



2723 Tumbling Creek Road
Gainesville, GA 30504
Phone: 770-534-6857
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Mitch Murphy, Principal
Bryan Gray, Administrator

William Schofield
Superintendent

Information for Parents and Students

The purpose of The Foundry is to provide an educational alternative for students who are suspended by a disciplinary tribunal or tribunal waiver.

Please consider the following information:

1. Parents must provide transportation for their students.
2. School hours are from 8:45 a.m. until 2:25 p.m. Classes are held Monday through Friday. Students who enter the building after 8:45 a.m. will be considered tardy. Students are expected to be picked up promptly at 2:25 p.m. as well. *The last check-out time is at 1:30 pm*
3. Students not in the building by 8:45 a.m. will be marked Tardy. If a student has more than **three** unexcused tardies in a semester, they will be suspended upon the **fourth** tardy and will be sent home immediately upon any further tardies. (any extenuating circumstances will be taken into account). Suspensions for tardies will be treated as infractions of the Code of Conduct that may result in removal from The Foundry and the student having to return next semester.
4. Students are required to wear uniforms consisting of solid white (including collar) polo knit shirts (small logos or brand symbols are allowed), straight-legged khaki slacks with the only metal being the button and/or zipper, and pants must go down to the ankles (no cargo pants, no joggers, no leggings pants, no metal on pants). Students must keep their shirts tucked in at all times and must wear a brown plain black belt with no metal or decorations. The belt buckle can have no initials or logos. Students must wear low-top tennis below-the-ankle or vans type shoes allowed (No Crocs or Boots), and laces must be tied. No jewelry of any kind is allowed. No makeup or lip balm is allowed into the building, and there will be no application or reapplication of any beauty product during school hours. No acrylic nails past fingertips are permitted. No hats, caps, bandanas, chains, book bags, or purses will be allowed. All hair bows, braids, bands, etc., must be black. Tattoos must not be visible, and students must provide their own band aids or wear long-sleeved shirts to provide coverage. No bare midribs or underwear may be visible. No gym shorts or any shorts may be worn under pants. An ID badge supplied by the school is part of this dress code and will be worn on the school lanyard on top of all clothing and around a student's neck at all times. If the ID is lost, the school will charge \$7 for the replacement ID. No student will be admitted to school without an ID badge or \$7 to buy a replacement. Students who come to school out of uniform or violate the dress code will be required to modify their appearance to meet the dress code or the student will be sent home.
5. The Foundry will not be loaning out items to students who are not in proper uniform; it is the student and family's responsibility that the student arrives in proper uniform.
6. Students should never bring more than \$5 to The Foundry. In addition, students cannot bring food, gum, candy, or drinks.
7. All medications, including prescription and over-the-counter medications, must be brought to the office. The Foundry will dispense medicine only after parents have signed the proper authorization and have been approved by the nurse. Students who are found with unregistered medications will be considered to have violated the Hall County Schools Code of Conduct as it applies to the possession of drugs.

8. Students are subject to a noninvasive search daily to ensure that no illegal or dangerous items are brought into The Foundry. Hand-held metal detectors may be used during this search. Should it be suspected that students have illegal items hidden on their person, law enforcement officers may be called in to complete the search. In addition, a student may be required to self-adjust their foundational clothing privately with appropriate Foundry staff members if there is a reasonable suspicion of prohibited materials being brought into the building.
9. Students are to be immediately picked up from The Foundry to go home when requested by Administration for disciplinary issues or illness.
10. Upon enrollment, students will be issued a Chromebook that they will be responsible for the remainder of their enrollment. Any attempt to use another student's Chromebook will result in disciplinary actions taken.
11. Upon enrollment, students will be issued headphones for the remainder of their enrollment to wear at all times when working on Edgenuity. Students will not be permitted to take them home and are not permitted to bring in their own headphones. If the student breaks their headphones, they will be required to pay a \$35.00 fee for new ones.
12. Headphones are essential in order to be successful when working on Edgenuity. Any student who refuses to use their headphones will immediately have their access to Edgenuity closed until they comply.
13. For Foundry students to become better prepared for their transition process, all 7th, 8th, and 9th-grade direct instruction students must complete the portfolio process culminating in a required presentation to family and staff. Students must complete the portfolio/ family presentation process before being released from The Foundry.
14. Students will not enter the building on either The Foundry/LCCA side before school without going through The Foundry security door. Any student dropped off before The Foundry security door opens at 8:10 a.m. must wait outside in the fenced-in area. Any student found in the building before 8:00 a.m. will result in disciplinary actions taken.
15. Students will not use their personal or school phones for any reason while on school property. Any communication must go through The Foundry front office.

