

Student Handbook Verification

School _____

I understand a copy of the 2012-2013 Jefferson County Board of Education Student/Parent/Staff Handbook is available on the Jefferson County Board of Education website (boe.jeff.k12.wv.us) and includes:

- 1) Procedural Safeguards Available to Parents and Students with Exceptionalities
- 2) Student Contact Information (18a & 18b)
- 3) The Family Educational Rights and Privacy Act (FERPA)
- 4) FERPA Opt Out Form
- 5) Student Surveys and Publication of Student Pictures
- 6) Parental Consent and Waiver form for Computer/Internet Policy
- 7) Asbestos Notification

Do you want to receive a paper copy of the 2012-2013 Jefferson County Board of Education Student/Parent/Staff Handbook?

NO

YES

Print Name of Student

Grade

Print Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

School Year _____
Student # _____

Student Contact Information
Use Blue or Black Ink

2012-2013
Please complete all blanks

Basic Student Information

SOP 8.18a

Last Name _____ First Name _____ Middle _____ Other _____
Sex _____ Date of Birth _____ Age _____ Birthplace (City and State) _____
School _____ Grade _____ Social Security Number _____
Transferred From _____ Address _____
911 Address _____ City _____ State/Zip _____
Mailing Address _____ City _____ State/Zip _____
Student Home Phone # _____ Listed or Unlisted _____
Transported by Bus _____ Yes or _____ No Bus # AM _____ PM _____ Special Medical Need _____
List siblings _____
Is the home language English _____ Yes or _____ No Native Language _____ Hispanic? (Y/N) _____
Race Options (check all that apply): White _____ Black _____ Asian _____ Amerind _____ Pacific _____

Parent/Guardian Information

Last Name _____ First Name _____ Middle _____ Relationship _____
911 Address _____ Home Phone# _____ Cell Phone# _____ Pager # _____
E-Mail _____
City _____ State/Zip _____
Mailing Address _____ City _____ State/Zip _____
Employer _____ Work Phone # _____ Ext _____
Occupation _____ Cell # _____ Ext _____
Pager # _____ Ext _____ E-Mail _____
Is a translator needed to communicate with parent/guardian? _____ Yes _____ No

2nd Parent/Guardian Information

Last Name _____ First Name _____ Middle _____ Relationship _____
911 Address _____ Home Phone # _____ Cell Phone # _____ Pager # _____
E-Mail _____
City _____ State/Zip _____
Mailing Address _____ City _____ State/Zip _____
Employer _____ Work Phone # _____ Ext _____
Occupation _____ Cell # _____ Ext _____
Pager # _____ Ext _____ E-Mail _____

Emergency Contact Information – Other than a Parent/Guardian for Immediate Pickup from School

Last Name _____ First Name _____ Middle _____ Title _____ Relationship _____
911 Address _____ E-Mail _____
City _____ State/Zip _____
Mailing Address _____ City _____ State/Zip _____
Day Time Phone # _____ Cell Phone # _____ Pager # _____

This questionnaire in this section is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information will help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? _____ Yes _____ No
2. Is this temporary living arrangement due to loss of housing or economic hardship? _____ Yes _____ No

– School Use Only –
CR or
HR Teacher _____
Date entered into
the computer _____

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

School Year _____
Student # _____

Student Contact Information
Use Blue or Black Ink

2012-2013
Please complete all blanks

SOP 8.18b

Student _____ School _____

In case my child becomes seriously ill or injured at school take my child to _____. The physician and the hospital are hereby authorized to render such treatment as may be deemed necessary in an emergency for the health of my child.

_____ Print Name of Parent/Guardian _____ Signature of Parent/Guardian

_____ Home Phone # _____ Work Phone # _____ Cell Phone # _____ Pager # _____ E-Mail Address

Name of Physician _____ Phone # _____

Physician's Address _____

Does the above student have any of the following?

