

HEALTH INFORMATION (please answer all questions)

SCHOOL YEAR: _____

Name: _____ M F Teacher: _____ Grade: _____
(Last) (First) (MI)

Social Security Number: _____ Date of Birth: _____ Medicaid or AR Kids #: _____

Address: _____

Parent/Guardian Name(s): _____ Home Phone Number: _____

Father's Employer: _____ Phone: _____ Cell #: _____

Mother's Employer: _____ Phone: _____ Cell#: _____

Authorized Emergency Contact: _____ Phone: _____ Relationship: _____

Authorized Emergency Contact: _____ Phone: _____ Relationship: _____

Physician's Name: _____ Phone: _____ Do you have health insurance? YES NO

Does your child ride a bus? YES NO

Does student have a current medical diagnosis of any of the following conditions? Check all that apply

- ASTHMA ADD/ADHD WEAR CONTACTS/GLASSES
- DIABETES BLOOD DISORDER HEARING LOSS RIGHT LEFT HEARING AID
- HEART CONDITION CEREBRAL PALSY ALLERGIC TO MEDICATION (specify): _____
- SEIZURES KIDNEY DISORDER OTHER (specify): _____
- SEVERE OR LIFE-THREATENING ALLERGY TO NUTS, LATEX, OR STINGS (specify): _____

What medication(s) is your child currently taking? _____

Do you authorize the use of: Antibiotic Ointment, Cough Drops, Hydrocortisone Cream, Burn Cream, Artificial Tears, Orajel, Muscle Cream, Antifungal Cream and Sting Relief):

YES NO (Please mark through any medication you may not want your child to receive)

I acknowledge that the Lee County School District, the Board of Directors, and School Employees shall be immune from civil liability for damages resulting from the administration of medications in accordance with this consent.

I will notify the school of any change in address, phone number, emergency contact or my child's health status. I understand that the above information may be released to appropriate School District employees and emergency personnel in order to facilitate health care for my child. I also understand that in the event of an emergency, EMS will treat and transport my child to the nearest hospital. The hospital and its medical staff have my authorization to provide treatment that a physician deems necessary for the well-being of my child.

In compliance with the Family Education Rights and Privacy Act (FERPA) (20U.S.C. & 1232g; 34 CFR Part 99), I give permission for my child's personally identifiable information/student education records to be disclosed to Third Party Billing Vendor for the purpose of billing Medicaid and/or private insurance.

In compliance with the Family Education Right to Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) I give permission for my child to participate in the School Immunization Clinic. I understand that the appropriate Arkansas Department of Health consent forms will be provided for my consideration prior to the clinic.

Date: _____ Signature of Parent/Guardian: _____



Anna Strong Learning Academy

214 South Alabama Street

Marianna, AR 72360

Telephone: 870-295-7140 Fax: 870-295-7314



Dear Parent:

I am Tina Johnson. I will be the School Nurse at Anna Strong Learning Academy and would like to welcome all the students and parents. I look forward to taking care of your child for the 2018-19 school year. To ensure your child's health and safety I would like to share some information with you.

No child is to carry PRESCRIPTION OR OVER THE COUNTER MEDICATIONS to school. The medication will be taken from the child and an adult will be asked to pick up the medication. If you administer medication to your child before he/she comes to school, which could affect their performance, please send in a note to the teacher/nurse.

If your child needs to take medication while at school, you must complete a medication form prior to the nurse giving any medication. No over the counter medication will be given at school. All medication must be in the original container with a current fill date on it. Older bottles of medication will not be accepted.

The State of Arkansas requires that all children receive certain vaccination before entry into public school. Please make sure that you have taken care of this before the child starts school. You will be notified during the school year if your child needs additional immunization.

Children should remain home for a temperature of 100 or above and can return when they are **fever free for 24 hours** without the use of fever reducing medications.

Pink Eye: Child should see their doctor to rule out bacterial conjunctivitis and get a doctors' note before coming to school.

Rashes: Child should see their doctor to rule out contagious rashes and get a doctors' note before coming to school.

