



## ACKNOWLEDGMENT OF RECEIPT OF HANDBOOK & CODE OF CONDUCT

The undersigned hereby acknowledges receipt of the Muscogee County School District Handbook and Code of Conduct ("Handbook") for the 2018-2019 school year. I have received, read, and discussed the requirements of the Handbook with my child, including but not limited to the code of conduct, disciplinary procedures, and the requirements of and penalties for violation of Georgia's compulsory attendance law, and we agree to fully abide by the same.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Home Room Teacher/Advisor: \_\_\_\_\_

**\*\*\* Please complete and return within 5 days of receipt of the Handbook. \*\*\***

The Muscogee County School District supports the requirements of Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act and does not tolerate discrimination in any form.

# Behavior Contract

## Student – Parent – School

2018 – 2019

Administrators, please have each student review the Muscogee County School District Behavior Code and Discipline Policy Handbook, sign, and return this form to be maintained by the school. Students, please place your initials by each statement and sign at the bottom. Parents please review the statements with your child and sign. Your signature indicates that you and your child/ren have read, reviewed, and understand the School District Behavior Code and Discipline Policy and all School Board policies contained therein.

Board policies are available at [www.muscogee.k12.ga.us](http://www.muscogee.k12.ga.us)

\_\_\_\_\_ I have received, read, and understand the Muscogee County School District Behavior Code and Discipline Policy Handbook.

\_\_\_\_\_ I will not disrupt or interfere with the day-to-day operations of the school.

\_\_\_\_\_ I will not damage or attempt to cause damage to school property.

\_\_\_\_\_ I will not bully others or verbally or physically harm any student, or employee.

\_\_\_\_\_ I will not have a weapon or anything that could be considered a weapon on school property, on the school bus, on the way to school, or at a school function or event.

\_\_\_\_\_ I will not sell, possess, or be under the influence of alcohol, tobacco products, or illegal substances while on school property, on the way to school, or at a school function or event.

\_\_\_\_\_ I will comply with all directions and commands given by any authorized school personnel.

\_\_\_\_\_ I will take pride in my appearance by maintaining the MCSD dress code.

\_\_\_\_\_ I will attend all classes and not leave the school without permission.

\_\_\_\_\_ I will not demonstrate gang signs, nor will I draw or wear gang insignia.

\_\_\_\_\_ While at school or any school function, I will not participate in any inappropriate sexual behavior verbally, written, or physically.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Muscogee County School District  
Acceptable Use Policy (AUP) Agreement Form**

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

School Year \_\_\_\_\_ Student # \_\_\_\_\_

**PARENT CONSENT FOR STUDENTS *UNDER AGE 18***

As the parent or guardian of this student, I understand that access to the Network and Internet is designed for educational purposes and that my student's school and MCSD have taken precautions to control controversial material; however, I also recognize it is impossible to restrict access to all such materials and I will not hold the school or MCSD responsible for materials acquired, viewed, or transmitted on the Network or Internet. I agree to abide by any changes in the AUP as approved by the Board. I understand that any violation may revoke my access and privileges or invoke disciplinary action and/or appropriate legal action.

**I have read and agree to the AUP**

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Parent Guardian Signature

\_\_\_\_\_  
Date

**STUDENTS AT LEAST 18 YEARS OF AGE OR ADULTS**

As a user of the Network or Internet, I hereby agree to comply with this AUP and any Board-approved changes for the MCSD Network or Internet. I will use the Network and Internet in a responsible fashion while honoring all rules, policies, and restrictions. I understand that any violation may revoke my access and privileges or invoke disciplinary action and/or appropriate legal action.

**I have read and agree to the AUP**

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**PERMISSION FOR PUBLICATION OF PICTURE AND/OR STUDENT WORK - Please review the MCSD Student Handbook for the District's statement of policy regarding the use of student information.**

# Muscogee County School District Acceptable Use Policy

For purposes of this document, a user is anyone who is authorized to gain access to the MCSD Network, Internet, or Intranet. Unauthorized use or access is prohibited.

