

MONROE COUNTY BOARD OF EDUCATION

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District Technology Fee

Last year each school ask parents to fill out a survey concerning the collection of a technology fee. The results were 73.72% of the 1371 surveys returned agreed with the implementation of the fee. The sole purpose of this fee is to purchase chromebooks / laptops for student use. The amount of the fee is **\$25 per student / per year** and it will be collected during registration.

Monroe County Schools Student Enrollment Form

Entry Date

___/___/___

Demographic Information

Student's Legal Name _____

First Middle Last

Physical Address _____

City _____ State _____ Zip Code _____

Mailing Address (if different) _____

City _____ State _____ Zip Code _____

Home Phone: _____ County _____

Birthdate: ___/___/___ Grade _____

Month Day Year

Social Security # _____ Sex: ____ Male ____ Female

For Office Use Only
Homeroom: _____

Is this child Hispanic/Latino? ____ Y ____ N
*If yes, you must still check one of the races below

PLEASE check all races that apply
 American Indian or Alaska Native
 Black or African American
 Native Hawaiian or Other Pacific Islander
 Asian
 White

Last School Attended

Name of School: _____ Grade: _____

For Out of District Transfers:

Physical Address _____

Number Street Apt/Lot

City State Zip Code

Phone Number: _____

____ I give permission to request all records from this school. Signature: _____

Transportation

Check the one that applies to your child

_____ **My child will ride the bus both mornings and afternoons:**

 _____ My child will ride the bus **over 1 mile**

 _____ My child will ride the bus **less than 1 mile**

_____ **My child will ride the bus once per day either in the mornings or afternoons but not both**

 _____ My child will ride the bus **over 1 mile**

 _____ My child will ride the bus **less than 1 mile**

_____ **My child will NEVER ride the bus.**

Please list 2 people locally that we may contact in case of emergency. Please note that we will attempt to reach the parent/guardian first.

1. _____ Work _____ Home _____ Cell _____

2. _____ Work _____ Home _____ Cell _____

Monroe County Schools

Student Enrollment Form

Entry Date

____/____/____

The Household Enrollment Form will be filled out at only the first school enrollment site.

Students in Same Household Attending School (Ages 3 and Above)

1st Student's LEGAL Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> First Middle Last </div>	SCHOOL ATTENDING GES _____ JHC _____ TES _____ MCMS _____ MCHS _____
Social Security # ____ - ____ - ____ Date of Birth ____/____/____ Grade ____	

2nd Student's LEGAL Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> First Middle Last </div>	SCHOOL ATTENDING GES _____ JHC _____ TES _____ MCMS _____ MCHS _____
Social Security # ____ - ____ - ____ Date of Birth ____/____/____ Grade ____	

3rd Student's LEGAL Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> First Middle Last </div>	SCHOOL ATTENDING GES _____ JHC _____ TES _____ MCMS _____ MCHS _____
Social Security # ____ - ____ - ____ Date of Birth ____/____/____ Grade ____	

4th Student's LEGAL Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> First Middle Last </div>	SCHOOL ATTENDING GES _____ JHC _____ TES _____ MCMS _____ MCHS _____
Social Security # ____ - ____ - ____ Date of Birth ____/____/____ Grade ____	

5th Student's LEGAL Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> First Middle Last </div>	SCHOOL ATTENDING GES _____ JHC _____ TES _____ MCMS _____ MCHS _____
Social Security # ____ - ____ - ____ Date of Birth ____/____/____ Grade ____	

*List any additional students on a separate sheet of paper.

Monroe County Schools

Student Enrollment Form

Primary Household (This is the address where the students above reside)

Parent or Guardian 1 (This is the primary parent/guardian for the students listed above)

Name _____

First Middle Last

Employer _____ Work Phone _____

Cell Phone _____ Email Address _____

Parent/Guardian Foster Parent Other (specify) _____

Legal Guardian (by court) Stepparent

<input type="checkbox"/> Portal
<input type="checkbox"/> Mailings
<input type="checkbox"/> Emails

Parent or Guardian 2

(This is either the second parent/guardian or the stepparent living in the household)

Name _____

First Middle Last

Employer _____ Work Phone _____

Cell Phone _____ Email Address _____

Parent/Guardian Foster Parent Other (specify) _____

Legal Guardian (by court) Stepparent

<input type="checkbox"/> Portal
<input type="checkbox"/> Mailings
<input type="checkbox"/> Emails

Parent or Guardian 3

(This will be a parent/guardian who does NOT live in the Primary Household with the students)