Diarrhea: Child should remain home until **free of diarrhea for 24 hours.**

Vomiting: Child should remain home until **free of vomiting for 24 hours** and able to eat without vomiting.

Difficulty Breathing/Severe coughing: Child should see their doctor and remain home until this is better.



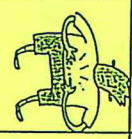
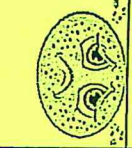

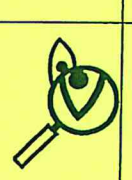



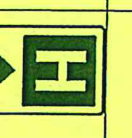
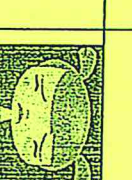
Please ensure that we have several contact numbers to reach you in case your child gets sick or has an accident. If your child is prone to have "accidents" please provide an extra set of clothing to be kept in the nurses office.

ANY AND ALL UNCLAIMED MEDICATIONS WILL BE DISCARDED ON THE LAST DAY OF SCHOOL.

Anna Strong Learning Academy

Guidelines for Keeping Sick Children Home from School


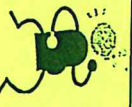
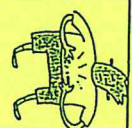
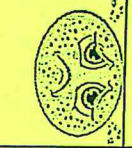

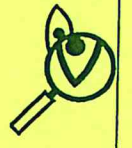



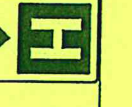
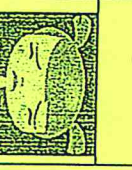
Please keep me home if

	I have a fever		I am vomiting		I have diarrhea		I have a rash		I have head lice /nits		I have an eye infection		I am congested and/or have a constant runny nose with cough		I have a sore throat		I have been diagnosed with strep throat or scarlet fever		I have been in the hospital		I'm just not feeling very good
Temperature of 100° F and sore throat, rash, vomiting, diarrhea earache or not feeling well	Two or more times in 24 hours	Three or more loose or watery stools in 24 hours	Rash of unknown origin	Itchy scalp	White part of eye pink and/or discharge from the eye	Uncomfortable stuffed up feeling and/or runny nose with cough	With fever or swollen glands	Red sore throat with patches on tonsils, swollen glands, fever and/or rash	Hospital stay and/or emergency room visit	Unusually tired and/or pale. Lack of appetite, and/or cranky											
To Return to School I Need:																					
To be fever free without the assistance of medication for 24 hours (i.e. Tylenol, Motrin, Advil)	To be free from vomiting for 24 hours	To be free from diarrhea for 24 hours	A doctor's note permitting me to return to school	To be brought to the school nurse by my parent/guardian	To have clear eyes that are not draining. To have completed 24 hours of treatment	To be fever free without the assistance of medication for 24 hours (i.e. Tylenol, Motrin, Advil)	To be fever free without the assistance of medication for 24 hours	To be fever free without the assistance of medication for 24 hours. To have completed 24 hours of treatment	A copy of the discharge instructions and/or doctor's note permitting me to return to class, that includes any special instructions(i.e. modifications to daily program and if period of time)	To be feeling better and acting like I normally do.											
A note from my parent /guardian	A note from my parent /guardian	A note from my parent /guardian			A doctor's note permitting me to return to class	A note from my parent/guardian	A note from my parent/guardian/ MD	A doctor's note permitting me to return to class		A note from my parent /guardian											

If I show any of the above signs of illness at school, it will be necessary to pick me up at school. Please keep ALL emergency contact information up to date.

Anna Strong Learning Academy
 Guidelines for Keeping Sick Children Home from School

Please keep me home if

	I have a fever		I am vomiting		I have diarrhea		I have a rash		I have head lice /nits		I have an eye infection		I am congested and/or have a constant runny nose with cough		I have a sore throat		I have been diagnosed with strep throat or scarlet fever		I have been in the hospital		I'm just not feeling very good
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A note from my parent /guardian	A note from my parent /guardian	A note from my parent /guardian			A doctor's note permitting me to return to class	A note from my parent/guardian	A note from my parent/guardian/ MD	A doctor's note permitting me to return to class		A note from my parent /guardian											

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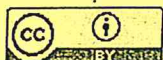
**Arkansas Department of Education (ADE)
Home Language Usage Survey**

English/October 2017

The Home Language Usage Survey is completed by *all* students initially enrolling in Arkansas schools.

