



Herschel V. Jenkins High School
 and The School of Engineering
 1800 E. Derenne Avenue - Savannah, GA 31406
 912-395-6300 (phone) 912-303-6331 (fax)
 Heather Handy, Principal

ATTENDANCE RULES & POLICIES FOR SAVANNAH-CHATHAM COUNTY PUBLIC SCHOOLS

Daily attendance in all courses is necessary for any student to be successful in school. Please review the following rules and policies set forth by the Savannah-Chatham County Public School System. Your signature is required at the bottom of this document.

Additionally, the Jenkins HS Attendance Committee will follow up with the parent/guardian for any student(s) with more than 3 absences within a week or with more than 5 absences within a month. Please remember it is the responsibility of the parent/guardian to provide updated contact information to our Guidance Office.

In keeping with the BOE policy, missed assignments are offered only when the absence is determined to be excused. Upon return from any absence, it is the responsibility of the student to present proper documentation to the Main office for each excused absence thereby obtaining the required "Excused Absence Form". The student will be responsible for presenting this form to each assigned teacher in order to obtain missing assignments.

EXCERPT FROM THE STUDENT/PARENT HANDBOOK FOR SUCCESS

Rule 13. Absenteeism.

No student shall be absent from school or from any class or required school function during school hours without the written permission of the parent/guardian and/or the approval of the principal or his/her designee, except in cases of personal illness or other providential cause. (see Policy JBA below)

Policy Descriptor Code: JBA (excerpt)

It is mandatory that students attend school on time and stay throughout the school day. Tardiness and leaving school early are unacceptable. If it is necessary for a student to leave school before the end of the school day, the parent/guardian with whom the student lives must send a written request or make the request in person to the principal or his/her designee. In cases where the right to custody is in doubt, the principal may require evidence that the person calling for the student is entitled to custody. Excessive tardiness and/or early dismissals may result in a referral to the school social worker for investigation as to cause.

All students enrolled in public schools shall be in attendance each school day, except for the following excused absences: personal illness, serious illness or death of a student's immediate family member, observance of religious holidays, active duty military family leave, orders of governmental agencies, conditions rendering attendance impossible or hazardous to student health or safety, or participation in approved school activities.

Following an absence, documentation explaining the reason for the absence must be submitted on the day the student returns to school. Only five days of absence per school year will be excused with a handwritten/typed signed parent note. Any absence beyond five days requires the submission of a physician's or hospital statement, court subpoena, order of a governmental agency, or a funeral notice/obituary to be deemed an excused absence.

Further documentation as noted above may be required by school officials at any time for the purpose of validating that any absence is an excused absence. Students who serve as pages in the General Assembly of Georgia should be counted present in school for the time missed and shall be credited as being present in their school. Students in foster care shall be counted present when they attend court proceedings related to their foster care.

Students who are absent from school more than the allowable number of days as described below may be eligible for an attendance waiver if the following conditions are met. These students must (a) have made up missed work and be passing the affected class(es), (b) submit the required documentation for said absences, and (c) submit an attendance waiver request form. All documentation will be reviewed by the attendance committee who will submit a recommendation after review to the principal for final approval.

Excused absences: Absences are excused for personal illness, serious illness or death of a student's immediate family member, observance of religious holidays, active duty military family leave, orders of governmental agencies, conditions rendering attendance impossible or hazardous to student health or safety, or participation in approved school activities.

Unexcused absences: The following examples, even with parental consent, are considered unexcused absences: truancies; working; missing the bus; oversleeping; shopping; car failure; getting senior pictures taken; keeping personal appointments; errands for parents; college visits unless excused prior to absence; home obligations unless excused prior to absence.