The Network is the connection between the WAN (Wide Area Network), the LANs (Local Area Networks) and the technology components at a school or building.

**“Technology”** refers to district issued or privately owned wireless and or/portable electronic handheld equipment that includes, but is not limited to, existing and emerging mobile communication systems and smart technologies, portable internet devices, Personal Digital Assistants, handheld entertainment systems or portable information technology systems that can be used for word processing, wireless Internet access, image capture/recording, sound recording and information transmitting, receiving, storing, etc.

**Internet:** Only the internet gateway provided by the District may be accessed while on campus. Personal devices with internet connectivity, such as but not limited to, cell phones/cell network adapters, are not permitted to be actively used to access outside internet sources at any time.

## Security and Damages

**Personal Devices:** responsibility to keep personal devices secure rests with the individual owner. MCSD is not liable for any personal device stolen or damaged on school district premises. It is recommended that skins (decals) and other custom touches be used to physically identify individually owned devices. Additionally, protective cases for technology are encouraged.

**District Issued Devices for School Use:** use of school computers is a privilege that is earned by abiding by the rules described in MCSD Student Behavior Code. Failure to use the computer properly and respectfully can result in the privilege being revoked and possible disciplinary action. The parent will be notified.

## Student Responsible Use Agreement:

The use of technology to provide educational material is a necessity today. Computer use is no longer an option that students can opt out of but a necessity for our 21<sup>st</sup> Century learning environments. Muscogee County uses a web-based learning management solution (LMS) that permits students to participate in an online learning environment in a format with which they are already familiar. Students log into the LMS with a district provided username and password so the activity can be monitored for safety and compliance. Students and parents will actively participate in the *Responsible Use* trainings at the start of school and agree to abide by the following acceptable use guidelines:

- Adhere to the Student Code of Conduct as well as all Board policies, particularly Internet Acceptable Use (Policy IFBG) and Internet Safety (Policy IFBGE).
- Take full responsibility of personal or district issued mobile devices and keep it with himself or herself at all times.
- Keep all devices in silent mode while on the school campuses and while riding school buses
- Access the computer with the assigned student user name and password and use the device for instructional purposes only.
- Be respectful of others and never use the device to record, transmit or post photographic images or video of a person, or persons on campus or while attending school sponsored events unless it is an explicit teacher requirement for a school assignment. Permission to photograph or video another person must be obtained even in the case of school assignments.
- Be respectful of other students' work and never copy, change, or remove another student's work from the device, the school network, the Internet, or any of the eLearning solutions used by MCSD.

- Make comments and discussion responses that are helpful and respectful and directly related to the purpose of the original post.
- Immediately inform a teacher or administrator whenever anything on the Internet is encountered or that may be inappropriate or a violation of school policies.
- As required by Children’s Online Privacy Policy Agreement (COPPA), never share personal information of any student online.
- Comply with teacher request to shut down the device, close the screen, or put away.
- Use the school’s connection to the internet without bypassing it so that the content filters can be applied to the connected device.
- Take care of the equipment being careful not to bring on the premises any Virus, Trojan, or program designed to damage, alter, destroy, or provide access to unauthorized data, and/or to participate in acts of “hacking” or bypassing the network security.
- Submit the device to be examined any time it is suspected of causing problems or is the suspected source of an attack or virus infection.
- Back up files on personal media or One Drive accounts in the case of loss of data on the issued device.
- Ensure the device is fully charged prior to bringing it to school each day
- Use the MCSD issued email account responsibly adhering to all the guidelines in Board Policy IFBG.
- Report any damage or problems with a District-provided device to a teacher who will create a work order for the device to be checked by a MCSD technician only as per the Property and Risk Management protocol.