Student Name:		Grade:	Date:
School:	Student State ID #:	Gender:	Date of Birth:
Parent/Guardian Name:		Parent/Guardian Signature:	
<p>Right to Translation and Interpretation Services Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.</p>		<p>All parents have the right to information about their child's education in a language they understand.</p> <p>1. a) In what language do you prefer to receive written communication from the school? _____</p> <p>b) In what language would you prefer to communicate with school staff when speaking? _____</p>	
<p>Eligibility for Language Development Support Information about the student's language usage helps us identify students who may qualify for extended support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>		<p>2. What language(s) is (are) spoken in your home? _____</p> <p>3. What language did your child learn first? _____</p> <p>4. What language does your child use most often at home? _____</p> <p>5. What language does your family speak most often at home? _____</p> <p>6. What language do adults speak most often with each other at home? _____</p>	
<p>Prior Education Your responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school. <i>This form is not used to identify students' immigration status.</i></p>		<p>7. Where was your child born? _____</p> <p>8. When did your child first attend a school in the United States (this includes all US territories)? (Kindergarten – 12th grade) _____ Month Day Year</p>	

Thank you for providing the information needed on the Home Language Survey. Contact your child's school if you have further questions about this form or about services available at your child's school.



Note to district: This form is available in multiple languages on <http://www.arkansased.gov/divisions/learning-services/english-learners>. A response that includes a language other than English to questions #1-6 indicates English language proficiency screening is needed.

This work, "Arkansas Department of Education (ADE), Home Language Survey", is a derivative of "OSPI Home Language Survey" by OSPI, used under CC BY. "Arkansas Department of Education (ADE), Home Language Survey" is licensed under CC BY by the English Learners Unit of the Arkansas Department of Education.

Return to School Office



HOUSING INFORMATION FORM

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

List all children in your family birth through age 21.

Name of Child	School	Age	Grade	Date of Birth

Parent/Guardian _____

Address _____

City _____

Zip Code _____

Is this address Temporary or Permanent? (circle one)

Please choose which of the following situations the student currently resides 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)

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 student under the age of 18 and living apart from your parents or guardians?

Yes No

Return to School Office

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 [Insert phone number] or the State Coordinator at 501-683-5428.

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

Return to School Office



Services for McKinney-Vento Identified Students

Student: _____

School: _____

Grade _____

Please check the services needed or desired:

- Free Lunch
- 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

Lee County School District

Phone: (870)295-7140

Anna Strong Learning Academy Enrollment Form

Fax: (870)295-7314

GENERAL STUDENT INFORMATION

FIRST NAME:	MIDDLE NAME:	LAST NAME:
--------------------	---------------------	-------------------

Birthdate: _____

Gender: Female Male

Nickname: _____

Grade: _____

SSN (Optional): _____

Hispanic/Latino Ethnicity: Yes No

RACE Please answer the following in accordance with standards issued by the US Department of Education.

PRIMARY RACE (Please select only **ONE**).

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment)
- Asian** (A person having origins in any of the original peoples of Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)
- Black or African American** (A person having origins in any of the black racial groups of Africa)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
- White** (A person having origins in any of the original peoples of Europe, Middle East or North Africa)

ADDITIONAL RACES (check all that apply):

American Indian/Alaska Native
 Asian
 Black
 Native Hawaiian/Other Pacific Islander
 White

Language Spoken At Home: _____ Student Email Address: _____

Student Physical/911 Address	Student Mailing Address
Address: _____	<input type="checkbox"/> Mailing Address is same as Physical/911 Address
City: _____	Address: _____
State: _____ Zip Code: _____	City: _____
	State: _____ Zip Code: _____