Name _____

First Middle Last

Employer _____ Work Phone _____

Cell Phone _____ Email Address _____

Parent/Guardian Foster Parent Other (specify) _____

Legal Guardian (by court) Stepparent

<input type="checkbox"/> Portal
<input type="checkbox"/> Mailings
<input type="checkbox"/> Emails

Parent or Guardian 4

(This will be the individual living with the parent/guardian in the Secondary Household)

Name _____

First Middle Last

Employer _____ Work Phone _____

Cell Phone _____ Email Address _____

Parent/Guardian Foster Parent Other (specify) _____

Legal Guardian (by court) Stepparent

<input type="checkbox"/> Portal
<input type="checkbox"/> Mailings
<input type="checkbox"/> Emails

Secondary Household Address

(This section should **ONLY** be completed if both parents do not live in the Primary Household)

Physical Address _____

Number Street Apt/Lot

City State Zip Code

Mailing Address _____

(If different)

City State Zip Code

Check if unlisted Home Phone _____

MONROE COUNTY SCHOOL DISTRICT

School Lunch Program

Dear Parent/Guardian:

Our school is participating in the Community Eligibility Provision under the National School Lunch Program. The CEP provision is directed toward schools with a high percentage of economically disadvantaged students. Under CEP, all students receive a breakfast/lunch at no charge for the entire school year. However, to determine eligibility to receive additional benefits for your child(ren) you will need to complete a household and income form.

1. **DO I NEED TO FILL OUT A FORM FOR EACH CHILD?** No. *Use one Household and Income Form for all students in your household.* We cannot use a form that is incomplete, so be sure to fill out all required information. Return completed form to YOUR CHILD'S SCHOOL.
2. **MY CHILD(REN) ALREADY RECEIVE MEALS AT NO CHARGE. WHY SHOULD I COMPLETE THIS FORM AS WELL?** Many state and federal programs use socioeconomic status (that is, household and income information) to determine eligibility for their programs. In addition, the primary state funding calculations use socioeconomic status. By completing this form, your school is able to determine eligibility for additional programs your child(ren) may qualify for. Regardless, your child(ren) will still receive meals at no charge.
3. **WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent, (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
4. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1,000 each month, but you missed some work last month and only made \$900, put down that you made \$1,000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
5. **WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
6. **MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it wasn't received before s/he was deployed, combat pay is not counted as income. Contact our school for more information.

If you have other questions, or need help, call 270-487-9100

Sincerely,

Kathy Taylor

MONROE COUNTY SCHOOL DISTRICT

School Lunch Program

INSTRUCTIONS FOR APPLYING

Part 1: All Household Members (a household member is any child or adult living with you): All applicants should complete this part. List the name of each household member, the name of the school each child attends, and the child's grade. If the child is a foster child, check the box for foster child. If a household member has no income, check the box for no income. All household members, including foster children, should be included here. If you need additional space, attach a separate piece of paper.

If anyone in your household receives benefits from KTAP or SNAP benefits, please follow these instructions.

Part 2: List the case number for one household member (adult or child) who receives KTAP or SNAP benefits.

Part 3: Check the appropriate category and call Kathy Taylor at 270-487-9100

Part 4: Skip this part.

Part 5: Sign the form.

If you have foster child(ren), only follow these instructions. You do not need to fill out a separate form for each foster child in your household. (If there are both foster children and non-foster children in your household, follow the instructions below for ALL OTHER HOUSEHOLDS.)

If all children in the household are marked as foster children in Part 1:

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form.

ALL OTHER HOUSEHOLDS, including WIC households, households with non-foster children, and households with both foster children and non-foster children, follow these instructions:

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

- **Section 1 – Name:** List all household members who have income.
- **Section 2 – Gross Income and How Often It Was Received:** List the income for each household member. Check the box or tell us how often the person receives the income – weekly, every other week, twice a month, or monthly.
 - **Earnings from work:** List the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Net income should only be reported for self-owned business, farm, or rental income.
 - **Welfare, Child Support, Alimony:** List the amount each person receives, and check the box to tell us how often.
 - **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits.** List the amount each person receives, and check the box to tell us how often they receive it.
 - **All Other Income:** List Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received weekly, every other week, twice a month, or monthly. Do not include income from KTAP, SNAP, WIC, or federal education benefits and foster payments received by your family from the placing agency.
 - If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 5: An adult household member must sign the form. Please include your address and phone number in the event the FRAM Coordinator has a questions about your information.

MONROE COUNTY SCHOOL DISTRICT

School Lunch Program

HOUSEHOLD AND INCOME FORM

Monroe County School District is participating in the Community Eligibility Provision (CEP) provision under the National School Lunch Program. Under CEP, all children in the school will receive a breakfast/lunch at no charge regardless of income or completion of this form. However, to determine eligibility for various additional state and federal program benefits that your child(ren) may qualify for, please complete, sign and return this application to your child's school.