### **Sanctions for Misuse**

Use of the Internet and any district issued or personally owned devices is contingent upon compliance with state and federal laws, district regulations, and the user responsibilities outlined in this document.

- Violations may result in loss of some or all privileges.
- Specific disciplinary actions involving student misuse will be determined in accordance with Board of Education Policies and the Muscogee County School District Behavior Code.



## 2018-2019 Compulsory Attendance Law O.C.G.A §20-2-690.1

### Parent & Student Notification Agreement

The Compulsory Attendance Law O.C.G.A. §20-2-690.1 continues to be in effect for the current academic year, which pertains to every school district in Georgia. The Compulsory Attendance Law states "children between their sixth and sixteenth birthday shall enroll and attend a public school, a private school, or a home study program". If a child is under 6 years of age and has attended more than 20 days in a public school, he/she is then subject to this law. The law also provides "penalties for parent(s), guardian(s), or other person residing in Georgia who are in violation of O.C.G.A §20-2-690.1; which are imposed at the discretion of the court having jurisdiction". Each day's violation of this law, after the School District has notified the parent, guardian, or other person in charge of child having five unexcused absences from school, shall constitute a separate offense subjecting the person notified to the following measures:

1. Fine of not less than \$25 and not greater than \$100
2. Imprisonment not to exceed 30 days
3. Community service
4. Any combination of the above penalties

Elementary and middle school students may only miss 15 days per year before possible retention. High school students may miss only seven (7) days per semester to prevent loss of credits. Parents are required to provide proof of excused absences within three days after the absence occurred. Handwritten notes from parent(s), a doctor's excuse, or a copy of a court order are a few examples of acceptable proof of absences. Schools may require additional verification for those students who have established a pattern of excessive absences.

The Muscogee County School District is required to obtain signatures from parents and students (who are ten years-old by September 1) as acknowledgment of receipt of the **Parent & Student Notification Agreement** and of the possible consequences due to non-compliance.

Thank you for your cooperation in acknowledging receipt of this agreement and the consequences in the event of any violation of the Compulsory Attendance Law. Please return this to your school's administration.

School: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Student's Age as of September 1, 2017: \_\_\_\_\_

**GUIDANCE AND COUNSELING  
SAFE AND DRUG-FREE SCHOOLS ACTIVITIES/SURVEYS  
PARENTAL PERMISSION FORM**

In order to provide the most effective prevention resources and/or activities for your child, Safe and Drug-Free Schools collect survey information from students at various grade levels during the school year. The surveys are totally anonymous, voluntary and ask for responses that pertain to student involvement in substance abuse/use, bully prevention, nutrition, mental health, suicide prevention, college and career readiness, and school climate. Students and/or parents have the right to opt out.

The data collected will be used to identify critical areas of need for our Safe and Drug-Free Schools efforts. Survey analysis of these data provides information/data that:

- ~ Assists in the maintenance of a school environment that is free of drugs and violence.
- ~ Promotes a classroom atmosphere that allows teachers to teach and students to learn.
- ~ Develops and offers experiences that involve students in applying the concepts of making healthy decisions, accepting responsibility for behaviors, and understanding consequences.

Safe and Drug-Free and Guidance/Counseling curriculum and activities are based on following domains:

- ~ Academic Development
- ~ Career Development
- ~ Social/Emotional Development
- ~ Mindsets and Behavior for Student Success

**Please check one:**

- I give permission for my child to participate in these important Safe and Drug-Free Schools' activities and surveys.
- I DO NOT give permission for my child to participate in the Safe and Drug-Free Schools' activities and surveys.