I have read and understand the attendance policies and guidelines above, and my child and I agree to assist the school in ensuring s/he follows the guidelines for appropriate attendance.

| | Print Name | Signature | Date |
|-----------------|------------|-----------|------|
| Student | | ★ | |
| Parent/Guardian | | ★ | |



Herschel V. Jenkins High School
and the School of Engineering
1800 E. Derenne Avenue - Savannah, GA 31406
Main Office - 912-395-6300 ... Fax - 912-303-6331

ELECTRONIC/EMAIL NOTIFICATION - PARENT CONTACT FORM

We continue to work towards more effective parental communication via electronic distribution of announcements, newsletters, information about PSTA, and more.

Please provide your information in the section below that will enable us to contact you via-email or phone regarding these opportunities. By providing this information, we hope to keep you up-to-date on any and all information pertaining to Jenkins High School.

Student Name (Please Print) _____ Grade _____

Your Name (Please Print): _____

Your Relationship To Student (choose one):

- Mother Father Legal Guardian (indicate family relationship here if applicable)

Student Lives With:

- Both Parents Mother Father Legal Guardian (as above)

Other (explain) _____

Home Phone: _____

Cell Phone: _____ Work Number: _____

I request that Jenkins High School end electronic phone announcements (reminders, updates, absences, etc.) to this phone number and email address:

1. Primary Email Address: _____

2. Is there a Secondary Email Address? _____

3. Primary Phone Number _____

Parent/Guardian Signature: _____ Date: _____

**If any of this contact information changes,
the parent/guardian is responsible for notifying the Guidance Office.**

HAVE YOU SIGNED UP FOR PARENT ACCESS?

We STRONGLY ENCOURAGE all Jenkins High School parents to sign up for Parent Access which gives you immediate access to your student's grades and attendance. To receive your confidential Parent Access log-in, you present a picture ID in person at the school's guidance office. The process is very quick.



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Cell Phone / I-Pod / I-Pad / Electronic Device Procedures

STUDENT / PARENT AGREEMENT:

All students are required to adhere to the SCCPSS mobile learning device policy, regulation and procedures as outlined. The school board policies are JCDAF and JCDAF-R(1) and can be read in full on the district's website at <http://www.savannah.chatham.k12.ga.us>.

The procedures for appropriate use of cell phones and other electronic devices at Jenkins High School are described in the chart below. It will be effective on the very first day of school.

- Cell phones /I-pods / MP3 players and the like may be used before school (before 7:45am) and after school (3:15pm). Once a student enters the building, the device must be turned off / silenced.
- Cell phones /I-pods / MP3 players and the like should always remain on silent/off during class/class changes and should not be visible. Under no circumstances should the noise from these devices disturb the learning of others.
- Teachers may allow student use of a mobile learning device for instructional purposes and during the instructional period. Otherwise, devices must be put away and out of sight until approval for use is given by the teacher.
- Students may utilize mobile learning devices during the designated time and location zone as established for H.V. Jenkins High School.
- The designated time and designated location are as follows: cafeteria and/or outside courtyards at H.V. Jenkins High School during the student's designated lunch period only.

The student(s) and parent/guardian(s) understand the procedures outlined in this document present an opportunity to experience appropriate use of mobile devices as tools for learning.

Further the student and parent/guardian(s) understand that any use of cell phones/I-pods outside the classrooms (without teacher approval for instructional purposes) or the designated areas will constitute a violation of the rules and the student will be subject to consequences as outlined in School Board Policy JCDAF and School Board Regulation JCDAF-R(1) – see below:

First Offense – Personal electronic device will be taken up and returned to the student at the end of the class or end of the day. Student conference;

Second Offense – Personal electronic device will be taken up and parent/guardian called to retrieve the device. Parent conference;

Third Offense – Loss of privilege within the classroom and/or school for 30 days. A behavior contract signed by the parent and student on the proper use of electronic devices may be required before the privilege is reinstated. Also on the 3rd offense, the school will confiscate the device retaining it for 30 days in locked storage at the school.