Student's Signature

Date

Administrator's Signature

Date

Parent's Signature

Date



Behavior Contract

The Foundry's mission is to provide a safe, nurturing learning environment in which students who have been chronically disruptive or adjudicated through the tribunal process may continue their educational progress. Therefore, one of the requirements for each student's admission into the program at The Foundry is acceptance by both the student and the parent of this behavior contract.

1. The student will abide by all the rules set forth in the Hall County School System Code of Conduct and Discipline Procedures as adopted by the Hall County Board of Education.
2. The student will attend school regularly on time and will provide acceptable documentation for all absences.
3. Should the student accrue (10) or more days of unexcused absences, the student may be withdrawn from The Foundry. They may also be subject to return for an additional semester due to violating The Foundry's behavior contract.
4. The student will obey The Foundry Class Rules, including.
 - a. Enter the classroom and immediately be seated.
 - b. Stay in their seat unless permitted by the teacher to leave it.
 - c. Raise their hand and wait for permission to speak in class.
 - d. Participate appropriately in all classroom activities.
 - e. Use appropriate language in all interactions with the teacher and other students.
 - f. Avoid the use of put-downs, bullying statements, intimidation, humiliation, and sarcasm in all interactions with the teacher and other students.
5. Upon the student's first infraction of the Code of Conduct or the Class Rules mentioned above, a warning will be given, and the parent may be notified.
6. Upon a second infraction, the student will be suspended from school for two (2) days.
7. Upon a third infraction, the student will be suspended for four (4) days.
8. Should the inappropriate behavior continue after the second suspension, the school may begin the Discipline Tribunal Process with the intention of suspending the student from The Foundry for the remainder of the current semester and requiring that the student re-enter The Foundry and successfully complete the next semester before they may return to the school from which they were initially suspended.
9. The student is required to submit to drug testing at the administration's discretion.
10. Any dirty drug screen may result in immediate withdrawal from The Foundry.
11. Any evidence of gang involvement or behavior may result in immediate withdrawal from The Foundry.
12. Any vandalism of school property may result in immediate withdrawal from The Foundry.
13. Other provisions (to be completed at the time of the student's enrollment at The Foundry)

I have read the terms of this behavior contract, and I understand that failure to comply with its terms could result in the student's suspension from school or in the initiation of the Discipline Tribunal Process as authorized by the Hall County Board of Education.

I also understand that serious violations of the Hall County Schools Code of Conduct may result in immediate suspension, immediate initiation of the Discipline Tribunal Process and/or referral to law enforcement.

Student's Signature

Date

Administrator's Signature

Date

Parent's Signature

Date





Student Registration Form

Note: All information is required with the exception of Secondary Household information

New Application Information

Parent/Guardian who is filling out application:

Parent Guardian Name: _____ (First) _____ (Last)
Date of Birth (MM/DD/YYYY): _____ Registration Year: _____ Previously Attended this District (circle one): Yes / No
Email Address: _____

Primary Household

Household in which student on this form resides the majority of the time

Primary Phone Number: _____
Contact Preferences
Emergency High Priority Attendance General Teacher Private
Voice
Text

Description of Contact Preferences:

- Emergency** - Marking this checkbox will use this method of contact for emergency messages
- High Priority** - Marking this checkbox will use this method of contact for messages labeled as High Priority Notification.
- Attendance** - Marking this checkbox will use this method of contact for attendance messages, such as those sent by the Attendance Dialer Wizard.
- General** - Marking this checkbox will use this method of contact for general school messages, such as those sent by the school or district.
- Teacher** - Marking this checkbox will use this method of contact for teacher-sent messages, including messages regarding failing grades and missing assignments.
- Private** - Mark if number should be listed as private

Street Number: _____ Street Name: _____ Apartment: _____
City: _____ State: _____ Zip: _____ County: _____

Mailing Address: Does this address have a separate Mailing address? If so, provide the mailing address below:

Street Number: _____ Street Name: _____ Apartment: _____
City: _____ State: _____ Zip: _____ County: _____

Primary Parent/Guardian Information:

(First) (Middle) (Last) (Suffix)

Birth Date: _____ Gender: _____ In which language would this parent prefer to receive school communications?: _____