Part 1: ALL HOUSEHOLD MEMBERS

Name of all people living in your household (First, Middle, and Last)	School the child attends, or indicate "NA" if household member is not in school	Grade Level	Check if a foster child (legal responsibility of welfare agency or court.) if all children listed below are foster children, skip to Part 5 to sign this form.	Check if NO Income
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Part 2: BENEFITS

If any member of your household receives SNAP or KTAP, provide the name and case number for the person who receives benefits and skip to part 5. If no one receives these benefits, to go Part 3.
Name: _____
Case Number: _____

Part 3: Homeless, Migrant, Runaway Status

If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call Kathy Taylor at 270-487-9100.

HOMELESS MIGRANT RUNAWAY

Part 4: TOTAL HOUSEHOLD GROSS INCOME (before deductions) List all income on the same as the person who receives it. Check the box for how often it is received. Record each income only once. If you provided a case number in Part 2, you do not need to provide income information.

1. NAME (List only household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED											All other income (month, week, every 2 weeks)				
	Earnings from work before deductions	W	E	T	M	WelfareChild SupportAll money	W	E	T	M	Pensions retirement Social Security SSI VA benefits		W	E	T	M
		e	e	w	o		e	e	w	o		e	e	w	o	
		k	r	i	n		k	r	i	n		k	r	i	n	
		l	y	c	t		l	y	c	t		l	y	c	t	
		y	2	e	m		y	2	e	m		y	2	e	m	
		W	W	o	n		W	W	o	n		W	W	o	n	
		e	e	w	o		e	e	w	o		e	e	w	o	
		a	a	k	t		a	a	k	t		a	a	k	t	
		k	k	s	h		k	k	s	h		k	k	s	h	
		s	s	l	l		s	s	l	l		s	s	l	l	
		l	l	y	y		l	l	y	y		l	l	y	y	
(Example) John Smith	\$200	X				\$150		X			\$0					\$50 Month
	\$					\$					\$					\$
	\$					\$					\$					\$
	\$					\$					\$					\$
	\$					\$					\$					\$
	\$					\$					\$					\$
	\$					\$					\$					\$
	\$					\$					\$					\$

Part 5: Signature (ADULT HOUSEHOLD MEMBER MUST SIGN):

An adult household member must sign the form.
I certify (promise) that all information on this form is true and that all income is reported. I understand that the school will get state and federal funds based on the information I give. I understand that school officials may verify (check) the information that if I purposely give false information, my child(ren) may lose benefits.

Sign Here: _____ Print Name: _____ Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number _____ Cell Number: _____

MONROE COUNTY SCHOOL DISTRICT

School Lunch Program

Non Discrimination Statement: In accordance with Federal Law and US Department of Education policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write U.S. Department of Education, Office of Civil Rights, The Wanamaker Building, 100 Penn Square East, Suite 515, Philadelphia, PA 19107-3323 or call (215)656-8541 (Voice). Individuals who are hearing impaired or have speech disabilities may contact U.S. DOE through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). The U.S. Department of Education is an equal opportunity provider and employer.

Privacy Notice

The Kentucky Department of Education is requiring schools to collect the information on this form. You do not have to give this information, but if you do not, we cannot determine your child's eligibility for additional benefits under state and federal programs. We will hold the information you provide us as private and confidential to the extent required by law. However, we will share your socioeconomic status with various state and federal programs to help them evaluate, fund, or determine benefits for their programs, auditors, for program reviews, and law enforcement officials to help them look into violations of program rules. Regardless, all students enrolled in a Community Eligibility Option school will receive a meal at no charge.

HOUSEHOLD CHECKLIST

- Have you included all your children as household members?
- For each household member receiving income, is the frequency checkbox checked?
- Have you signed the form?

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY

Annual Income Conversion: Weekly x 52; Every 2 Weeks x 26; Twice a Month x 24; Monthly x 12

Total Income: _____ Per: Week Every 2 Weeks twice a Month Month Year Household Size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ SES Code: Free _____ Reduced _____ Paid _____

Reason: _____

FRAM Coordinator: _____ Date: _____

Permission Form for Over-the Counter Medication

09.2241 AP3

Student Name _____ Grade _____ Age _____ DOB _____

Medication Allergies _____

Please place a check beside the following medications that you give the school permission to give to your child:

Tylenol Benadryl Tums Antibiotic Ointment
Ibuprofen Cough Drops Aloe Vera Hydrocortisone Cream
Orajel Vaseline/Chapstick Eye Drops

Comments: _____

I give permission for (student's name) _____ to receive the above medication at school according to standards school policy and expressly Hold Harmless and waiver any liability on behalf of the school or its employees and agents concerning any injuries or reactions resulting from administration of the above medication unless such is the result of negligence or misconduct on behalf of the school or its employees.