Student Home Phone: _____ Student Cell Phone: _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian 1	Parent/Guardian 2
Name: _____	Name: _____
Relationship to Student: _____	Relationship to Student: _____
Language of Correspondence: _____	Language of Correspondence: _____
Mailing Address: _____	Mailing Address: _____
City: _____	City: _____
State: _____ Zip Code: _____	State: _____ Zip Code: _____
Email: _____	Email: _____
Home Phone: _____ Cell Phone: _____	Home Phone: _____ Cell Phone: _____
Work Phone: _____ *Alert Phone: _____	Work Phone: _____ *Alert Phone: _____
*Alert Phone is used by the district's automated phone message system.	*Alert Phone is used by the district's automated phone message system.
Employer: _____	Employer: _____
<input type="checkbox"/> Student Primarily Resides with this Guardian.	<input type="checkbox"/> Student Primarily Resides with this Guardian.

OFFICE USE ONLY					
Entry Date: _____	Meal ST: _____	ESL: _____	IMMG: _____	Residency: _____	
Entry Code: _____	M/V Act: _____	SP: _____	GT: _____	Choice LEA: _____	
Curriculum: _____	504: _____	MIG: _____	Homeroom: _____	P/T ADM %: _____	

Anna Strong Learning Academy Enrollment Form

ADDITIONAL STUDENT INFORMATION

City of Birth: _____ State of Birth: _____ Birth Country: _____

TRAVEL INFORMATION

<p style="text-align: center;">Travel To School (Please check one)</p> <p><input type="checkbox"/> Bus (Bus Number _____)</p> <p><input type="checkbox"/> Drives Self</p> <p><input type="checkbox"/> Parent/Guardian (includes walkers, child care vans, etc.)</p> <p><input type="checkbox"/> District Paid Transportation</p>	<p style="text-align: center;">Travel From School (Please check one)</p> <p><input type="checkbox"/> Bus (Bus Number _____)</p> <p><input type="checkbox"/> Drives Self</p> <p><input type="checkbox"/> Parent/Guardian (includes walkers, child care vans, etc.)</p> <p><input type="checkbox"/> District Paid Transportation</p>
Distance From Home to School (Miles) One Way: _____	

Pre-School Participation:

A - ARKANSAS BETTER CHANCE	H - HEADSTART	O - OTHER
E - EVEN START	NA - NOT APPLICABLE	P - PRIVATE PRE-SCHOOL
EC - EARLY CHILDHOOD	C - 21st CENTURY COMMUNITY LEARNING CENTER	PS - PUBLIC SCHOOL PRE-SCHOOL

Birth Certificate #: _____ Resident County: _____

Is this child a dependent of an active or reserve member of a branch of the United States Armed Services? Yes No

If this child resides in a household with an active or reserve member of a branch of the United States Armed Services, please select the branch below.

<input type="checkbox"/> Active Duty – US Army	<input type="checkbox"/> Active Duty – US Air Force	<input type="checkbox"/> Active Duty – US Navy	<input type="checkbox"/> Active Duty – US Marines
<input type="checkbox"/> Active Duty – US Coast Guard	<input type="checkbox"/> Reserves – US Army	<input type="checkbox"/> Reserves – US Air Force	<input type="checkbox"/> Reserves – US Navy
<input type="checkbox"/> Reserves – US Marines	<input type="checkbox"/> National Guard – US Army	<input type="checkbox"/> National Guard – US Air Force	<input type="checkbox"/> Parents serve in multiple branches

Is this student a twin (or a triplet, quadruplet, etc.)? Yes No

ADDITIONAL CONTACT INFORMATION

Additional Guardian Contact

Name: _____	Email: _____
Relationship to Student: _____	Home Phone: _____ Cell Phone: _____
Language of Correspondence: _____	Work Phone: _____ *Alert Phone: _____
Mailing Address: _____	*Alert Phone is used by the district's automated phone message system.
City: _____	Employer: _____
State: _____ Zip Code: _____	<input type="checkbox"/> Student Primarily Resides with this Guardian.