**Please sign and return this form to your child's school.**

**SCHOOL:** \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**Thank you for your participation.**



### **Protection of Pupil Rights Amendment Notice**

The protection of Pupil Rights Amendment (PPRA), 20 U.S.C. § 1232h, requires MSCD to notify you and obtain consent or allow you to opt your child out of participating in certain school activities. These activities include a student survey, analysis, or evaluation that concerns one or more of the following eight areas ("protected information surveys"):

1. Political affiliations or beliefs of the student or student's parents;
2. Mental or psychological problems of the student or student's family;
3. Sex behavior or attitudes;
4. Illegal, anti-social, self-incriminating, or demeaning behavior;
5. Critical appraisals of other with whom respondents have close family relationships;
6. Legally recognized privileged relationships, such as with lawyers, doctors, or ministers;
7. Religious practices, affiliations, or beliefs of the student or the student's parents; or
8. Income, other than as required by law to determine program eligibility.

This parental notification requirement and opt-out opportunity also apply to the collection, disclosure or use of personal information collected from students for marketing purposes ("marketing surveys"). Please note that parents are not required by PPRA to be notified about the collection, disclosure, or use of personal information collected from students for the exclusive purpose of developing, evaluating, or providing educational products or services for, or to, students or educational institutions. Additionally, the notice requirement applies to the conduct of certain physical exams or screenings. This includes any non-emergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent, and not necessary to protect the immediate health and safety of a student. This does not include hearing, vision, or scoliosis screenings, or any physical exam or screening permitted or required by State law.

MCS D will provide parents, within a reasonable period of time prior to the administration of the surveys and activities, notification of the surveys and activities, an opportunity to opt their child out, as well as an opportunity to review the surveys. (Please note that this notice and consent/opt-out transfers from parents to any student who is 18 years old or an emancipated minor under State law.)

Parents who believe their rights have been violated may file a complaint with:

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, S.W.  
Washington, D.C. 20202-8520





**Muscookee County School District  
Parental Opt-Out of Club Participation/Event Activities**

Student Name \_\_\_\_\_

School \_\_\_\_\_

I hereby acknowledge receipt of information regarding student clubs/event activities that are scheduled to be operational at the school during the current school year. I understand that if a club and/or event for which information has not been provided is started after this information is distributed, I will be provided with the information at that time and my written permission will be required prior to my student's participation.

I wish to withhold permission for my child to participate in the student club(s)/event(s) listed below:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I wish to withhold permission for my child to participate in ALL clubs and/or events:

\_\_\_\_\_ YES

\_\_\_\_\_ NO

Parent/Guardian Name \_\_\_\_\_

*(Please print)*

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## **Parent Right To Know**

Parents may request, in writing, the following information about his/her student's teacher:

- Whether the teacher met the state requirements for the Georgia Professional Standards Commission for certification for the grade level and subject area which they teach
- Whether the teacher is teaching under an emergency or other temporary status through which Georgia qualifications or certification criteria have been waived
- What undergraduate or graduate degree(s) the teacher holds, including graduate certificates and additional degrees, and major(s) or area(s) of concentration
- Whether your child is provided services by paraprofessionals, and if so, their qualifications.

**Point of contact: Title I (706)748-2154 or Professional Learning, Brandon McDonald (706) 748-2138.**

**School:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **Attention Principals:**

**Federal regulations require the collection of this document from each of your parents.  
Please send a sampling (10-15) to Professional Learning, MCPEC**



**Richard Woods, Georgia's School Superintendent**  
"Educating Georgia's Future"

School District: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent Occupational Survey**

**Please complete this form to determine if your child(ren) qualify to receive supplemental services under Title I, Part C**

Name of Student(s)	Name of School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. Has anyone in your household moved in order to work in another city, county, or state, in the last three (3) years?  Yes  No
2. Has anyone in your household been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years?  Yes  No

**If you answer "yes", check all that applies:**

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

Names of Parent(s) or Legal Guardian(s) \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Thank You!  
Please return this form to the school

Please maintain original copy in your files.

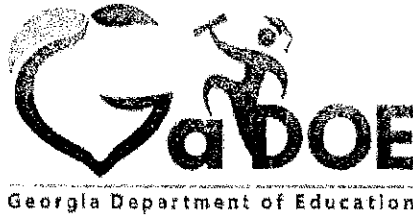
MEP funded school/district: Please give this form to the migrant liaison or migrant contact for your school/district.