I have read and understand the guidelines above, and my child and I agree to assist the school in ensuring s/he follows the guidelines for appropriate use of his/her mobile device.

| | <i>Print Name</i> | <i>Signature</i> | <i>Date</i> |
|------------------------|-------------------|------------------|-------------|
| <i>Student</i> | | ★ | |
| <i>Parent/Guardian</i> | | ★ | |



HERSCHEL V. JENKINS HIGH SCHOOL

AND THE SCHOOL OF ENGINEERING

1800 E. DERENNE AVENUE - SAVANNAH, GA 31406

912-395-6314 (GUIDANCE PHONE)

912-201-5845 (GUIDANCE FAX)

Disclaimer

I (Parent/Guardian Name) _____
realize that I am enrolling this student without a
valid transcript showing high school credits
attempted and or earned.

I realize without this information, Jenkins High
School may not be able to accurately schedule my
student or determine graduation status.

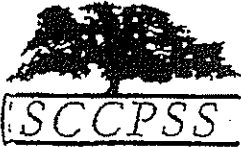
Without this information, I will not hold Jenkins
High School responsible for any errors in my
student's schedule or grade level.

Signature: _____

Date: _____

Print Name: _____

Phone: _____



Savannah-Chatham County Public School System
Student Registration Form

Page 1 of 2

USE BLACK INK ONLY • SHADED AREA FOR OFFICE USE ONLY

| | | | | |
|----------------------|---|--------|-----------|---|
| Entry Date: | OTID Number: | Grade: | Homeroom: | Advisor/Teacher: |
| Restricted Released? | Documents Received: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> GA Immunization <input type="checkbox"/> GA SED <input type="checkbox"/> Proof of Address <input type="checkbox"/> Restricted Release Court <input type="checkbox"/> Social Security Card <input type="checkbox"/> Previous Report Card <input type="checkbox"/> Transcript <input type="checkbox"/> Proof of Legal Guardianship | | | Special Services: <input type="checkbox"/> ECE <input type="checkbox"/> Gifted <input type="checkbox"/> EIP <input type="checkbox"/> REP |
| Admin. Code(s): | | | | Verified by: |

STUDENT INFORMATION

| | | | | | | | |
|---|-------------|---|---------------------------------------|---|-------------|---|-----------|
| Legal Last Name: | | Legal First Name: | | Legal Middle Name: | | Suffix: | |
| ¹ Social Security Number: | | | | Nickname: | | Gender: <input type="checkbox"/> M <input type="checkbox"/> F | |
| Grade: | Birth Date: | State of Birth: | Country of Citizenship: (if not USA): | | Home Phone: | | |
| ² Ethnicity: Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No | | ³ Race (Check all that apply): <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native | | Does Student Have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Has Student Been in ELL/ESOL Program? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| ⁴ Home Address: (Include apartment no.) | | <input type="checkbox"/> Federally Subsidized Housing | | City: | | State: | Zip Code: |
| Mailing Address: (if different from above) | | | | City: | | State: | Zip Code: |
| What language did/didoes the student... first learn to speak: _____ speak at home: _____ speak most often: _____ | | | | | | | |

STUDENT HISTORY

| | | | | | | | |
|--|--|----------------------------|--|---|--|-----------------|--|
| Previous School Attended: | | | | <input type="checkbox"/> Attended SCPPSS Before <input type="checkbox"/> Home Study Program <input type="checkbox"/> Private School | | | |
| Previous School Address (City/State/Zip Code): | | Last School Year Attended: | | Last Grade Attended: | | Date Withdrawn: | |

SIBLING INFORMATION

| | | | | |
|------------|-------------|-------------|---------|--------|
| Last Name: | First Name: | Birth Date: | School: | Grade: |
| Last Name: | First Name: | Birth Date: | School: | Grade: |
| Last Name: | First Name: | Birth Date: | School: | Grade: |
| Last Name: | First Name: | Birth Date: | School: | Grade: |

¹Providing a Social Security number is voluntary. Should you decide not to provide your child's SSN, a waiver form must be filled out to provide an alternative number. Please fill out the Social Security Number Waiver Form located at www.sccpss.com, Pupil Personnel Office, or at a school's main office. Please note, a social security number is required for HOPE scholarship/grant consideration.