Emergency Information

Contact Order	Name	Relationship to Child	Phone #	Phone Type (ex: Home, Cell, Work)
1				
2				
3				
4				
5				

Physician: _____ Physician: _____

Physician Phone: _____ Physician Phone: _____

Please list any medical concerns and/or medications for this child: _____

Last School Attended: _____ Phone #: _____

Address: _____

Has this child been expelled from school in any other school district or is the child a party to an expulsion proceeding? Yes No

Has this child been retained? Yes No

Has this child met the requirements of the Arkansas State Health laws necessary to enter school? Yes No

Please list the names of anyone who IS ALLOWED to check out/pick up this child from school: _____

Parent/Guardian Signature _____

Date _____

LCSD Student Technology Contract

The use of computer and other technology at Lee County School District is a *privilege with responsibility*. Failure to abide by the following guidelines may result in revoking the privilege, or further consequences.

- Do not attempt to modify the appearance or operation of any technology equipment. This includes, but is not limited to, commands, copying or installing software, setting pass code locks or copying files of any type. Each one should remain in its original or teacher-set configuration.
- Tampering with or vandalizing hardware, software, or data will not be tolerated. It is each student's responsibility to check the computer before and after use and to report problems to the teacher immediately.
- Students may use personal devices with teacher permission for educational purposes only. Any device used on school premises must follow all LCSD Acceptable Use guidelines. To use a personal device, the student must have a signed copy of this contract on file with the teacher(s) in whose class(s) the device will be used.
- Students may use personal headphones or use school headphones, when instructor of current class approves use.
- Students will only use applications, software and programs required to complete assignments/projects and only those that have been approved by the teacher of the current class. Failure to stay "on task" may result in loss of technology privileges and/or further discipline actions. Students should not use personal or school equipment to play online or video games.
- No food or drink is allowed near any technology at LCSD.
- Students may use the Internet only when authorized, and they must abide by the conditions of the LCSD Internet Acceptable Use Policy.
- A student using the Internet may visit only teacher-approved sites. Game sites are not allowed.
- No web sites, software, apps or media should be printed, shared, E-mailed or downloaded without teacher approval.
- I understand that if I violate any of the rules stated above or perform any other disruptive technology-related actions I will be subject to loss of technology privileges, will receive a written referral (minor or major) and may be subject to further administrative discipline actions.
- I also understand that I may be financially responsible for the repair or replacement of stolen or abused hardware or materials.

Print Full Name Legibly _____ Date _____

Student Signature _____

Parent Name _____

Parent Signature _____

****The Lee County School District accepts no responsibility for portable electronic devices lost or stolen on school property. Students who choose to carry such devices do so at their own risk.**

**SMART CORE INFORMED CONSENT FORM
(GRADUATING CLASS OF 2016 AND AFTER)**

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.

Successful completion of the Smart Core Curriculum is one of the eligibility requirements for the Arkansas Academic Challenge Scholarship. Failure to complete the Smart Core Curriculum for graduation *may* result in negative consequences such as conditional admission to college and ineligibility for scholarship programs.

Parents or guardians may waive the right for a student to participate in Smart Core and instead to participate in the Core curriculum. The parent must sign the separate Smart Core Waiver Form to do so.

SMART CORE CURRICULUM

English – 4 units

- English 9th grade
- English 10th grade
- English 11th grade
- English 12th grade

Mathematics – 4 units (or 3 units of math and 1 flex unit of Computer Science*) At least one unit must be taken in Grade 11 or Grade 12.

- Algebra I (or Algebra A & Algebra B - Grades 7-8 or 8-9)
- Geometry (or Geometry A & Geometry B - Grades 8-9 or 9-10)
- Algebra II
- Fourth Math - Advanced Topics and Modeling in Mathematics, Algebra III, Calculus, Computer Science and Mathematics, Linear Systems and Statistics, Mathematical Applications and Algorithms, Pre-Calculus, or an Advanced Placement mathematics - Comparable concurrent credit college courses may be substituted where applicable.

Natural Science – 3 units with lab experience chosen from the list below (or 2 units with lab experience and 1 flex unit of Computer Science*)

- Biology
- Physical Science, Chemistry, and/or Physics

(All students must have 1 unit in Biology, IB Biology, ADE Biology, ADE Approved Biology Honors, or Concurrent Credit Biology.)