Contact Information: *At least one phone number is required

Cell Phone: _____
Work Phone: _____
Email Address: _____
Contact Preferences
Emergency High Priority Attendance General Teacher Private
Voice
Text
Emergency High Priority Attendance General Teacher Private
Voice
Text
Emergency High Priority Attendance General Teacher Private
Email

Has No Email: Relationship to student: _____ Contact Sequence: _____

Military Connection:

Is this parent/guardian currently active duty military or has been in the past? (circle one): Yes / No
If Yes, Military Start Date: _____ Military Status: _____ Military Branch: _____

Additional Information for Parent:

Employer: _____ Occupation: _____ Last Grade Completed: _____
Is this a guardian? (circle one): Yes / No
Should this parent receive school mailings? (circle one): Yes / No
Should this parent receive have access to Parent Portal? *The online program to view a student's grades, attendance, etc* (circle one): Yes / No
Should this parent receive messenger messages? *Messages from the District's messenger system* (circle one): Yes / No
Level of English Proficiency? (check one): Beginner Intermediate Advanced
Marital Status of Parent? (check one): Married Divorced Widowed Other Single
Legal Custody of Child (check one): Both Parents Mother Father Other
Child Lives with (check one): Both Parents Mother Father Other

Second Primary Parent/Guardian Information:

(First) _____ (Middle) _____ (Last) _____ (Suffix) _____

Birth Date: _____ Gender: _____ In which language would this parent prefer to receive school communications?: _____

Contact Information: * At least one phone number is required

Cell Phone: _____

Work Phone: _____

Email Address: _____

Has No Email:

Relationship to student: _____

Contact Sequence: _____

Contact Preferences

	Emergency	High Priority	Attendance	General	Teacher	Private
Voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Military Connection:

Is this parent/guardian currently active duty military or has been in the past? (circle one): Yes / No
 If Yes, Military Start Date: _____ Military Status: _____ Military Branch: _____

Additional Information for Parent:

Employer: _____ Occupation: _____ Last Grade Completed: _____

Is this a guardian? (circle one): Yes / No
 Should this parent receive school mailings? (circle one): Yes / No
 Should this parent receive have access to Parent Portal? *The online program to view a student's grades, attendance, etc* (circle one): Yes / No
 Level of English Proficiency? (check one): Beginner Intermediate Advanced
 Marital Status of Parent? (check one): Married Divorced Widowed Other Single
 Legal Custody of Child (check one): Both Parents Mother Father Other
 Child Lives with (check one): Both Parents Mother Father Other

Secondary Household

(Shared Parenting Responsibility - applies to parent/guardian not living at residence with students)

(First) _____ (Middle) _____ (Last) _____ (Suffix) _____

Birth Date: _____ Gender: _____ In which language would this parent prefer to receive school communications?: _____

Street Number: _____ Street Name: _____ Apartment: _____

City: _____ State: _____ Zip: _____ County: _____

Contact Information: * At least one phone number is required

Cell Phone: _____

Work Phone: _____

Email Address: _____

Has No Email:

Relationship to student: _____

Contact Sequence: _____

Contact Preferences

	Emergency	High Priority	Attendance	General	Teacher	Private
Voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Military Connection:

Is this parent/guardian currently active duty military or has been in the past? (circle one): Yes / No
 If Yes, Military Start Date: _____ Military Status: _____ Military Branch: _____

Additional Information for Parent:

Employer: _____ Occupation: _____ Last Grade Completed: _____

Is this a guardian? (circle one): Yes / No
 Should this parent receive school mailings? (circle one): Yes / No
 Should this parent receive have access to Parent Portal? *The online program to view a student's grades, attendance, etc* (circle one): Yes / No
 Should this parent receive messenger messages? *Messages from the District's messenger system* (circle one): Yes / No
 Level of English Proficiency? (check one): Beginner Intermediate Advanced
 Marital Status of Parent? (check one): Married Divorced Widowed Other Single
 Legal Custody of Child (check one): Both Parents Mother Father Other
 Child Lives with (check one): Both Parents Mother Father Other

Emergency Contact Information

IN CASE OF EMERGENCY, if parent/guardian cannot be contacted, please provide two (2) Emergency Contacts who may pick up the student(s) from school. Proper identification will be required before a student is released to emergency contacts.