²If the student is residing with another family, in a motel or emergency shelter, or is without an adult, he/she might be eligible for additional services under the McKinney-Vento Homeless Assistance Act of 2001. Please fill out the Student Residency Questionnaire for eligibility located at www.sccpss.com, Pupil Personnel Office, or at a school's main office.

³Ethnicity and race are both required for processing.

IEP - Individualized Education Plan
 ECE - Exceptional Child Education

ELL - English Language Learners
 EIP - Early Intervention Program

ESOL - English Speakers of Other Languages
 REP - Remedial Education Program

Savannah-Chatham County Public School System
 Student Registration Form
 Page 2 of 2

| | | | |
|------------------|-------------------|--------------------|---------|
| Legal Last Name: | Legal First Name: | Legal Middle Name: | Suffix: |
|------------------|-------------------|--------------------|---------|

PARENT/LEGAL GUARDIAN INFORMATION

Student lives with: (If other than parent, legal documentation is required.)
 Both Parents Mother Father Legal Guardian Foster Parent Other (Specify Relationship): _____

PARENT/LEGAL GUARDIAN 1

| | | | |
|------------|-------------|--------------------------------------|---|
| Last Name: | First Name: | Parent/Legal Guardian: | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian |
| | | <input type="checkbox"/> Other _____ | |

| | | |
|----------|--|----------------|
| Address: | <input type="checkbox"/> Same as student | Email Address: |
|----------|--|----------------|

| | | | |
|-------------|-------------|-------------|--|
| Home Phone: | Work Phone: | Cell Phone: | Speaks English? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------|-------------|-------------|--|

| | | | |
|-----------------|-----------|-----------------------------|--|
| Marital Status: | Employer: | Highest Education Received: | Migrant Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-----------------|-----------|-----------------------------|--|

| | | | |
|----------------------------------|------------------|---|---|
| Military Status (if applicable): | Unit and Unit #: | Works on Federal Property? <input type="checkbox"/> Yes <input type="checkbox"/> No | Lives on Federal Property? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------------------------|------------------|---|---|

PARENT/LEGAL GUARDIAN 2

| | | | |
|------------|-------------|--------------------------------------|---|
| Last Name: | First Name: | Parent/Legal Guardian: | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian |
| | | <input type="checkbox"/> Other _____ | |

| | | |
|----------|--|----------------|
| Address: | <input type="checkbox"/> Same as student | Email Address: |
|----------|--|----------------|

| | | | |
|-------------|-------------|-------------|--|
| Home Phone: | Work Phone: | Cell Phone: | Speaks English? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------|-------------|-------------|--|

| | | | |
|-----------------|-----------|-----------------------------|--|
| Marital Status: | Employer: | Highest Education Received: | Migrant Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-----------------|-----------|-----------------------------|--|

| | | | |
|----------------------------------|------------------|---|---|
| Military Status (if applicable): | Unit and Unit #: | Works on Federal Property? <input type="checkbox"/> Yes <input type="checkbox"/> No | Lives on Federal Property? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------------------------|------------------|---|---|

REGISTERING PARENT(S)/ GUARDIAN(S) WITH WITHDRAWAL AUTHORITY

| | | | | |
|------------|-------------|---------------|-------------|-------------|
| Last Name: | First Name: | Relationship: | Home Phone: | Cell Phone: |
|------------|-------------|---------------|-------------|-------------|

| | | | | |
|------------|-------------|---------------|-------------|-------------|
| Last Name: | First Name: | Relationship: | Home Phone: | Cell Phone: |
|------------|-------------|---------------|-------------|-------------|

