¿Que idioma(s) se hablan en el hogar?

\_\_\_\_\_

What language(s) are spoken or understood by the child?  
¿En que idioma(s) habla o entiende el nino?

\_\_\_\_\_

What language(s) are spoken or understood by adults in the home?  
¿En que idioma(s) se hablan o entienden los adultos en el hogar?

\_\_\_\_\_

What written language would you prefer to receive school communications (such as attendance letters, permission forms, etc)?  
¿En que idioma usted prefiere recibir la comunicacion escrita por parte de la escuela (tal como cartas de asistencia, formularios de permiso, entre otros)?

English  
(Ingles)

Spanish  
(Espanol)

Other \_\_\_\_\_  
(Otros)

Signature of Parent/Guardin: \_\_\_\_\_  
(Firma del Padre/Encargado)

**Office Use Only**

Please contact ESOL Coordinator if any language other than English is indicated on any of these questions.

File the original in the student's cumulative folder for all students

Questions 1 thru 4 – If any language other than English is indicated, enter that language in the eSchool language field on the main student screen. Otherwise, enter English in the eSchool language field.

Question 5 – Enter the chosen language in eSchool guardin contact information under the general information tab.

**Exhibit "A"**

**STUDENT ACTIVITY DRUG TESTING POLICY**

**GENERAL AUTHORIZATION FORM**

I understand that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules, and regulations set forth by Hampton School District and the sponsors for the activity in which I participate.

I also authorize the Hampton School District to conduct a test(s) on a urine specimen(s) which I provide to test for the presence of alcohol, illegal drugs, or the misuse of prescription drugs. I understand that I may be randomly tested throughout the school year. I also authorize the release of information concerning the results of such a test(s) to the Superintendent or his/her designees and to the parent and/or guardian of the student. This shall be deemed a consent pursuant to the Family Education Right to Privacy Act for the release of above information to the parties named above.

\_\_\_\_\_  
Student Signature

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

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

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

**ARKANSAS MINIMUM GRADUATION REQUIREMENTS  
SMART CORE WAIVER FORM  
9th Grade Students Only**

**Name of Student:** \_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_

**Name of District:** \_\_\_\_\_

**Name of School:** \_\_\_\_\_

Smart Core is Arkansas's college- and career-ready curriculum for high school students. College and career readiness in Arkansas means that students are prepared for success in entry-level, credit-bearing courses at two-year and four-year colleges and universities, in technical postsecondary training, and in well-paid jobs that support families and have pathways to advancement. To be college and career ready, students need to be adept problem solvers and critical thinkers who can contribute and apply their knowledge in novel contexts and a variety of situations. Smart Core is the foundation for college and career-readiness. All students should supplement additional rigorous coursework within their career focus.

Failure to complete the Smart Core Curriculum for graduation may result in negative consequences such as conditional admission to college and ineligibility for some scholarship programs.

**STATE MINIMUM GRADUATION REQUIREMENTS**

**English - 4 credits**

- 9th Grade English\*
- 10 Grade English\*
- 11th Grade English\*
- 12th Grade English or Transitional English 12\*

**Mathematics - 4 credits (or 3 credits of math and 1 credit of Computer Science\*\*)**

- Algebra I (or Algebra I-Part A & Algebra I-Part B - *each may be counted as one credit of the 4-credit requirement*)
- Geometry (or Geometry-Part A & Geometry-Part B - *each may be counted as one credit of the 4-credit requirement*)

*(All math credits must build on the base of algebra and geometry knowledge and skills.)*

**Science - 3 credits (or 1 biology, 1 physical science, and 1 Computer Science\*\*)**

- ADE approved biology - 1 credit
- ADE approved physical science - 1 credit
- ADE approved third science or Computer Science Flex - 1 credit

**Social Studies - 3 credits**

- Civics\* - ½ credit
- World History\* - 1 credit
- American History\* - 1 credit
- Other social studies\* - ½ credit

**Oral Communications - ½ credit**

**Physical Education - ½ credit**

**Health and Safety - ½ credit**

**Economics and Personal Finance - ½ credit** (may be counted toward Social Studies or Career Focus)

**Fine Arts - ½ credit**

**Career Focus - 6 credits**

**Personal Finance\* -** Beginning with the freshmen class of 2017-18, A.C.A § 6-16-135 requires students to complete a course that includes specific personal finance standards in either grades 9, 10, 11, or 12.