First Emergency Contact Information: * At least one phone number is required

(First) (Middle) (Last) (Suffix)
Gender: _____ Cell Phone: _____ Contact Sequence: _____
Home Phone: _____

Second Emergency Contact Information: * At least one phone number is required

(First) (Middle) (Last) (Suffix)
Gender: _____ Cell Phone: _____ Contact Sequence: _____
Home Phone: _____

Other Household Members Information For Primary Household

Please provide the names of all students residing in the Primary household, along with date of birth and the relationship to the student on this registration form (i.e. brother, sister, step-sister, step-brother, cousin, etc.)

(First) (Middle) (Last) (Suffix)
Date of Birth: _____ Gender: _____ Relationship to student: _____

(First) (Middle) (Last) (Suffix)
Date of Birth: _____ Gender: _____ Relationship to student: _____

(First) (Middle) (Last) (Suffix)
Date of Birth: _____ Gender: _____ Relationship to student: _____

(First) (Middle) (Last) (Suffix)
Date of Birth: _____ Gender: _____ Relationship to student: _____

Student Information

(First) (Middle) (Last) (Suffix)
Nickname: _____ Gender: _____ Date of Birth: _____ Age at time of registration: _____ Enrollment Grade: _____

Race/Ethnicity Information

Is this student of Hispanic/Latino ethnicity? Yes No

**Hispanic/Latino is a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The question above asks about ethnicity, not race. Regardless of your answer there, please continue below by marking one or more boxes to indicate what you consider your student's race to be.*

What is the student's race? (Check all that apply. Must check at least one Option):

- American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

American Indian or Alaska Native: A person having origins in any of the original peoples of North or South America (including Central America), and who maintains a tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples for the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Place of Birth and Information

Country of Birth: _____ State of Birth: _____

City of Birth: _____ County of Birth: _____

Date First Entered U.S.: _____ Only complete the below section if the student was born outside the United States or Puerto Rico
Date First Entered U.S. School (K-12): _____

Has student been enrolled in U.S. schools for less than 36 cumulative months? (circle one): Yes / No

Has student attended school(s) outside the U.S. (other than DOD schools) since first time entering a U.S. School? (circle one): Yes / No

Is this a Foreign Exchange student? (circle one): Yes / No

Is this student currently in foster care?

_____ Yes, this student is currently in foster care
_____ No, this student is not in foster care

Home Language Information

In order to provide your child with the best possible education, we need to determine how well he or she speaks and understands English. This survey assists school personnel in deciding whether your child may be a candidate for additional English language support. Final qualification for language support is based on the results of an English language assessment.

Which language does your child best understand and speak?: _____

Which language does your child most frequently speak at home?: _____

Which language do adults in your home most frequently use when speaking with your child?: _____

Pre-K Information

Did student attend Pre-K? (circle one): Yes / No

If Yes, please choose the type of Pre-K: GA Pre-K Program Head Start Pre-K Private Pre-K Other

Previous Schools Information

Please provide information regarding this student's prior school.

School: _____ City: _____ State: _____

Enter dates attended Prior School: _____

If student is in high school, what date did he/she enter 9th grade for the first time? _____

Is your student currently suspended or expelled from another school? Yes / No

If Yes, explain why: _____

Student Services

Does your student have a current IEP? Yes / No If Yes, list dates of services: _____

Has your student previously received Speech services? Yes / No If Yes, list dates of services: _____

Has your student previously received ESOL services? Yes / No If Yes, list dates of services: _____

Has your student previously received gifted/talented services? Yes / No If Yes, list dates of services: _____

Has your student previously received EIP/Remedial services? Yes / No If Yes, list dates of services: _____

Does your student have a current 504 plan? Yes / No If Yes, list dates of services: _____

Has your student previously received a service not identified in above choices? Yes / No

If yes, please list type of service: _____ If Yes, list Dates of Services: _____

Medical/Emergency Information

Physician Name: _____ Phone Number: _____

List any health conditions or serious allergies that the school should be aware of: _____

Health Care Release

In the event of any emergency or accident involving this student and the parent/guardian cannot be reached, I give permission to school authorities to take appropriate emergency action, including calling 911 for transportation to a hospital. I also give permissions to the hospital's emergency room staff to treat the student unless I am present and request otherwise. I understand that fees for transportation and medical services will be the responsibility of the parent/guardian.

Yes, I agree:

No, I do not agree:

Parent/Guardian Signature: _____ Date: _____

Transportation Information

Morning Transportation: Car Bus Afternoon Transportation: Car Bus

If student is an afternoon car rider, who will pick the student up?: _____

Residency Information

Do you live in the Hall County School System district? (circle one): Yes / No

Do you live in the school attendance area in which you are applying? (circle one): Yes / No

Housing Information

Please check yes below if ANY of the following apply to this student's current living arrangements AND you are interested in speaking to a Homeless Liaison regarding services and assistance for which you might qualify.

