

## 2017-2018 Signature Form

Student Name (please print) \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_

### ANNUAL FIELD TRIP RELEASE

Classes take field trips both within Buncombe County and outside of Buncombe County. This permission slip is for all field trips throughout the year inside and outside of Buncombe County for the current 2017-2018 school year. You will be notified of all field trips. All field trips are planned, organized and supervised with the students' welfare first and foremost. All field trips are supervised by FSI staff.

I hereby certify my approval for my child (as named above) to attend field trips for the 2017-2018 school year. I understand my child will be transported by another parent in a private vehicle, in a school bus or by city bus. All students will be required to wear seatbelts in a private passenger vehicle.

I Grant Permission

I Do Not Grant Permission

### VOLUNTEER CONFIDENTIALITY STATEMENT

I understand in the course of my volunteer time with the Franklin School of Innovation, I may become aware of confidential information regarding specific students. This information may include such information as students' academic performance, behavior, disabilities and related matters. I understand and agree I will not disclose such confidential information except to school employees who have a need to know.

I understand and accept

### PHOTO RELEASE

I grant the Franklin School of Innovation the unlimited right to use and/or reproduce photographs\*, likenesses or the voice of my child in any legal manner and for the internal or external promotional and informational activities of Franklin School of Innovation.

I also agree to allow my child's work and/or photograph\* to be published on the Franklin School of Innovation Website/intranet web pages. I further understand that by signing this release, I waive any and all pursuant or future compensation rights to the use of the above stated material(s).

I grant Permission

I Do Not Grant Permission

\*"Photograph" in this release form is intended to only refer to photos of your child alone. Group photographs (two or more children), with no additional identifying information, are considered public information.

### FAMILY DIRECTORY

We will publish a Franklin Directory to make it easier for our families to get in touch with each other. **Please note that guidelines regarding use of the Directory, as included in our Student/Family Handbook, prohibit use of the Directory for solicitation of business or promotion of personal or political causes.**

We will share the directory electronically with all families; printed copies will be provided on request. The directory will include parent/guardian names (and associated student name), address, telephone number, and email address.

Yes, Please include our family

No, Please **DO NOT** include our family

**By initialing below, I certify that I have read and understand the above information. I understand that my electronic initials are equivalent to my handwritten signature on this form.**

**Parent/Guardian Initials**

**2017 - -2018 ANNUAL PUBLIC NOTICE - FERPA**

I have read the annual public notice FERPA in the Student-Family Handbook forms section and understand my parental rights with respect to student's education records.

PLEASE NOTE: Federal law requires schools to release a secondary student's name, address, and phone number to military recruiters and institutions of higher education unless the student or his parent requests in writing that such information be withheld. In addition, the Family Educational Rights and Privacy Act (FERPA) gives parents (or students, if 18 years of age or older) the authority to prohibit schools from disclosing any or all directory information by providing notification in writing.

The Franklin School NCLB /FERPA Opt -Out Letter is located in the forms section of the Student-Family Handbook following the FERPA notice. You can print the form, sign it and return it to us if you wish to opt-out.

By initialing below, I certify that I have read and understand the above information. I understand that my electronic initials are equivalent to my handwritten signature on this form.

Parent/Guardian Initials

**(Your initials here are NOT the opt-out - only confirmation that you have read the annual notice)**



**Franklin School of Innovation 2017-2018**

**Economically Disadvantaged Students (EDS) Data Collection**

As required by the federal *No Child Left Behind Act of 2001*, the North Carolina Department of Public Instruction is required to report test results for the following student subgroups: ethnic origin, students with disabilities, students identified as limited English proficient, and students identified as economically disadvantaged. To report on the economically disadvantaged subgroup, household income information is collected.

Please complete this form and return it to your child's teacher no later than December [insert date]. All information is confidential and will only be used for subgroup reporting.

I, \_\_\_\_\_, am the parent or legal guardian of  
**Print Name of Parent**

\_\_\_\_\_  
**Print Name of Student**

**Please find your household size below. If your income falls below one of the numbers in either column to the right of your household size please check the box that applies. If neither of the two apply please check the box right above the signature line that says this information does not apply.**

Two people in household	Income less than \$20,826	Income less than \$29,637
Three people in household	Income less than \$26,208	Income less than \$37,296
Four people in household	Income less than \$31,590	Income less than \$44,955
Five people in household	Income less than \$36,972	Income less than \$52,614
Six people in household	Income less than \$42,354	Income less than \$60,273
Seven people in household	Income less than \$47,749	Income less than \$67,951
Eight people in household	Income less than \$53,157	Income less than \$75,647
If more than eight people are in your household, please provide number of persons _____ <b>and total income</b> _____		

**SIGNATURE (Please check one of the following boxes and initial/date):**

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for compliance with the federal *No Child Left Behind Act of 2001*, and that school officials may verify the information.