**\*Category course options as listed under each applicable subject area in the ADE Course Code Management System**

**\*\*Computer Science - (optional)** A flex credit of an approved Computer Science (any course starting with 465 or 565) may replace the 4th math requirement or the 3rd science requirement. Two distinct credits of the approved computer science courses may replace the 4th math requirement and the 3rd science requirement. Once the 4th math requirement and the 3rd science requirements have been met, any additional computer science credits will be recognized as career focus credits.

**Each high school student shall be required to take at least one digital learning course for credit to graduate.**

By signing this form, I acknowledge that I have been informed of the requirements and implementation of the Smart Core Curriculum and am choosing to waive the Smart Core curriculum. I understand the potential negative consequences of this action outlined on this form.

\_\_\_\_\_  
Parent/Guardian/Adult Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Official Signature

\_\_\_\_\_  
Date

**4.12F - OBJECTION TO PUBLICATION OF DIRECTORY INFORMATION**

**(To be completed by 11th and 12th grade students only)**

**(Not to be filed if the parent/student has no objection)**

I, the undersigned, being a parent of a student, or a student eighteen (18) years of age or older, hereby note my objection to the disclosure or publication by the Hampton School District of directory information, as defined in Policy No. 4.13 (Privacy of Students' Records), concerning the student named below. The district is required to continue to honor any signed opt-out form for any student no longer in attendance at the district.

I understand that the participation by the below-named student in any interscholastic activity, including athletics and school clubs, may make the publication of some directory information unavoidable, and the publication of such information in other forms, such as telephone directories, church directories, etc., is not within the control of the District.

I understand that this form must be filed with the office of the appropriate building principal within ten (10) school days from the beginning of the current school year or the date the student is enrolled for school in order for the District to be bound by this objection. Failure to file this form within that time is a specific grant of permission to publish such information.

I object and wish to deny the disclosure or publication of directory information as follows:

\_\_\_\_\_ Deny disclosure to military recruiters

\_\_\_\_\_ Deny disclosure to Institutions of postsecondary education

\_\_\_\_\_ Deny disclosure to potential employers

\_\_\_\_\_ Deny disclosure to all public and school sources

Selecting this option will prohibit the release of directory information to the three categories listed above along with all other public sources (such as newspapers), **AND** result in the student's directory information not being included in the school's yearbook and other school publications.

\_\_\_\_\_ Deny disclosure to all public sources

Selecting this option will prohibit the release of directory information to the first three categories listed above along with all other public sources (such as newspapers), but permit the student's directory information **to be included** in the school's yearbook and other school publications.

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

\_\_\_\_\_  
Signature of parent (or student, if 18 or older)

\_\_\_\_\_  
Date form was filed (To be filled in by office personnel)

# HAMPTON PUBLIC SCHOOLS

P.O. BOX 1176 – HAMPTON, AR 71744

DOUG WORLEY, Superintendent  
BRYAN SANDERS, High School Principal  
TOM SAWYER, Elementary Principal



Board Members

CODY ABLES

JAMES RAWLS

MICHELLE IVY

Phone: 870-798-2229

Fax: 870-798-6179

Board Members

ALAN FERGUSON

STEVE IVY

[www.hamptonbulldogs.school](http://www.hamptonbulldogs.school)

## OFFICIAL REQUEST FOR RECORDS (For New Students to the Hampton School District)

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

To: Registrar/Counselor

\_\_\_\_\_ enrolled in our school on \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### **Please forward a copy of:**

The original cumulative transcript, test scores, current grades, drop grades if appropriate, discipline records, attendance records, and special education records, if applicable.

Thank you for your prompt attention.

Sincerely yours,

\_\_\_\_\_  
Keli Inzer  
High School Counselor

Email: [kinzer@hampton.k12.ar.us](mailto:kinzer@hampton.k12.ar.us)

Phone: (870) 798-6106