With another family or other person due to the loss of housing or as a result of an economic hardship (i.e. foreclosure, eviction, lost job, separation/divorce, safety reasons, domestic violence, military parent, natural disaster, fire or flood)

Emergency shelter, group home, transitional shelter or housing

Hotel, motel, camp ground or RV park

With an adult who is not a parent/guardian, or alone without an adult

Car, park, public places, abandoned building, street, or any other inadequate living space

_____ Yes, this student is homeless

_____ No, this student is not homeless

Parent/Guardian Certifications

Please read and initial the following:

I am authorized to enroll this student, and understand that in compliance with OCGA 20-2-780 that having enrolled the student, I am the only person who can withdraw the student, unless a court order applies.

Yes, I agree
 No, I do not agree

Name of the person registering this student: _____
Relationship to student: _____

The address listed on this form is the physical location where the student actually resides and I will notify school within five days of moving.

Yes, I agree
 No, I do not agree

I have provided the student's Georgia Certificate of Immunization (Form 3231) -OR- agree to provide Form 3231 within the time specified on the Notification of Waiver form.

Yes, I agree
 No, I do not agree

I understand that this student's enrollment is contingent, pending receipt of all disciplinary records from any prior schools attended.

Yes, I agree
 No, I do not agree

I agree upon request by the school to present such additional proof of residency (such as electric bill, city water, etc.) as shall be reasonably required. I acknowledge that the Hall County Board of Education in its operation of the Hall County School System has a legitimate interest in protecting and preserving the quality of the system and the rights of bona fide residents to attend public schools on a preferred tuition-free basis. I also acknowledge that the Board will rely upon this certificate in determining if the student is a bona fide resident of Hall County. I also acknowledge that if the proof of residency furnished to the Board or as contained in this certificate is not correct, the student will be subject to dismissal and I will be responsible for reimbursing the Board for all local education expenses for the student up to the time of dismissal.

Yes, I agree
 No, I do not agree

I understand that if this student is being provisionally enrolled without all required documentation, this student is being provided educational services based solely on the information I provide. I understand that changes may be made to the services being provided once records are received from previous schools and have been reviewed by appropriate school personnel. This may include, but is not limited to, grade placement, class placement, teacher assigned, type of instructional setting and any other changes that the school administration deems necessary.

Yes, I agree
 No, I do not agree

In case of an accident or serious illness, I give permission for the school to make whatever emergency arrangements are necessary.

Yes, I agree
 No, I do not agree

I swear/affirm, under penalty of law, that the information given on this registration form is correct, that the address stated is the primary residence where my child and I live, and that I will notify the school of any change in residency status within five days of the change.

(Parent/Guardian Signature)

(Date)

For school use only

Please be sure the following items are complete. Initial each item and sign below:

- Copy of POR 1
- Copy of POR 2
- Copy of Birth Certificate
- Copy of Social Security Card
- Copy of Legal Guardian Court Documents (if applicable)
- Copy of Parent/Guardian Photo ID (Front and Back) Copy of
- Immunization Documents
- Copy of 3300 Form
- OLR application number: _____
- Upload documents into OLR
- Application is approved/posted in OLR
- Upload printed application to Student Documents tab

Name of school employee who helped parent: _____ (Name) (Date)

Name of school employee who completed OLR: _____ (Name) (Date)

Name of school employee who finalized this process: _____ (Name) (Date)

Teacher/Grade: _____
School Year: _____

Student Health Information Sheet
HALL COUNTY SCHOOL SYSTEM

**If you completed this information on Parent Portal, you do not need to complete this form.*

School Name: _____ Date of Birth: _____ Student Name: _____
Home address: _____ Home phone: _____
Parent/Guardian: _____ Work #: _____ Shift: _____
Home #: _____ Cell #: _____
Parent/Guardian: _____ Work #: _____ Shift: _____
Home #: _____ Cell #: _____
Special Custody Concerns: _____ (make sure office has court papers)
Two emergency contacts available to pick up your child from school (In case parent/guardian cannot be reached)
Name: _____ Relationship: _____ Phone(s): _____
Name: _____ Relationship: _____ Phone(s): _____

MEDICAL DATA:

Primary Care Provider: _____ Phone #: _____
Medical Insurance Company: _____ OR (check one) Peach Care Medicaid None
List ALL medications taken at home and school: _____

PLEASE NOTE: A Medication Permission Form is required for medications to be given at school (with the exceptions below, when available). For safety reasons, **ALL** medicine furnished to the school must be in an **unopened, original container** brought in by the **parent/guardian**. For safety reasons, students are not allowed to transport medication to school.