EMERGENCY CONTACTS (Other than Parent/Legal Guardian)

| | | | | |
|--------------------|-------------|---------------|-------------|-------------|
| Contact Last Name: | First Name: | Relationship: | Home Phone: | Cell Phone: |
|--------------------|-------------|---------------|-------------|-------------|

| | | | | |
|--------------------|-------------|---------------|-------------|-------------|
| Contact Last Name: | First Name: | Relationship: | Home Phone: | Cell Phone: |
|--------------------|-------------|---------------|-------------|-------------|

| | | | | |
|--------------------|-------------|---------------|-------------|-------------|
| Contact Last Name: | First Name: | Relationship: | Home Phone: | Cell Phone: |
|--------------------|-------------|---------------|-------------|-------------|

PARENT/LEGAL GUARDIAN SIGNATURE

I understand that a student admitted under false information is illegally enrolled and will be dismissed or reassigned from the Savannah-Chatham County Public School System upon discovery. Further, I understand that a person who knowingly and willingly makes a false, fictitious, or fraudulent statement or representation, or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement of entry, in any matter shall upon conviction thereof, be punished by a fine of not more than \$1,000.00 or by imprisonment as allowed by criminal statute O.C.G.A 16-10-20. False information may also result in loss of a student's athletic eligibility for one calendar year. I further understand that it is my responsibility as the Parent/Legal Guardian to immediately inform the school district of any changes to the information provided.

Parent/Guardian Signature _____ Date _____ Parent/Guardian Signature _____ Date _____

*Email address is used to support online registration and parent portal.

NOTE: If you do not wish for your child to participate in school based clubs or organizations please, fill out the Opt-Out Notification Form, located at www.sccps.com, Pupil Personnel Office, or at a school's main office.

The information provided shall be entered and maintained in the Student Information System (SIS)



Savannah-Chatham County Public School System
Safe Schools Registration Questionnaire

USE BLACK INK ONLY

Student Affairs • Phone:(912) 395-5584 • FAX:(912) 201-7655
 This information will be utilized in deciding the appropriate placement for this student in Savannah-Chatham schools. Incorrect or incomplete information may result in a change of placement when correct information is obtained.

STUDENT INFORMATION

Legal Last Name: _____ Legal First Name: _____ Legal Middle Name: _____ SSN: _____

Home Address: _____ Birth Date: _____ Zip Code: _____ Current Grade Level: _____

1a. Are you currently withdrawing your child from your previous school pending expulsion or other disciplinary action? Yes No

1b. Has your child been suspended for more than ten days or expelled from school? Yes No

If yes, explain _____

1c. Please list names and locations of all schools attended (Grades K-12) for the last three (3) years.
 (Use an additional sheet if necessary.)

| School | City/State | Date(s) attended |
|--------|------------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

3. List all Savannah-Chatham Co. Public Schools attended: _____ Dates attended: _____

4. School to which student is applying: _____

5. Is your child's academic program currently delivered through an Individual Educational Program (IEP)? Yes No
 If yes, explain exceptionality or reason for IEP: _____

6. Is your child presently taking any prescribed medications? Yes No
 If yes, list and explain _____

7a. Other than traffic or status charges, has your child ever been involved as a defendant with the court system? Yes No
 If yes, explain _____

7b. Is your child currently, or ever been, on probation? Yes No
 If yes, list probation officer's name and phone number. _____

8. Does your child have any serious conflict with any students in Savannah-Chatham Schools? Yes No
 If yes, explain _____

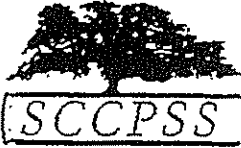
I am the parent guardian other (specify): _____

Print Name: _____ Signature: _____ Date: _____ Phone Number: _____

SHADED AREA FOR OFFICE USE ONLY

Initial review of form conducted by:

 Signature/ Title/ School _____ Site Administrator's Signature _____ Date _____



Savannah-Chatham County Public School System
**REQUEST AND AUTHORIZATION FOR
 RELEASE OF STUDENT RECORDS**

USE BLACK INK ONLY

STUDENT INFORMATION

| | | | | | |
|-----------------|---|-------------------|--|---------------------------------------|--------|
| Legal Last Name | | Legal First Name: | | Legal Middle Name | Suffix |
| Grade: | Gender <input type="checkbox"/> M <input type="checkbox"/> F | Birth Date: | | Social Security Number or FTE Number: | |

SCHOOL RECORDS ARE REQUESTED FROM

| | | | | | |
|------------------------------|--|-----------------|-----------------------------------|--|--|
| Name of School: | | School Address: | | | |
| City: | | State: | Zip Code: | | |
| Phone: (including area code) | | | Fax Number: (including area code) | | |

RECORDS TO BE RELEASED

Mail the following records of the above named student: * Only checked items will be forwarded/released

- Cumulative record including grades and attendance
- Report cards with current grade averages and academic transcript
- Immunization and health/medical records
- Standardized test scores
- Discipline records
- Special placement records and reports (including IEP's)
- Other (Specify) _____

RELEASE SCHOOL RECORDS TO

| | | | | |
|------------------------------------|--|----------|-----------|------------------------------|
| Name of School / Person / Company: | | Address: | | Phone: (including area code) |
| City: | | State: | Zip Code: | |

PARENT/LEGAL GUARDIAN SIGNATURE

I, the parent/legal guardian of the above named student, hereby authorize the above named school to release any of the listed school records to the indicated school. I further authorize this receiving person or agency to release to the personnel of the school district any or all information regarding the student which pertains to his/her educational, physical and social adjustment in school. I further understand that I may review the transferred records by making such request of the principal, and may also have all or any part of these records properly interpreted as necessary by appropriate school personnel.

| | | | |
|---|--|----------------------------|-------|
| Parent/Legal Guardian Signature: (Required) | | Relationship to Student: | Date: |
| Signature of Witness: | | Business Phone of Witness: | Date: |
| Business Address of Witness: | | City/State/Zip: | |

* If over 18 years of age, the student has the releasing authority.
 * Signature and copy of identification required.



Savannah-Chatham County Public School System
Media Release and Directory Information
Opt Out Form
USE BLACK INK ONLY

MEDIA RELEASE OPT OUT

| | | | |
|------------------|-------------------|--------------------|---------|
| Legal Last Name: | Legal First Name: | Legal Middle Name: | Suffix: |
|------------------|-------------------|--------------------|---------|

| | | |
|--------|--|-------------|
| Grade: | Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Birth Date: |
|--------|--|-------------|

NOTE: If this form is not completed, it will be considered that you allow your student to participate in media and publicity related activities as described below, and the district policy regarding media waiver and publicity will apply.

Often the media covers events throughout the district and at our schools, or the district may highlight students' school and/or athletic related accomplishments and work, thereby publicizing your child's name and image. Your child may be interviewed, recorded, photographed, or videotaped by the media or district staff for a story in the newspaper, radio, television or digital media, and photos and videos will be posted on the Internet, broadcast, or social media sources for public access unless you direct otherwise. If you do not want your child's information or visuals made public, please check the box and sign below.

I do not allow district staff and/or media to interview, record, photograph, videotape or use my child's likeness and name in publicity oriented publications, online, videos, news broadcasts or digital media.

DIRECTORY INFORMATION OPT OUT FORM

NOTE: If this form is not completed, it will be considered that the below listed information may be released as directory information for the remainder of the school year, and the district policy regarding directory information will apply.