Description	Yes	No	Explanation	Medication/Dosage
1. Heart Defect				
2. Diabetes				
3. Convulsive/Seizure Disorder				
4. Cerebral Palsy				
5. Visual Impairment				
a. Corrective Glasses				
7. Hearing Impairment				
a. Hearing Aid				
8. Orthopaedic Impairment				
a. Wears Prosthesis				
9. Scoliosis				
10. Behavioral Disorders				
11. Urinary Tract Disorders				
12. Gastro/Intestinal Disorder				
13. Asthma				
14. Allergies				
a. Seasonal				
b. Food				
c. Bee Sting				
15. Nasal/Respiratory Disorder				
16. Limited Activities				
17. Premature Birth				
18. Other				

Special Instructions:	- School Use Only -
	HR Teacher _____ Date entered into the computer _____

_____ Print Name of Parent/Guardian _____ Signature of Parent/Legal Guardian _____ Date

I AM 18 YEARS OF AGE OR WILL BE 18 YEARS OF AGE DURING THIS SCHOOL YEAR AND HEREBY GRANT MY CONSENT FOR JEFFERSON COUNTY SCHOOLS TO CONTACT MY LEGAL GUARDIAN IN CASE OF AN EMERGENCY.

STUDENT'S SIGNATURE _____ **DATE** _____

Copies to: Principal – Teacher – Health Nurse – Department Transportation

_____ Print Name of Parent/Guardian _____ Signature of Parent/Guardian _____ Date

Copies to: Principal – Teacher – Health Nurse – Transportation Department – Attendance Director

***The Family Educational Rights and Privacy Act
Notice of Rights – Procedures for Collection, Maintenance and Disclosure of
Student Data
(FERPA)***

The Jefferson County Board of Education would like to inform parents of students attending Jefferson County Schools of its policies and procedures regarding student educational records. Parents or eligible students have the following rights:

- The right to inspect and review the student's education records within forty-five days of the day Jefferson County Schools receives a request for access.
- The right to request the record(s) they wish to inspect in writing to the school principal. The principal will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.
- The right to amend a record that they believe is inaccurate or misleading. They should write the school principal, clearly identify the part of the record they want changed, and specify why it is inaccurate or misleading.
- If Jefferson County Schools decides not to amend the record as requested by the parents or eligible student, Jefferson County Schools will notify the parents or eligible students of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parents or eligible students when notified of the right to a hearing.
- The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.
- One exception which permits disclosure without consent is a disclosure to school officials with legitimate educational interests. Jefferson County Schools' Procedures defines "school official" as the student's current teacher(s), school administrative staff, school counselors, psychologist, evaluators, board of education, central office administrative staff, social workers, and trained support personnel; secretaries, teacher aides with direct professional supervision, who are employed or contracted by the Jefferson County Board of Education.
- A school official has a legitimate educational interest if the official needs to review an educational record in order to fulfill his or her professional responsibility.
- The right to know that, upon request, education records will be forwarded to other agencies or institutions in which a student seeks or intends to enroll.
- At age eighteen, all rights given to parents transfer to the student. The student will receive any notices sent to parents and may exercise these same rights, unless the student has been determined incompetent under state law.
- ***The right to know that the following directory information may be disclosed without parental consent: student's name, parent/guardian's names, address, telephone listing, date and place of birth, major field of student, photograph, for participation in sports the student's weight/height of members of athletic teams, dates of attendance, degree received, awards received, and most recent educational agency or institution attended. Parents must inform the school system within ten days of this notice if they refuse disclosure of this information, or if they refuse the disclosure of this information to the armed forces.***
- The right to file a complaint with the U.S. Department of Education concerning alleged failures by Jefferson County Schools to comply with the requirements of FERPA. Complaints can be filed through the Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue S. W., Washington, DC 20202-4605.

Opt Out Form for Jefferson County Schools

The Family Educational Rights and Privacy Act (FERPA) IS A NOTICE OF RIGHTS WHICH ARE PROCEDURES FOR COLLECTION, MAINTENANCE AND DISCLOSURE OF STUDENT DATA. Parents/guardians may decide that their students(s) information cannot be disclosed to agencies. See the back side of this sheet for detailed information on FERPA.

One key element of this act is the right to know that the following directory information may be disclosed without parental content: student's name, parent/guardian's names, address, telephone listing, date and place of birth, major field of student, photograph, for participation in sports the student's weight/height of members of athletic teams, dates of attendance, degree received, awards received, and most recent education agency or institution attended. Parents must inform the school system within ten days of this notice if they refuse disclosure of this information, or if they refuse the disclosure of this information to the armed forces.

Please sign the following statement if you wish to "opt out" of certain information.

