

## White House Middle School- Student Information Sheet

Student Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Nickname \_\_\_\_\_ Date \_\_\_\_\_ Grade \_\_\_\_\_

BirthDay \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ City of Birth \_\_\_\_\_ County of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Race: White \_\_\_\_\_ American Indian \_\_\_\_\_ Asian \_\_\_\_\_ Black/African American \_\_\_\_\_ Pacific Islander/Native Hawaiian \_\_\_\_\_ Other \_\_\_\_\_

Ethnicity: Hispanic \_\_\_\_\_ Not Hispanic \_\_\_\_\_ List sibling(s) currently attending the SCS: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

School Last Attended \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Dates \_\_\_\_\_

Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_ Custody Papers on File In Office? Y or N \_\_\_\_\_ Non-Custodial Parent May Pick Child Up from School? Y or N \_\_\_\_\_

Visitation Restrictions: \_\_\_\_\_ Non-Custodial Parent May Attend School Functions and Join Child For Lunch? Y or N \_\_\_\_\_

Please List Any Person(s) Your Child Should **NEVER** Be Allowed Contact With. You Must Provide A Valid No-Contact Order for Us To Deny Contact With A Non-Custodial Parent.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Mother/Guardian \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary \_\_\_\_\_ Primary Phone \_\_\_\_\_ Secondary \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Primary Residential Parent  Child Lives At This Address  Primary Residential Parent  Child Lives At This Address

List Persons (over 18) Who Have Permission To Sign Out & Transport Your Child If You Cannot Be Reached. Parents Are Required To Notify The School Office In Writing If Any Pick Up Information Changes.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Technology Access:** Does your child have access to a device at home  Yes  No Does your child have access to the internet  Yes  No

I affirm that all information given is complete and accurate, and that the home address provided is the legal residence of the student and the student's primary custodian. I understand that the student's assignment to a school is based on the legal residence of the primary custodian.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Car Rider AM / PM / BOTH  Bus Rider AM / PM  / BOTH Does your child have an IEP \_\_\_\_\_ Yes \_\_\_\_\_ No

YMCA Does your child have a 504 Plan \_\_\_\_\_ Yes \_\_\_\_\_ No

# White House Middle School

## Acknowledgement of 2020-2021 Important Policies for Parents and Students

Student Last Name	First Name	M.I.	Date of Birth
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Parent/Guardian Last Name	First Name	Grade
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PLEASE MARK YES OR NO FOR ALL OPTIONS	YES	NO
A. I am aware that the White House Middle Handbook is available online. <a href="https://whm.sumnerschools.org/images/Documents/2020_2021_WHM_Student_Handbook.pdf">https://whm.sumnerschools.org/images/Documents/2020_2021_WHM_Student_Handbook.pdf</a>		
B. I will read the policies included in the 2020-WHMS handbook and review them with my child prior to the start of school.		
C. As part of the student handbook and in accordance to the SCS policy I have read the Cell Phone Policy and understand the consequences.  <i>Penalties for failure to comply:</i> <b>1<sup>st</sup> offense-</b> <i>Personal device will be collected and returned at the end of the day at the administrations discretion.</i>  <b>2<sup>nd</sup> offense-</b> <i>Personal device will be turned into the office and returned to the parent after 24 hours at 3:15 the next day. <u>Student will receive a detention.</u></i>  <b>3<sup>rd</sup> offense-</b> <i>Personal device will be turned into the office and returned to a parent after 24 hours at 3:15 the next day. <u>Student will receive ISI.</u></i>  <b>4<sup>th</sup> offense+</b> <i>Personal device will be turned into the office and returned to the parent after 24 hours at 3:15 the next day. <u>Additional ISI or OSS will be given at the administrator's discretion.</u></i>		
D. I am aware students entering seventh grade are required to give the school a limited Official Tennessee Immunization Certificate showing they have had a second dose of chickenpox vaccine (or a history of the illness) and a booster shot for tetanus, diphtheria and pertussis. Students will not be able to attend school until all required shots are administered. * The Health Department will have extended hours to help accommodate schedules*		
E. I would be willing to donate goods or services as incentives teacher throughout the year.		
For more information about our teacher incentive program or about volunteering for events at our school please provide an email:		

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

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

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

Grade \_\_\_\_\_

Last, First & Middle

## STUDENT RESIDENCY QUESTIONNAIRE



The information requested on this form fulfills one requirement of the McKinney-Vento Act 42 U.S.C. 11434a(2), which is also known as the Title X, Part C, of the No Child Left Behind Act. The answers you give will help determine the services your student may be eligible to receive. **No student(s) will be discriminated against based upon any of this confidential information provided.**

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: M or F Ethnicity: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Current Street Address: \_\_\_\_\_

Today's Date: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**Complete Section A... IF you are living in a TEMPORARY RESIDENCE.** If you have a **PERMANENT residence** (such as a house, an apartment, or a condo), please **only** complete **Section C** below.