The Family Educational Rights and Privacy Act (FERPA) is a federal law that requires SCCPSS, with certain exceptions, to get parental/guardian permission before disclosing personally identifiable information from education records. Directory information includes: student's name, address, e-mail address, and telephone number, names of the parents, address and telephone number of the parents, student's photograph, date and place of birth, class/grade level, enrollment dates, weight and height (if a member of an athletic team), awards received, and extracurricular participation. The district will not provide directory information for commercial purposes, other than to companies that hold a contractual educational partnership or those designated to sell yearbooks, class rings, and such items. If you do not want your child's information to be released, please check the box and sign the form below.

I do not want my child's directory information released under any circumstance. This includes school yearbooks.

REQUESTS BY MILITARY RECRUITERS: When requested, we are required to release a high school student's name, address and telephone number to the requesting military branch of service unless otherwise directed.

I do not want my child's directory information released to military recruiters.
 I do not want my child's directory information released to college/university recruiters.

| | |
|----------------------------|-------|
| Parent/Guardian Signature: | Date: |
|----------------------------|-------|



Savannah-Chatham County Public School System
Parent Occupational Survey

USE BLACK INK ONLY

Please complete this form to determine if your children qualify
 to receive additional services under Title I, Part C.

SCCPSS

STUDENT INFORMATION

Has your family moved in order to work in another city, county, or state in the last three (3) years? Yes No

If so, what is the date your family arrived in the city/town in which you reside?

Has anyone in your immediate family been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years? Yes No

Check all that apply:

- 1) Agriculture: planting/picking vegetables or fruits such as tomatoes, squash, grapes, onions, strawberries, blueberries, etc
- 2) Planting, growing, or cutting trees (pulpwood)/raking pine straw
- 3) Processing/packing agricultural products
- 4) Dairy/Poultry/Livestock
- 5) Meatpacking/Meat processing/Seafood
- 6) Fishing or fish farms
- 7) Other (Please specify occupation): _____

NAME OF STUDENTS

NAME OF SCHOOL

GRADE

| NAME OF STUDENTS | NAME OF SCHOOL | GRADE |
|------------------|----------------|-------|
| | | |
| | | |
| | | |
| | | |

Name of Parent(s) or Legal Guardian(s):

Current Address:

City:

State:

Zip Code:

Phone:

SHADED AREA FOR OFFICE USE ONLY

Note for the school/district: When both "yes" and one or more of the boxes from 1 to 7 is/are checked, please give this form to the migrant liaison or migrant contact for your school/district. Please file the original form in the student's record. Military moves DO NOT qualify for the program. Non-funded (consortium) systems should fax occupational parent surveys to the MEP regional office serving your district.

For additional questions regarding this form, please call the GaDOE MEP Regional Office serving your district: GaDOE MEP, Region 1 Office (Brooklet), 1-800-621-5217; Fax (912) 842-5440.

The answers to this survey will help determine if your children are eligible to receive supplemental services from the Title I, Part C Program.



Savannah-Chatham County Public School System
 Medical, Health, and Physical Education
 Program Form

MEDICAL INFORMATION

| | | | |
|--|-------------------------------|---------------------------|--------|
| Legal Last Name | Legal First Name: | Middle Name | Suffix |
| Birthdate: | | School: | |
| Medical Alert or Concerns: <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Serious Allergies: _____ <input type="checkbox"/> Other: _____ | | | |
| Other Special Health Needs at School | | | |
| Physician: | Phone: | Dentist: | Phone: |
| Preferred Hospital: | Insurance Carrier: (optional) | Policy Number: (optional) | |

CONSENT FOR TREATMENT
 In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for 1) the administration of any treatment deemed necessary by the physician/dentist above; or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and 2) the transfer of my child to the hospital above or any hospital reasonably accessible. I accept full financial responsibility for the payments of all charges made for medical services rendered. I absolve school officials of any liability who in good faith comply with this request.

REFUSAL OF CONSENT
 I DO NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring immediate treatment, I wish the school authorities to take the following action:

Signature: _____ Date: _____

NOTE: In a life threatening situation, emergency medical care will be provided to ensure student's safety.

