

Cleburne County Schools 2019-2020 Code of Student Conduct Notice of Receipt

Student Name: _____ Grade: _____

School: _____ Homeroom Teacher: _____

It is the intent of the Cleburne County Board of Education that each student and his/her parent/guardian receive a copy of the Cleburne County Board of Education Code of Student Conduct. The faculty within each school is charged by the Cleburne County Board of Education to review the Code of Student Conduct with the student body. By signing this form, you are verifying receipt of the Cleburne County Code of Student Conduct.

Code of Student Conduct - I acknowledge that I have received a copy of the Cleburne County Code of Student Conduct that has been adopted by the Cleburne County Board of Education.

Bus Safety/Student Transportation - I acknowledge that I have received information concerning bus safety and student transportation. Refer to **pages 13-14**.

Special Education - I acknowledge that I have received information concerning the availability of Special Education Services for students enrolled in Cleburne County Schools. Refer to **pages 14-16**.

Textbooks - I acknowledge that I have received information concerning the care of state-owned textbooks. Refer to **page 23**.

Over the Counter Sunscreen - I acknowledge that over-the-counter sunscreen may be applied by a school board employee. Refer to **page 37**.

Child Nutrition Program (CNP)-I acknowledge that I have received the information regarding the Child Nutrition Program's Charged Lunch Policy. Refer to **pages 42-45**.

Internet Use - I understand that if I object to my child using the Internet and/or e-mail, I shall place written Objections on file with the school at the time of the student's enrollment or any time thereafter. Refer to **pages 45-46**

FERPA – I acknowledge that I have received information regarding the Family Education Rights Privacy Act. Refer to **page 47-48**.

Directory Information - I understand that if I object to the disclosure of any or all of the items specified as directory information, I shall place written objections on file with the school at the time of the student's enrollment or any time thereafter. Directory Information is explained on **page 48**.

Data Governance – I acknowledge that I have received information regarding the Data Governance Policy and Use of Student Data. Refer to **page 48**.

My signature acknowledges receipt of Cleburne County Code of Student Conduct and individual school sections, which includes Special Education Information, Textbook Rules and Regulations, Over the counter Sunscreen, Release of Directory Information, Bus Safety/Transportation, CNP, Internet Use, FERPA and Data Governance.

Student Signature _____ Date _____

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____ Date _____

**PLEASE COMPLETE FORM AND RETURN TO SCHOOL
CLEBURNE COUNTY SCHOOLS**

Telephone Consumer Protection Act

I AUTHORIZE THAT **CLEBURNE COUNTY SCHOOLS** HAS MY CONSENT TO CONTACT ME REGARDING ANY MATTER RELATED TO STUDENT ENROLLMENT AND/OR EXTRACURRICULAR ACTIVITIES, SCHEDULE CHANGES, STUDENT ATTENDANCE NOTICES, AND ANY OTHER INFORMATION DEEMED IMPORTANT BY THE SCHOOL AT THE CURRENT OR ANY FUTURE NUMBER THAT I PROVIDE FOR MY CELLULAR PHONE OR OTHER WIRELESS DEVICE USING AUTOMATED TELEPHONE DIALING EQUIPMENT OR ARTIFICIAL OR PRE-RECORDED VOICE OR TEXT MESSAGES.

I UNDERSTAND THAT I DO NOT HAVE TO AGREE TO RECEIVE AUTODIALED CALLS OR AUTOMATED TEXT MESSAGES TO APPLY OR ENROLL BUT THAT IF I DON'T, I MAY FAIL TO RECEIVE VALUABLE INFORMATION.

Phone Type: Phone Number: Permission to receive text messages

Cell/Mobile _____

Yes No

Cell/Mobile _____

Yes No

Cell/Mobile _____

Yes No

Cell/Mobile _____

Yes No

Cell/Mobile _____

Yes No

Student Name: _____

Printed Name: _____

Signature: _____ Date: _____

SCHOOL MEDICATION PRESCRIBER/PARENT AUTHORIZATION

Alabama State Department of Education

Revised 09/11/07

STUDENT INFORMATION

Student's Name _____ Date of Birth _____
School _____ Grade _____ Teacher _____ Year _____
List any known drug allergies/reactions _____ Height (inches) _____ Weight (lbs) _____

PRESCRIBER AUTHORIZATION

Name of Medication _____ Reason for Taking _____
Dosage _____ Route _____ Frequency/Time(s) to be given _____
Begin Medication _____ Date _____ Stop Medication _____ Date _____

Special Instructions:

Does medication require refrigeration? Yes () No ()
Is the medication a controlled substance? Yes () No ()
Is self-medication permitted and recommended for this student? Yes () No ()
If yes, do you recommend this medication be kept "on person" by the student? Yes () No ()
Potential Side Effects/Contradictions/Adverse Reactions _____

Treatment Order in the event of an adverse reaction _____
(Attach additional sheet or use the back of this form, if necessary)

I hereby affirm that this student has been instructed in the proper self-administration of the prescribed medication(s).

Signature of Prescriber (please print) Date Phone Fax

PARENT AUTHORIZATION

I authorize the School Nurse, the registered nurse (RN) or licensed practical nurse (LPN) to delegate to unlicensed school personnel the task of assisting my child in taking the above medication. I understand that additional parent/prescriber signed statements will be necessary if the dosage of medication is changed. I also authorize the School Nurse to talk with the prescriber or pharmacist should a question come up about the medication.

Medication must be registered with the principal, his/her designee, or the school nurse. It must be in the original, unopened, sealed container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration and the date of drug expiration when appropriate.

Signature of Parent Date Phone Cell

SELF-ADMINISTRATION AUTHORIZATION

I authorize and recommend self-medication by my child for the above medication. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless the school, the agents of the school, and the local board of education against any claims that may arise relating to my child's self-administration of prescribed medication(s).

Signature of Parent Date Phone Cell