In the **VERY** rare circumstance, Tylenol (Acetaminophen), Tums (Antacid), Motrin/Advil (Ibuprofen), or Caladryl lotion (Pramoxine) (if available) may enable my child to return to class **based on assessment and clinical judgment of the school nurse**; I give permission for my child to receive the following medications from the licensed nurse at school (*select all that apply*):

- Tylenol (Acetaminophen) Tums (Antacid) Motrin/Advil (Ibuprofen) Caladryl lotion (Pramoxine)
 Benadryl (Diphenhydramine)

If a child requires these medications, more than 2 times, the parent must furnish the medication with a Parent Medication Form.

In the event of an emergency, the school has partnered with Dr. David Hocker to administer life-saving medications, if available, Epinephrine (life-threatening allergic reaction), Albuterol (asthma attack), and Naloxone (opioid overdose). Designated school staff are trained to assess, call 911, and administer these life-saving medications. When administered, the student will be transported to the ER for evaluation and further treatment, if needed.

MEDICAL HISTORY: Check Y or N; if Y, please provide additional info in space provided

Y N Asthma: Inhaler prescribed? Y N; Is inhaler needed at school: _____
 Y N Diabetes: Type 1 Type 2 Comments: _____
 Y N Seizures: Currently on medication? Y N; Type and Date of last seizure: _____
 Y N Allergies: to what? (Food, medications, seasonal) _____
History of Anaphylaxis (life threatening allergies) to: _____ Benadryl Epi- Pen Other _____
 Y N Heart disease; Comments: _____
 Y N Previous hospitalizations: _____ Past Surgeries: _____
 Y N Glasses/contacts Y N Hearing aids Y N Migraines Y N Frequent Nosebleeds
List OTHER diagnoses, illness, limitations, or disabilities not listed: _____

** In the event of any emergency or accident involving this student and the parent/guardian cannot be reached, I give permission to school authorities to take appropriate emergency action, including 911, for transportation to a hospital. I also give permission to the hospital's emergency room staff to treat the student unless I am present and request otherwise. Fees for transportation and medical services will be the responsibility of the parent/guardian.

Signature of Parent/Guardian

Date

HOJA DE INFORMACIÓN DE SALUD DEL ESTUDIANTE

SISTEMA ESCOLAR DEL CONDADO HALL

Si completó esta información en el Portal para padres, no necesita completar este formulario.

Nombre de la escuela: _____ Fecha de nacimiento: _____ Nombre del estudiante _____
 Dirección de casa: _____ Teléfono de casa: _____
 Padre/madre/tutor legal: _____ Núm. del trabajo: _____ Turno: _____
 Núm. de casa: _____ Núm. de celular: _____
 Padre/madre/tutor legal: _____ Núm. del trabajo: _____ Turno: _____
 Núm. de casa: _____ Núm. de celular: _____
 Cuestiones especiales de custodia: _____ (asegúrese de que la oficina tenga los documentos de la corte)
Dos contactos de emergencia disponibles para recoger a su hijo(a) de la escuela (en caso de que no se pueda contactar al padre/madre/tutor legal)
 Nombre: _____ Relación: _____ Teléfono(s): _____
 Nombre: _____ Relación: _____ Teléfono(s): _____

DATOS MÉDICOS:

Proveedor de atención primaria: _____ Núm. de teléfono: _____
 Compañía de seguro médico: _____ O (marque uno) Peach Care Medicaid Ninguno
 Indique **TODOS** los medicamentos que se toman en casa y en la escuela: _____
TENER EN CUENTA: Se requiere un **Formulario de permiso para medicamentos** para los **medicamentos que se administrarán en la escuela** (con las excepciones a continuación, cuando esté disponible). Por razones de seguridad, **TODO** medicamento entregado a la escuela debe estar en un **contenedor cerrado, original traído por el padre/madre/tutor legal**. *Por razones de seguridad, los estudiantes no pueden llevar medicamentos a la escuela.*

En **MUY** raras circunstancias, Tylenol (Acetaminofén), Tums (Antiácido), Motrin/Advil (Ibuprofeno), Loción de Caladryl (Pramoxina) (si está disponible) puede permitir que mi hijo(a) regrese a clases **según la evaluación y el juicio clínico de la enfermera de la escuela**; doy permiso para que la enfermera autorizada en la escuela le de los medicamentos a mi hijo(a) (*seleccione todas las que correspondan*):

Tylenol (Acetaminofén) Tums (Antiácido) Motrin/Advil (Ibuprofeno) Loción de Caladryl (Pramoxina)
 Bendaryl (Difenhidramina)

Si un(a) niño(a) necesita este medicamento, más de **2 veces**, el padre o madre debe proporcionar la medicación junto con un **Formulario de medicamentos para padres**.