Social Studies – 3 units

- Civics - ½ unit
- World History - 1 unit
- U.S. History - 1 unit
- Economics or other social studies – ½ unit

Oral Communications – ½ unit

Physical Education – ½ unit

Health and Safety – ½ unit

Economics – ½ unit (may be counted toward Social Studies or Career Focus)

Fine Arts – ½ unit

Career Focus – 6 units

***Computer Science – (flex unit)** A unit of Computer Science and Mathematics, Essentials of Computer Programming, AP Computer Science, or IB Computer Science may replace the 4th math unit requirement or the 3rd Natural Science Requirement. Two distinct units of the computer science courses listed above may replace the 4th math unit requirement and the 3rd Natural Science Requirement. If the 4th Math requirement and the 3rd Natural Science requirement have been met through other coursework, any of the computer science courses listed above may be used for career focus credit.

Beginning with the entering 9th grade class of 2014 – 2015 school year, each high school student shall be required to take at least one digital learning course for credit to graduate. (Act 1280 of 2013)

By signing this form, I acknowledge that I have been informed of the requirements and implementation of the Smart Core Curriculum and am choosing the Smart Core Curriculum for my child.

Parent/Guardian Signature

Date

School Official Signature

Date

Lee County School District

Parental Involvement Committee Meeting
PARENT INTEREST SURVEY

Name: _____

Address: _____

Daytime Phone #: _____

Evening Phone #: _____

Best Time/Place to call: _____

How many children do you have that currently attend Lee County Schools? _____

Name: _____ Grade: ____

Name: _____ Grade: ____

Name: _____ Grade: ____

Name: _____ Grade: ____

Name: _____ Grade: ____

How often would you be willing to volunteer in Lee County School District? (Circle one)

Not interested

One time

Monthly

Weekly

Daily

Please check any of the following ways that you will be willing to help:

_____ Grade/file papers

_____ Donate School Supplies/Books

_____ Make Copies

_____ Donate Building Supplies

_____ Answer Phone

_____ Build Shelves/Bookcases

_____ Volunteer at a campus Parent Center

_____ Donate Furniture

_____ Tutor student after school

_____ Paint

_____ Design/Make T-shirts

_____ Make signs or banners for athletic events

_____ Decorate the School

_____ Donate money to support class projects

_____ Cook or donate food for a bake sale

_____ Donate advertising space for school events

_____ Raise money for a field trip

_____ Chaperone a field trip

_____ Serve as a hall monitor on campus

_____ Raise money for a school function

_____ Serve as an officer in the Parent Center Organization

_____ Provide transportation to/from extracurricular activities

_____ Other: Please describe _____

Lee County School District

Photo Release Form

Students enrolled in the Lee County School District may occasionally be photographed or videotaped by employees while at school during normal classroom or school functions. The purpose of such photographing or videotaping will be for school use and/or the local newspaper.

_____ I grant permission for such photographing, videotaping, or interviewing of my child as listed above.

_____ I do not give my permission for such photographing, videotaping, or interviewing of my child as listed above.

_____ Students Name

_____ Parents/Guardian's Name

LEE COUNTY SCHOOL DISTRICT #1

REQUEST FOR TRANSPORTATION

Date: _____ Bus # _____

Fathers Name: _____ Mothers Name: _____

Address _____

Phone # _____ Emergency Phone # _____

Please give directions to your home and describe where you live:

NOTE: PLEASE LIST ALL YOUR CHILDREN ON THE BUS ON THIS ONE FORM. IT IS NOT NECESSARY TO LIST EACH CHILD ON SEPARATE SHEETS.

Name(s) and grade(s) of child/children riding the bus:

Name

Age/Grade

As a parent/Guardian, I do hereby acknowledge having received and read the Policies for Students riding the School Bus in the Lee County School District and that I am responsible for damage to school property inflicted by my child/children. My child/children will abide by these policies. I realize that failure to comply with these policies could result in a loss of bus riding privileges.

Fathers Signature

Mother's Signature

RETURN THIS FORM TO YOU SCHOOL