Date: _____ Signature: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Emergency Phone _____

Emergency Treatment Release Form

Family Doctor: _____

Parent/Guardian:

I, the undersigned do authorize officials of the Monroe County Schools to contact directly the persons named on the student information form and do authorize the named physician(s) to render such treatment as deemed necessary in an emergency, for the health of the student listed. I also authorize the school staff to render treatment as deemed necessary related to accident or illness.

In the event the parent/guardian and the other persons named on the Student Information Form cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of the student.

By signing the consent, I release the Monroe County Schools from any liability related to the administration of medication or treatment so long as reasonable and customary care is provided and I will not hold the school distinct financially responsible for emergency care and/or transportation for the above student.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND AGREE TO ALL CONDITIONS LISTED ABOVE.

Signature _____ Date _____ Relationship to student _____

Please provide the following health information:

Medical Conditions: _____

Medication Allergies: _____

Food Allergies: _____

Medication taken on a regular basis: _____

*If your child is to take a prescription medication during the school day, a separate consent form will need to be completed

Student Check-out Consent Form

Student Name _____
 First Middle Last

Other than Parents/Guardians and Emergency Contacts, please list persons that are permitted to check-out your child. *****NO TELEPHONE CHECK-OUTS****

- 1. Name _____ Relationship _____
Home: _____ Cell: _____ Work: _____
- 2. Name _____ Relationship _____
Home: _____ Cell: _____ Work: _____
- 3. Name _____ Relationship _____
Home: _____ Cell: _____ Work: _____
- 4. Name _____ Relationship _____
Home: _____ Cell: _____ Work: _____

Parent Signature _____

**If you have Legal Documents that someone is not permitted to see your child the school MUST have a copy on file.

One Call Now System

Student Name _____

Grade Student will be in for the 2019/2020 school year _____

School (circle one): TES JHC GES MCMS **MCHS**

Male _____ Female _____

The One Call Now System is a specialized voicemail and text message delivery service that allows the Monroe County School District to send a message to all students, staff, or selected groups.

Please complete the blanks below for the phone numbers that you want to be contacted to receive messages from your child's School District.

NOTE: All numbers on this list will be contacted each time a One Call Message goes out.

****IF YOUR NUMBERS CHANGE CONTACT YOUR SCHOOL OR YOU WILL NOT RECEIVE CALLS.**

Phone Number	Type	Relationship	Guardian
	Cell Home		Yes No
	Cell Home		Yes No
	Cell Home		Yes No
	Cell Home		Yes No

If you wish to receive text notifications from the Monroe County School District, text the word "Alert" to "22300". **NOTICE:** Your phone must be listed in our One Call Now System for you to receive text notifications.

WAIVER TO OPT-OUT

I do not wish to participate in the Monroe County School District Notification System. I understand that I will not be receiving important messages concerning any child's school.

Parent/Guardian Signature _____

Monroe County Schools Student Acceptable Use Policy Access to Electronic Media and other Technologies Terms and Conditions

The schools in Monroe County recognize that technology is a valuable teaching tool that should be utilized whenever possible to enhance student learning and teacher productivity including but not limited to: research, communications, individual and group projects, collaboration, curriculum materials, and idea sharing. We encourage the use of all approved technologies and require they be used correctly and properly.

Access is a privilege, not a right. Access entails responsibility.

RESPONSIBILITY FOR LOCAL TECHNOLOGY RESOURCES AND INTERNET USAGE:

- All forms of electronic media provided by the Monroe County Board of Education are owned by the Monroe County School District and may be accessed at any time by authorized personnel. An Internet Filter will track activities on the Internet and may be checked by school administration or designee.
- A student's name, photo, video, or work will only be displayed on the Internet or local Monroe County Schools Television (McTV) after written consent has been obtained from the parent or guardian.
- The school will not be responsible for supervising or continually monitoring every form of electronic communications and Internet sessions for every student on school/district property.
- A staff member will verify that all students have an Acceptable Use Policy signed by their parent or guardian. A list of those students not allowed to use the above mentioned technologies will be made available to staff. Students not returning the signed form will be added to the list. (Exception) A teacher may choose to use the Internet in a group discussion with their entire class. If a child who does not have permission is in that classroom, they will be required to take part in the class project.