I have not checked a box above because this information does not apply to my household.

**Parent/Guardian Initials** \_\_\_\_\_ **Date** \_\_\_\_\_

## Emergency Medical Authorization Form

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Address: \_\_\_\_\_ Student Lives With: \_\_\_\_\_  
 City/Zip Code: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

**PARENT/GUARDIAN(S) AND EMERGENCY CONTACTS**

Order	Name	Relationship	Primary Phone	Secondary Phone
_____	_____	_____	(____) _____	(____) _____
_____	_____	_____	(____) _____	(____) _____
_____	_____	_____	(____) _____	(____) _____

**Please indicate if your student has any of the following:**

Allergies (please list): \_\_\_\_\_  
 Medications\* (please list): \_\_\_\_\_  
 Inhalers\* (please list): \_\_\_\_\_  
 Other medical conditions  
 or concerns to which medical  
 Personnel should be alerted \_\_\_\_\_

\* Use and/or possession of any medications, whether prescribed or not, requires the appropriate documentation to be completed and on file with the school.

**PART I OR PART II MUST BE COMPLETED**

**PART I: TO GRANT CONSENT**      I hereby give consent for the following medical care providers and local hospital to be called:

<b>Physician</b> _____	<b>Phone:</b> _____
<b>Dentist</b> _____	<b>Phone:</b> _____
<b>Medical Specialist</b> _____	<b>Phone:</b> _____
<b>Hospital</b> _____	<b>Phone:</b> _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by the appropriate medical professional; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Initials of Parent/Guardian for Grant for Consent \_\_\_\_\_ Date \_\_\_\_\_

**PART II: REFUSAL TO CONSENT**

I do NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

\_\_\_\_\_

\_\_\_\_\_

Initials of Parent/Guardian for Refusal to Consent \_\_\_\_\_ Date \_\_\_\_\_



July 2017

Dear Parent or Guardian,

In an effort to ensure that the unique needs of military-connected students are met, Session Law 2014-15 requires the North Carolina State Board of Education/North Carolina Department of Public Instruction to collect information on military-connected students. The goal is to help accommodate these students by providing them with support and consistency when their parents are deployed, when they are transitioning between schools, and at other pivotal times during their academic career.

This mandatory collection started in the 2015-16 school year. The Session Law 2014-15 that describes this requirement can be accessed

at: <http://www.ncleg.net/Sessions/2013/Bills/House/PDF/H1060v3.pdf> .

To ensure compliance with Session Law 2014-15, please complete the following information:

**Is an immediate family member of your child connected to the U.S. Military, including Active Duty, National Guard and Reserves, Retired Military, Disabled Veteran or a Federal Civil Service Employee?**

“Immediate family member” is defined as a parent, step-parent, sibling, guardian or any other person that would normally live in the same household as the child.

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If Yes, please complete the information for each family member on the following page.

Example and Options:

<i>Relationship</i>	<i>Branch</i>	<i>Status</i>	<i>Grade</i>	<i>Military Installation</i>
Father	Army	Active Duty	E-4	Fort Bragg

**Branches:** Air Force, Army, Coast Guard, Marine Corps, Navy

**Status Options:** Active Duty, National Guard, Reserves, Retired Military, Disabled Veteran, Federal Civil Service

**Installation:** The facility where the service member fulfills their duty role in the military.  
(e.g. Fort Bragg, NG Raleigh Armory, Knightdale Reserve Center etc.)

**Grade:** Enlisted (E-1 through E-9), Officer (O-1 through O-10),  
Warrant Officer (W-1 through W-5)



**STUDENT NAME:**

<i>Relationship</i>	<i>Branch</i>	<i>Status</i>	<i>Grade</i>	<i>Military Installation</i>

*(Please return a form for each child in your household)*

Sincerely,

Michelle Vruwink  
Executive Director

## Student Residency Survey

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

Name of Student: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

**Is your family residing in any of the following situations?**

- Sharing housing of others due to loss of housing or economic hardship (ex. Fire, flood, domestic violence, loss of job, eviction, etc.)
- In a motel or hotel (ex. Economic hardship, fire, flood, etc.)
- In a shelter or transitional housing (due to lack of permanent housing)
- In a place not designated for ordinary sleeping accommodations (ex. Car, tent, park, or public place)
- Moving from place to place due to lack of permanent housing
- My home has no electricity or running water

If you marked any of the above options, **please complete the remainder of this form.**  
 If none of these options apply to you, **you may skip to the signature line.**

**Please provide information on ALL children in family (including infants & toddlers):**

Name	M/F	Date of Birth	Grade (if school age)	School

Name of Parent(s)/Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Yes  No I have received a copy of Parental Rights under the McKinney-Vento Act

Initials of Parent/Legal Guardian \_\_\_\_\_

\_\_\_\_\_ Date