Non-MEP funded (consortium) school/districts: When at least one "yes" and one or more of the boxes from 1 to 7 is/are checked, districts should fax occupational surveys to the Regional Migrant Education Program Office serving your district. For additional questions regarding this form, please call the MEP office serving your district:

GaDOE Region 1 MEP, P.O. Box 780, 201 West Lee Street, Brooklet, GA 30415  
Toll Free (800) 621-5217 Fax (912) 842-5440

GaDOE Region 2 MEP, 221 N. Robinson Street, Lenox, GA 31637  
Toll Free (866) 505-3182 Fax (229) 546-3251

Regional Office use only:



**Richard Woods, Georgia's School Superintendent**  
*"Educating Georgia's Future"*

**Distrito Escolar:** \_\_\_\_\_

**Fecha:** \_\_\_\_\_

**Encuesta Ocupacional para Padres**  
**Favor de completar este formulario para ayudarnos a determinar si su(s) hijo(s) califica(n) para recibir servicios suplementarios de parte del Programa de Título I, Parte C**

Nombre del/los Estudiante(s)	Nombre de la Escuela	Grado
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. ¿Alguien en su casa se ha mudado para trabajar en otra ciudad, condado, o estado, en los últimos tres (3) años?  Sí  No
2. ¿Alguien en su casa trabaja, ha trabajado, o tiene la intención de trabajar en una de las siguientes actividades de forma permanente o temporaria, o ha hecho este tipo de trabajo en los últimos tres años?  Sí  No

**Si la respuesta es "sí", marque todo trabajo que aplique:**

- 1. Sembrando/cosechando vegetales (como tomates, calabazas, cebollas, etc.) o frutas (como uvas, fresas, arándanos, etc.)
- 2. Sembrando, cortando, procesando árboles, o juntando paja de pino (*pine straw*)
- 3. Procesando/empacando productos agrícolas
- 4. Trabajo en lechería o ganadería
- 5. Trabajo en empacadoras o procesadoras de carnes (como de res, pollo o mariscos)
- 6. Pezca o crianza de peces
- 7. Otra actividad. Por favor especifique en cuál: \_\_\_\_\_

Nombre de los padres o guardianes legales: \_\_\_\_\_

Dirección donde vive: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_ Teléfono: \_\_\_\_\_

¡Muchas Gracias!  
 Por favor regrese este formulario a la escuela

Please maintain original copy in your files.

MEP funded school/district: Please give this form to the migrant liaison or migrant contact for your school/district.

Non-MEP funded (consortium) school/districts: When at least one "yes" and one or more of the boxes from 1 to 7 is/are checked, districts should fax occupational surveys to the Regional Migrant Education Program Office serving your district. For additional questions regarding this form, please call the MEP office serving your district.

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 Toll Free (866) 505-3182 Fax (229) 546-3251

Regional Office use only:



PARENT AND STUDENT NOTIFICATION  
BAD CHECKS

The Muscogee County School District has a contract with CHECKredi to collect checks that are returned unpaid.

In the event a check is returned marked Account Closed, Fraudulent, Stop Payment, or NSF Item, CHECKredi will contact the check writer and make arrangements for recovery of the funds in addition to a \$35.00 fee. The cost of recovery is the responsibility of the check writer.

For additional information, call CHECKredi at (877) 524-7334 or visit the CHECKredi website at [www.checkredi.com](http://www.checkredi.com).

School: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## **ATTENTION CHECK WRITERS!!!**

However, in the event your check is returned, your account will be debited electronically for the face amount and fees allowed by your state.

*Please include the following on your check:*

- **Full Name**
- **Street Address**
- **Phone Numbers**

**Contact CHECKkredi Toll-Free at:**

**(877) 524-7334**