STUDENT RESPONSIBILITIES

- I WILL use all electronic media for educational purposes or activities only.
- I will NOT use electronic devices, either personal or district owned, to disrupt the education process. (Reference MCSD's Policy 09.426 for additional guidelines)
- I will NOT give my user ID or password to any unauthorized person or trespass using any other person's electronic media.
- I will NOT reveal my personal information (including, but not limited to: name, phone number, address).
- I will NOT use the network in such a way that would disrupt the network for others.
- I will NOT use obscene, rude, or disrespectful language or engage in personal attacks.
- I will NOT engage in any illegal activity including copyright infringement and/or plagiarism.
- I will NOT use any electronic media/devices, either personal or district owned, to Bully/Haze/Harass/Discriminate against another person while participating in any school function or using any MCSD resources. (Reference MCSD Policies 09.42811, 09.422, and 09.425 for additional guidelines)
- I WILL notify a staff member of any violations of this acceptable use policy taking place by other users or outside parties. This may be done anonymously.
- I will NOT participate in unauthorized social media.
- I WILL notify a staff member immediately if I find I am on an inappropriate website.
- I understand that unauthorized Email accounts may not be accessed on Monroe County School District network.
- I understand that Email is only to be used for educational / school related purposes.

- I understand that I am financially responsible for any lost, stolen, damaged or vandalized property.
- I will NOT use electronic devices, either personal or district owned, to violate the privacy rights of others. This includes, but is not limited to, taking photographs, video, or audio recordings of others without the permission of the Principal/designee and the affected individual(s). (Reference District Policy 09.4261 for additional guidelines)
- I WILL follow all guidelines outlined in MCSD's Access to Electronic Media Policy 08.2323

CONSEQUENCES User accounts may be denied, revoked, or suspended at any time for violation of the rules and procedures outlined in this acceptable use policy. This also applies to personal owned devices. Please refer to student handbook for specifics.

USE OF PERSONAL DEVICES

- I understand that student personal devices are required to connect through the district's "Monroe Co Internet Access Only" wireless network and all previous rules and responsibilities outlined in this document apply to personal devices. Furthermore, I also understand the school district will not be responsible for tech support, repair, damage, providing electrical power or theft of personal electronic devices.
- I will follow all guidelines outlined in MCSD's Telecommunication Devices Policy 09.4261.

Kentucky Department of Education / Monroe County Student Agreement for the Microsoft Live@Edu, Google Apps for Education and Other Online Services

Please also be advised that data stored in relation to such services is managed by the District pursuant to policy 08.2323 and accompanying procedures. You also understand that the email address provided to your child can also be used to access other electronic services or technologies that may or may not be sponsored by the District, which provide features such as online storage, online communications and collaborations, and instant messaging. Use of those services is subject to either standard consumer terms of use or a standard consent model. Data stored in those systems, where applicable, may be managed pursuant to the agreement between KDE and designated service providers or between the end user and the service provider.

Parent / Student Permission/Agreement Form

I have read the information about the appropriate use of all technology related equipment and programs at the school, and I understand this agreement will be kept on file. This policy will be in effect until revisions or updates are made.

I understand that all students 4th through 12th grade are required to complete a Digital Citizenship training and pass an assessment or user permissions will be revoked.

Please choose one of the following:

- ____ My child may use electronic forms of communication.
- ____ I would prefer that my child not use electronic forms of communication.

Please choose one of the following:

- ____ My child's name and work along with photographs and videos can be published.
- ____ I would prefer that my child's name and work/pictures not be published on the Internet, in the newspaper, or on television.

Parent Name (print) _____

Parent Signature _____ Date: _____

Student Name (print) _____ Grade _____

Student Signature _____ Date: _____

Monroe County School System Code of Acceptable Behavior

2019-2020 School Year

The Monroe County School System Code of Acceptable Behavior for students is listed on the website, www.monroe.kyschools.us. This can be accessed from each of the schools webpage's as well. If you would like a paper copy, indicate or contact the school. The Code contains the following information:

- ACCESS TO ELECTRONIC MEDIA TERMS AND CONDITIONS
- ACCEPTABLE USE POLICY (TECHNOLOGY) 25-28
- APPLICATION OF THE CODE TO EXTRA-CURRICULAR ACTIVITIES 6
- ASSAULT 20
- ATTENDANCE 49-50
- BUS TRANSPORTATION 47-48
- CARE OF SCHOOL AND PERSONAL PROPERTY 15
- CELL PHONE USE VIOLATION FORM 30
- CHILD FIND SYSTEM 38
- COMPLIANT PROCEDURE FOR TITLE IX, TITLE V AND REHABILITATION
- ACT OF 1973, SECTION 504 18
- CONDUCT ON BUS 23
- CONSEQUENCES VIOLATIONS 29
- CORPORAL PUNISHMENT 15
- CRIMINAL VIOLATIONS 11
- DISCIPLINARY RESPONSES TO STUDENT MISCONDUCT 15
- DISRUPTING THE EDUCATIONAL PROCESS 15
- DRUG TESTING POLICY 40-46
- FALCON ACADEMY SERVICES 14
- HARASSMENT/DISCRIMINATION/BULLYING 18-20
- IMPLEMENTATION 6
- ORIENTATION 6
- MISSION STATEMENT 5
- MONROE BOARD OF EDUCATION STATEMENT 4
- NONDISCRIMINATION POLICY 5
- NOTIFICATION OF FERPA RIGHTS 31-32
- NOTIFICATION OF PPRA RIGHTS 33-36
- PARENT/GUARDIAN RESPONSIBILITIES 8
- PRINCIPAL/DESIGNATED TEACHER IN CHARGE RESPONSIBILITIES 8
- PRINCIPAL/DESIGNATED TEACHER IN CHARGE RIGHTS 8
- PROCEDURE FOR CONDUCTING THE ANNUAL REVIEW 6
- PUPILS' BUS RIDING RESPONSIBILITIES 22-24
- RATIONALE AND PHILOSOPHY 6
- SAFE SCHOOLS 15
- SEARCH AND SEIZURE 14
- SPECIAL EDUCATION/SECTION 504 12
- STUDENT RESPONSIBILITIES FOR ACCEPTABLE BEHAVIOR 7
- STUDENT RIGHTS 6-7
- SUPERINTENDENT MESSAGE 4
- SUSPENSION OR EXPULSION OF PUPILS 13
- TEACHER RESPONSIBILITIES 9
- TEACHER RIGHTS 8
- USE OF ALCOHOL, DRUGS AND OTHER CONTROLLED SUBSTANCES 17
- USE OF STUDENT ASSISTANCE/THREAT ASSESSMENT COUNCIL 13
- VISION 5
- WEAPONS 21-23
- WHEN AND WHERE THE CODE WILL APPLY 6

Student Name: _____ School: _____

Parent/Guardian: _____

Please mail a copy of the code to me or send it home with my child.

REGULATIONS FOR STUDENTS RIDING SCHOOL BUSES

THE PRIVILEGE OF RIDING A SCHOOL BUS IS CONDITIONED UPON GOOD BEHAVIOR BY THE PUPIL, ANY PUPIL WHO VIOLATES THE RULES OR REGULATIONS FOR PASSENGERS ON A SCHOOL BUS WILL BE REPORTED TO THE PUPIL'S PRINCIPAL. CONTINUED UNACCEPTABLE BEHAVIOR MAY CAUSE THE PUPIL TO LOOSE BUS RIDING PRIVILEGES.

Waiting for the Bus

1. Be at your bus stop 5 minutes ahead of time.
2. Respect other people's property.
3. Wait in an orderly manner.
4. Do not enter the roadway.

Boarding the Bus

1. Only board the bus you are assigned to.
2. Wait for the driver's hand signal before approaching the bus or crossing the road.
3. Use the handrail when boarding.
4. Go quietly to your assigned seat and sit.

Items Not Allowed on School Buses

1. Weapons
2. Illegal drugs, alcohol, and tobacco
3. Radios not under driver's control
4. Glass containers
5. Animals
6. Items that cannot be held in the student's lap without extending above the seatback.
7. Any item that is likely to cause a disturbance.

Riding the Bus

1. Obey the driver's directions.
2. Sit quietly in assigned seat.
3. Do not distract the driver's attention.
4. Do not stand in the stepwell or landing.
5. Extend nothing out bus windows.
6. Eating and drinking is not permitted.
7. Keep all carry-on items in your lap.
8. Report to the driver any damage to the bus.
9. Do not throw items.

Leaving the Bus

1. Wait in your seat until the bus stops.
2. Do not crowd or push.
3. Use the handrail.
4. Do not jump off the steps.
5. Leave the bus only at your assigned stop.
6. Wait for the driver's signal before crossing road.

Responsibility of Parents:

- Parents should encourage students to observe all safety and conduct regulations established for the safe and efficient operation of the school bus.
- Parents should see that their children are at the stops five minutes before the bus is scheduled to arrive.
- Parents should report any misconduct on school buses to the Principal.
- Parents should help supervise large numbers of children at bus stops.
- Parents should report all traffic hazards and the bus numbers of all buses observed being operated carelessly to the transportation department.