Dear Principal:

According to the Family Education Rights and Privacy Act (FERPA) certain directory information (see FERPA on the back) can be released about students unless a parent/guardian or student (18 years old) decides to "opt out" in writing. Under Section 9528 of the No Child Left Behind Act of 2001, public school districts are required by law to release the names, addresses and telephone numbers of high school students to U.S. military and higher education recruiters. Branches of the military and colleges may then use this information to contact students directly. **However, every student or parent has the right to request in writing that this information NOT be released.**

This Opt Out form offers high school students and their families the option of *not* releasing their contact information for these purposes. Students who submit these signed forms to their high school will be omitted from lists that the district provides to recruiters in October.

If you do **NOT** want this information released, please check one or both boxes below and sign and return the form to school.

_____ DO NOT release information to MILITARY RECRUITERS, Armed Services, or Military Schools

_____ DO NOT release information to Higher Education (college) recruiters, Josten class rings, cap and gown information, yearbook ordering, etc.

Students and families may direct questions about this matter to the guidance counselor at their school.

_____ Name of Student (please print)	_____ WVEIS Number	_____ 2012-2013 School Year
_____ Name of School	_____ Signature	
_____ Address	_____ City, State, Zip	_____ Phone

---- School Use Only ----
Student WVEIS # _____

2012-2013 School Year
Student Surveys

Jefferson County Schools participates in state, national and county student surveys. Examples include, but are not limited to, the PRIDE survey and health surveys. These surveys may ask students about behaviors such as tobacco, drug and alcohol use, and other behaviors that put students at risk. This information is used to help us address behaviors that place students at risk, apply for grants, provide staff development, etc.

Notices will be sent home by students prior to any survey. Please indicate below whether or not you grant or deny permission for your child to participate in student surveys that require parental permission.

_____ I **GRANT** permission for my child to participate in surveys that require prior permission by the parent/legal guardian conducted by Jefferson County Schools and/or by cooperating agencies.

_____ I **DENY** permission for my child to participate in surveys that require prior permission by the parent/legal guardian.

Student's Name _____ Grade _____

School _____

Please Print – Parent/Legal Guardian's Name

Signature of Parent/Legal Guardian Date

If this form is not returned to the school, we will be with the understanding that you are giving permission for your child to be administered surveys and have photographs and/or videotape of your child used in local newspapers, on school and school system websites or on the school system's cable channel.

Publication of Student Pictures

_____ I **GRANT** permission for my child's photograph to appear in local newspapers, on the web site or on the system's cable channel.

If you **DO NOT** wish to have photographs and/or videotape of your child used in local newspapers, on school and school system websites or on the school system's cable channel, please indicate on the following line below and sign this portion of the form. If your child's photograph may be used, do not sign this portion of the form.

_____ I **DENY** permission for my child's photograph to appear in local newspapers, on the web site or on the system's cable channel. This statement does not pertain to school yearbooks or school publications.

Student's Name _____ Grade _____

School _____

Please Print – Parent/Legal Guardian's Name

Signature of Parent/Legal Guardian Date

---- School Use Only ----
Student WVEIS # _____

--See inside the handbook for the Computer/Internet – Educational Purpose and Acceptable Use of Electronic Resources, Technologies, and the Internet Policy--

Parental Consent Form for the Educational Purpose and Acceptable Use of Electronic Resources, Technologies, and the Internet

The following form must be read and signed by you and your child.

We have read the Educational Purpose and Acceptable Use of Electronic Resources, Technologies, and the Internet Policy. We understand that access to the Jefferson County Schools' network and access to the Internet via West Virginia Network for Educational Telecomputing (WVNET) is for only educational purposes; failure to observe the policy may subject users to termination of their Jefferson County Schools' accounts and/or Internet and network access privileges. Failure to observe policy may also result in disciplinary action that may include suspension, or expulsion. Jefferson County Schools will also advise law enforcement agencies of illegal activities conducted through Jefferson County Schools' resources and will cooperate fully with local, state, and/or federal officials in any investigation related to illegal activities conducted through Jefferson County Schools' resources.

We further agree to abide by the rules contained within State Policy 2460 and our school's policy on Internet/Telecommunication.

Student Name (please print) _____ Student Signature _____

Parent or Guardian (please print) _____

Parent or Guardian Signature _____ Date _____

School Name _____

----- For Office Use Only -----

Training - Date Completed _____ Trainer's Initials _____