PHYSICAL EDUCATION PROGRAM INFORMATION

Dear Parent(s)/Guardian(s):

Your child may be participating in a required program of physical education which is designed to provide activities in the development and refinement of individual physical, mental, and social skills. The FITNESSGRAM physical fitness assessment will be administered to all students enrolled in a physical education class. FITNESSGRAM is a health-related fitness assessment developed by The Cooper Institute for Aerobic Research and is a research-based criterion referenced test.

For maximum safety, all physical education students must wear tennis shoes during physical education classes.

Elementary Students: School uniforms must be worn. If girls wear skirts/ jumpers, they must wear a pair of shorts as well on their physical education day(s).

Secondary Students: A change of clothes which allows freedom of movement is required in order for your child to benefit from full participation. Physical Education clothing includes appropriate t-shirt, athletic shorts, or loose fitting warm-ups only. No jeans, tank tops, short shorts, or school uniforms.

Please see that your child is dressed appropriately for weather conditions and activities.

If your son/daughter is unable to participate in the regular physical education program due to medical concerns or physical disability, please mark "restricted program" and attach a doctor's medical statement including restrictions and length of time to be excused from active participation. If "regular program" is marked, then your child will be expected to participate in the regular physical education program. If your child cannot participate because of a temporary illness, you may write a note which will excuse him/her for that day.

Please check appropriate box: Regular Program Restricted Program (medical form attached)

Sincerely,
 Director of Health, Physical Education, and Athletics



Savannah-Chatham County Public School System
**REQUEST AND AUTHORIZATION FOR
 RELEASE OF STUDENT RECORDS**

Page 1 of 1

USE BLACK INK ONLY

STUDENT INFORMATION

| | | | | | |
|------------------|---|-------------------|--|------------------------------------|---------|
| Legal Last Name: | | Legal First Name: | | Legal Middle Name: | Suffix: |
| Grade: | Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Birth Date: | | Social Security Number/FTE Number: | |

SCHOOL RECORDS ARE REQUESTED FROM

| | | | |
|--|-------------------|---|--|
| Name of School: Chatham County Juvenile Court | | School Address: 197 Carl Griffin Drive | |
| City: Savannah | State: Georgia | Zip Code: 31405 | |
| Phone: (including area code) (912) 652-6700 | | Fax Number: (including area code) (912) 652-6759 | |

RECORDS TO BE RELEASED

Mail the following records of the above named student: * *Only checked items will be forwarded/released*

- Cumulative record including grades and attendance
- Report Cards with current grade averages and academic transcript
- Immunization and health/medical records
- Standardized test scores
- Discipline Records
- Special placement records and reports (including IEP's)
- Other (Specify) JCATS/Legal History

RELEASE SCHOOL RECORDS TO

| | | |
|---|---------------------------------------|--|
| Name of School / Person / Company: Student Affairs, Savannah Chatham Schools | Address: Room 311, 208 Bull Street | Phone: (including area code) (912) 395-5584 |
| City: Savannah | State: Georgia | Zip Code: 31401 |

PARENT/LEGAL GUARDIAN SIGNATURE

I, the parent/legal guardian of the above named student, hereby authorize the above named school to release any of the listed school records to the indicated school. I further authorize this receiving person or agency to release to the personnel of the school district any or all information regarding the student which pertains to his/her educational, physical and social adjustment in school. I further understand that I may review the transferred records by making such request of the principal, and may also have all or any part of these records properly interpreted as necessary by appropriate school personnel.

| | | |
|--|----------------------------|-------|
| Parent/Legal Guardian Signature: <i>(Required)</i> | Relationship to Student: | Date: |
| Signature of Witness: | Business Phone of Witness: | Date: |
| Business Address of Witness: | City/State/Zip: | |

* If over 18 years of age, the student has the releasing authority.
 * Signature and copy of identification required.