SAFETY ALERT -Certain types of children's clothing can create a hazard as your child gets off the school bus. Especially dangerous are: Long, dangling jacket or sweatshirt drawstrings, Long backpack straps, Long scarves or other loose clothing. Such clothing can be caught in the bus handrail, door, or other equipment as the child gets off the bus. Please take the time to check your children's clothing to make sure it is safe. Remove drawstrings from clothing whenever possible -at least, cut off the drawstring tabs and knots.

Also, please talk with your child about the following safety rules:

Stay away from the Danger Zones around the bus.

Make eye contact with your driver before crossing, wait for the driver's signal.

Remember other motorists don't always stop for a stopped school bus, use extreme caution whenever getting on or off the bus.

Never try to pick up something dropped near the bus, the bus driver might not see you and you could be run over.

I have read and understand the regulations for students riding school buses and agree, as a passenger, to abide by them.

Student Signature or Name

Grade

School Attending

Address

City

State

Zip

Phone

Parent or Guardian: I have read and understand the regulations for students riding a school bus and agree to assume full responsibility for my child's conduct. _____ - Parent/Guardian Signature

Monroe County Schools Student Acceptable Use Policy

Access to Electronic Media and other Technologies

Terms and Conditions

The schools in Monroe County recognize that technology is a valuable teaching tool that should be utilized whenever possible to enhance student learning and teacher productivity including but not limited to: research, communications, individual and group projects, collaboration, curriculum materials, and idea sharing. We encourage the use of all approved technologies and require they be used correctly and properly.

Access is a privilege, and not a right. Access entails responsibility.

RESPONSIBILITY FOR LOCAL TECHNOLOGY RESOURCES AND INTERNET USAGE:

- All forms of electronic media provided by the Monroe County Board of Education are owned by the Monroe County School District and may be accessed at any time by authorized personnel. An Internet filter will track activities on the Internet and may be checked by school administration or designee.
- A student's name, photo, video, or work will only be displayed on the Internet of local Monroe County Schools Television (McTV) after written consent has been obtained from the parent or guardian.
- The school will not be responsible for supervising or continually monitoring every form of electronic communications and Internet sessions for every student on school/district property.
- A staff member will verify that all students have an Acceptable Use Policy signed by their parent or guardian. A list of those students not allowed to use the above mentioned technologies will be made available to staff. Students not returning the signed form will be added to the list. (Exception) – A teacher may choose to use the Internet in a group discussion with their entire class. If a child who does not have permission is in that classroom, they will be required to take part in the class project.

STUDENT RESPONSIBILITIES:

- I WILL use all electronic media for educational purposes or activities only.
- I will NOT use electronic devices, either personal or district owned, to disrupt the education process. (References MCSD's Policy 09.426 for additional guidelines.)
- I will NOT give my user ID or password to any unauthorized person or trespass using any other person's electronic media.
- I will NOT reveal my personal information (including, but not limited to: name, phone, number, address).
- I will NOT use the network in such a way that would disrupt the network for others.
- I will NOT use obscene, rude, or disrespectful language or engage in personal attacks.
- I will NOT engage in any illegal activity including copyright infringement and/or plagiarism.
- I will NOT use any electronic media/devices, either personal or district owned, to Bully/Haze/Harass/Discriminate against another person while participating in any school function or using the MCSD resources (Reference MCSD Policies 09.42811, 09.422, and 09.425 for additional guidelines)
- I WILL notify a staff member of any violations of this acceptable use policy-taking place by other users outside parties. They may be done anonymously.
- I will NOT participate in unauthorized social media.
- I WILL notify a staff member immediately if I find I am on an inappropriate website.
- I understand unauthorized E-mail account may not be accessed on Monroe County School District network.
- I understand that Email is only to be used for educational/school related purposes.
- I understand that I am financially responsible for any lost, stolen, damaged, or vandalized property.
- I will NOT use electronic devices, either personal or district owned, to violate the privacy rights of others. This includes, but is not limited to, taking photographs, video, or audio recordings of others without the permission of the Principal/designee and the affected individual(s). (Reference District Policy 09.4261 for additional guidelines)
- I WILL follow all guidelines outlined in MCSD's Access to Electronic Media Policy 08.2323

Monroe County Schools Student Acceptable Use Policy
Access to Electronic Media and other Technologies
Terms and Conditions

CONSEQUENCES:

User accounts may be denied, revoked, or suspended at any time for violation of the rules and procedures outlined in this acceptable use policy. This also applies to personal owned devices. Please refer to student handbook for specifics.

USE OF PERSONAL DEVICES:

- I understand that student personal devices are required to connect through the district's "Monroe Co Internet Access Only" wireless network and all previous rules and responsibilities outlined in this document apply to personal devices. Furthermore, I also understand the school district will not be responsible for tech support, repair, damage, providing electrical power or theft of personal devices.
- I will follow all guideline outlined in MCDS's Telecommunication Devices Policy 09.4261.