En caso de una emergencia, la escuela se ha asociado con el Dr. David Hocker para administrar medicamentos que salvan vidas, si están disponibles, epinefrina (reacción alérgica potencialmente mortal), albuterol (ataque de asma) y naloxona (sobredosis de opioides). El personal escolar designado está capacitado para evaluar, llamar al 911 y administrar estos medicamentos que salvan vidas. Cuando se administre, el estudiante será transportado a la sala de emergencias para evaluación y tratamiento adicional, si es necesario.

HISTORIAL MÉDICO: Marque S o N; si la respuesta es S, brinde información adicional en el espacio proporcionado

S N **Asma:** ¿Le han recetado un inhalador? S N; Se necesita el inhalador en la escuela: _____
 S N **Diabetes:** Tipo 1 Tipo 2 Comentarios: _____
 S N **Convulsiones:** ¿Actualmente está medicado(a)? S N; Tipo y fecha de la última convulsión: _____
 S N **Alergias:** ¿a qué? (Alimentos, medicamentos, estacional) _____
 Historial de **Anafilaxia** (alergias que amenazan la vida) a: _____ Benadryl Epi- Pen Otro _____
 S N **Enfermedad cardíaca;** Comentarios: _____
 S N **Hospitalizaciones previas:** _____ **Cirugías pasadas:** _____
 S N **Gafas/lentes de contacto** S N **Audífonos** S N **Migrañas** S N **Hemorragias nasales frecuentes**
 Indicar OTROS diagnósticos, enfermedades, limitaciones o discapacidades no enumeradas: _____

** En el caso de una emergencia o accidente que implique a este estudiante y el padre/madre/tutor legal no pueda ser contactado, doy permiso a las autoridades escolares para tomar medidas de emergencia apropiadas, incluso llamar al 911, para el transporte a un hospital. También doy permiso al personal de la sala de emergencias del hospital para tratar al estudiante a menos que yo esté presente y solicite lo contrario. Los honorarios por el transporte y los servicios médicos serán responsabilidad del padre/madre/tutor legal.

 Firma del padre/madre/tutor

 Fecha



2723 Tumbling Creek Road
Gainesville GA 30504
Phone: (770)534-6857
Fax: (678)450-5978

Mitch Murphy, Principal
Bryan Gray, Administrator

William Schofield, Superintendent

Please list the names of anyone who has permission to check your child out of school or to pick him/her up in the afternoon.

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Signature of Parent/Guardian _____ Date _____

KEVIN BALES
ASSISTANT SUPERINTENDENT
FOR TEACHING & LEARNING

WILLIAM S. SCHOFIELD
Superintendent

Dear Parent/Guardian,

As a parent, you play the most important role in the education of your child. In order to make this a successful school year, your child must be in the classroom every day possible. It is the parents' responsibility to make sure excuses are submitted to your child's school.

The following process will be followed in all schools:

- The school will record attendance daily and collect excuses for all students absent from school, indicating, if necessary, what interventions have been tried to address attendance problems.
- When a student has **5 unexcused absences** the law requires that the parent/guardian be notified.
- A letter from the school will be sent to **all parents/guardians** of children who have 10 excused or unexcused absences during the entire school year.
- A school administrator and/or school counselor will monitor and provide appropriate interventions.
- If unexcused absences continue the administrator or counselor will submit information about students with a **pattern of unexcused absences** to the school social worker or other designated school personnel.
- School personnel will assess the situation by talking to the student, parent, and school staff, suggest appropriate interventions, and document attempts to reduce absences. If unexcused absences continue, the school social worker may refer the parent and/or the student to the appropriate court for truancy.