Kentucky Department of Education/Monroe County Student

Agreement for Microsoft Live@Edu, Google, Apps for Education and Other Online Services

Please also be advised that data stored in relation to such services is managed by the District pursuant to policy 08.2323 and accompanying procedures. You also understand that the email address provided to your child can also be used to access other electronic services or technologies that may or may not be sponsored by the District, which provides features such as online storage, online communications, and collaborations, and instant messaging. Use of those services is subject to either standard consumer terms or use of a standard consent model. Data stored in those systems, where applicable, may be managed pursuant to the agreement between KDE and designated service providers or between the end users and the service provider.

Parent/Student Permission/Agreement Form

I have read the information about the appropriate use of all technology related equipment and programs at the school, and I understand this agreement will be kept on file. This policy will be in effect until revisions or updates are made.

Please choose one of the following:

My child may use electronic forms of communication.

I would prefer that my child not use electronic forms of communication.

Please choose one of the following:

My child's name and work along with photographs and videos can be published.

I would prefer that my child's name and work/pictures not be published on the Internet, in the newspaper, or on television.

Parent Name (print) _____

Parent Signature _____ Date _____

Student Name (print) _____ Grade _____

Student Signature _____ Date _____

Technology In the Home Survey 2019

Do you have Internet Access at Home? (this includes a smartphone)

- YES NO

Who is your Internet provider?

- SCRTC (DSL)
- Windstream (DSL)
- Mediacom (Cable Modem)
- Cellular Service (Bluegrass, AT & T, etc)
- Satellite Dish (Hughesnet, Wildblue, etc.)
- Dial – Up
- Other
- No Internet

When you are on the Internet is the connection good enough for you to watch a You Tube video?

- YES NO No Internet

Do you have an electronic device(s) that can access the Internet in the home? (Computer, Laptop, Ipad, Iphone, Kindle, etc.)

- YES, I have One Device YES, I have multiple devices NO

Does your child have a cell phone?

- YES NO

Is your child's phone a smartphone?

- YES NO My child does not have a phone.

What school does your child attend?

- MCHS MCMS GES JHC TES

Parent Consent

Youth Suicide Prevention Training

Parent: Monroe County High School and Monroe County Middle School in compliance with HB 51-Suicide Prevention Information for Middle and High School Students to disseminate suicide prevention awareness information to all middle and high school students by September 1st of each school year. The information will include:

- 1.) Information on the warning signs and risk factors for suicide.
- 2.) Guidance on how to talk to someone who is showing signs of being at risk for suicide.
- 3.) Who and how to refer someone too.

I _____, give permission for my child, Student's full name to participate in the youth suicide prevention training.

X

Parent Signature

Date

If you have questions or concerns regarding the training you may contact the guidance counselor or YSC staff at the High School (487-6217) or the Middle School (487-9624)

MONROE COUNTY BOARD OF EDUCATION

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AMY THOMPSON, SUPERINTENDENT

Dr. Michael Carter, Chairman
Bobby Gentry, Vice-Chairman
John Harlin
Eddie Proffitt
Carter Walden

Notification of Right to Request Teacher Qualifications

Dear Parent or Guardian:

The educators in the Monroe County School District are committed to providing a quality instructional program for your child. This letter is just one of the ways of keeping you informed of the educational commitment of our schools and our district.

Our district receives federal funds for Title I, Part A programs as a part of the Every Student Succeeds Act (ESSA). Under ESSA, you have the right to request information regarding the professional qualifications of your child's teacher(s). If you request this information, the district will provide you with the following:

1. Whether the teacher has met the state requirements for licensure and certification for the grade levels and subject matters in which the teacher provides instruction;
2. Whether the teacher is teaching under emergency or other provisional status through which state qualification or licensing criteria have been waived;
3. The baccalaureate degree major of the teacher and any other graduate certification or degree held by the teacher, and the field of discipline of the certification or degree; and
4. Whether your child is provided services by paraeducators, and if so, their qualifications.

If you would like to request this information, please contact Christie Biggerstaff by phone at 270-487-5456 or by email at Christie.biggerstaff@monroe.kyschools.us. Please include your child's name, the name of the school your child attends, the names of your child's teacher(s) and an address or email address where the information may be sent. Thank you for your interest and involvement in your child's education.

Sincerely,



Christie Biggerstaff, Ed.S
Instructional Supervisor/Director of Federal/State Programs
Monroe County Board of Education
309 Emberton Street
Tompkinsville, KY 42167