As required under state law and State Board of Education rule, a student's absences are excused if validated for the following reasons:

1. Personal illness or attendance in school endangers a student's health or the health of others.
2. A serious illness or death in a student's immediate family necessitating absence from school.
3. A court order or an order by a governmental agency, including pre-induction physical examinations for service in the armed forces, mandating absence from school.
4. Observing religious holidays, necessitating absence from school.
5. Conditions rendering attendance impossible or hazardous to student health or safety.
6. A student whose parent or legal guardian is in military service in the U.S. armed forces or National Guard, and such parent has been called to duty for or is on leave from overseas deployment to a combat zone or combat support posting will be granted up to 5 days of excused absences per school year to visit with his or her parent prior to the parent's deployment or during the parent's leave.
7. Registering to vote or voting in a public election, which shall not exceed one day.
8. A student whose parent or legal guardian is currently serving or previously served on active duty in the armed forces of the United States, in the Reserves of the armed forces of the United States on extended active duty, or in the National Guard on extended active duty may be granted excused absences, up to a maximum of five school days per school year, not to exceed two school years, for the day or days missed from school to attend military affair sponsored events, provided the student provides documentation from: a provider of care at or sponsored by a medical facility of the United States Department of Veterans Affairs; or an event sponsored by a corporation exempt from taxation under Section 501(c)(19) of the Internal Revenue Code.

Students shall be counted present when they are serving as pages of the Georgia General Assembly. Foster care students shall be counted as present when attending court proceedings relating to the students' foster care.

Other absences may be approved by the principal.

KEVIN BALES
ASSISTANT SUPERINTENDENT
FOR TEACHING & LEARNING

WILLIAM S. SCHOFIELD
Superintendent

Compulsory Education Notification to Parents

We look forward to your cooperation in having your child in school every day (s)he is able to attend.
This Compulsory Education Notice must be read, signed, and returned to your child's school.
Thank You!

The Hall County School System is required by law to inform you of the following law and consequences. The school must keep a signed copy of this form on file for one school year.

O.C.G.A. 20-2-690.1 – Compulsory Education

(a) Every parent, guardian, or other person residing within this state having control or charge of any child or children between their sixth and sixteenth birthdays shall enroll and send such child or children to a public school, private school, or a home study program that meets the requirements for a public school, private school, or a home study program; and such child shall be responsible for enrolling in and attending a public school, private school, or a home study program under such penalty for noncompliance with this subsection as is provided in Chapter 11 of Title 15, unless the child's failure to enroll and attend is caused by the child's parent, guardian, or other person in which case the parent, guardian, or other person alone shall be responsible;

(b) Every parent, guardian, or other person residing within this state having control or charge of any child or children and who shall violate this code section shall be convicted of a misdemeanor, and upon conviction thereof shall be subject to:

A fine not less than \$25 and not more than \$100

Imprisonment not to exceed 30 days

Community service

Any combination of such penalties at the discretion of the court having jurisdiction

Each day's absence from school in violation of this part after the child's school system notifies the parent, guardian, or other person who has control or charge of a child of five unexcused absences shall constitute a separate offense.

O.C.G.A. 20-2-150 – Compulsory Education Law Pertaining to Kindergarten Students

All children enrolled for 20 school days or more in the public schools of this state shall become subject to all provisions of this article, the provisions of Code Section 20-2-690 through 20-2-702, and the rules and regulations of the State Board of Education relating to compulsory school attendance even though they have not reached seven years of age.

As the parent/guardian of _____, I have read the Georgia State Law on Compulsory Education.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

(Students who are age 10 years or older by September 1st of this school year)



HALL COUNTY SCHOOL DISTRICT

Code of Conduct and Discipline Procedures

Student/Parent Acknowledgement Form

Student Name (Please Print)	Last:	First:	Middle:
School:		Grade:	
I have received a copy of the Hall County Schools CODE OF CONDUCT AND DISCIPLINE PROCEDURES and will review the information contained therein with my child.			
Student Signature:			
Parent Signature(s):			
Date:			

Please return this completed form to your child's school



SISTEMA ESCOLAR DEL CONDADO DE HALL

Código de Conducta y Procedimientos de Disciplina

Formulario de Conocimiento de Estudiante/Padre

Nombre del Estudiante (Letra de Molde por Favor)	Apellido:	Primer Nombre:	Segundo Nombre:
Escuela:		Grado:	
Yo he recibido una copia del CÓDIGO DE CONDUCTA y de los PROCEDIMIENTOS DE DISCIPLINA del Sistema Escolar del Condado de Hall y revisaré la información contenida en este formulario con mi hijo/a.			
Firma del Estudiante:			
Firma de el/los Padre/s:			
Fecha:			

Por favor regrese este formulario completado a la escuela de su niño/a