### Section A.

1. **Is the student living in a temporary place such as:** motel/hotel, car, camper, emergency shelter, friend's house, relative's house? YES \_\_\_\_\_ NO \_\_\_\_\_
2. **Was the student forced into a temporary place due to loss of housing** from eviction, foreclosure, financial hardship, domestic violence, fire or natural disaster, death or incarceration of parent/guardian, or other crisis situation? YES \_\_\_\_\_ NO \_\_\_\_\_

If either question above is answered Yes, please explain further: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you answered **Yes** to **BOTH QUESTIONS** in **Section A**, please **complete Section B** below. **Otherwise**, you may **skip to Section C** below and **sign** the form.

### Section B. Please check the box that best describes where the student is presently living:

- In the home/apartment of a friend or relative (sharing someone else's home because you have nowhere else to live)
- In a shelter or transitional housing program (examples: family shelter, domestic violence shelter, youth shelter, etc.)
- In a hotel or motel because of economic hardship, eviction, foreclosure, fire, lack of deposits for permanent housing, etc.
- In a tent, car, van, abandoned building, on the streets, at a campground, in the park, or at another unsheltered location
- Moving from place to place

**Check the box that best describes with whom the student resides.** (Please note: legal guardianship may be granted only by a court; students living on their own or with friends or relatives who do not have legal guardianship are allowed to enroll in and attend school. The school cannot require proof of guardianship for enrollment or continued attendance.)

Parent(s)  Legal Guardian(s)  Caregiver(s) who are not legal guardian(s) (example: relatives, friends, parent of friends, etc.)

Other, please specify: \_\_\_\_\_

Is this student awaiting foster care placement? If so, please explain: \_\_\_\_\_

Please list all student(s) and their age(s) of this family under your care: \_\_\_\_\_

**Section C.** I understand that the information provided above is correct, true and current. I also understand that enrolling a child in a Tennessee public school under false pretense is punishable by law.

\_\_\_\_\_  
Signature of Parent/Guardian or Other Person completing form

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date

S.I.T. -- Students In Transition: If both sections A & B are completed, proceed with completion of the Enrollment FORMS and enroll the student even if documents normally required for enrollment are not available. Then, file all completed forms and send the requested files to Melanie Webster or Kecia Ray by fax 615-451-5437 with notification so we can be on the lookout.

Given to Parent: IHP \_\_\_\_\_ (IHP Declined \_\_\_\_\_) Med Form \_\_\_\_\_ 504 Letter \_\_\_\_\_

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

Student has a: 504 \_\_\_\_\_ IEP \_\_\_\_\_

Added to Skyward \_\_\_\_\_

### SUMNER COUNTY SCHOOLS STUDENT HEALTH INFORMATION FORM School Year 2020-21

Dear Parents/Guardians: Please complete the following information, **FRONT & BACK**, and return it as soon as possible. This information will only be shared with the necessary school personnel to maintain and promote the student's health/wellbeing.

Student Name: \_\_\_\_\_ Sex: Male / Female Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom or 1<sup>st</sup> Period Teacher: \_\_\_\_\_

School attended last year: \_\_\_\_\_

Student is a: Bus rider \_\_\_\_\_ (Bus number-AM \_\_\_\_\_ PM \_\_\_\_\_) Car rider \_\_\_\_\_ Drives \_\_\_\_\_ Other \_\_\_\_\_

Parents/guardians are responsible for providing ALL medications, including over-the-counter (OTC) medicines, for their children. All medications must be delivered to the school **in person by the parent**, guardian, or parent/guardian's adult designee.

Check and explain in space below if your child, **CURRENTLY** or **IN THE LAST 2 YEARS ONLY**, has had any of the following conditions:

Disease/Condition	Yes	No	Please explain/elaborate here:
Diabetes			If yes, Type I or Type II? (please circle) Any medications?
Heart Problems			
Significant Kidney or Urinary Problems			
Asthma (in last 2 years)			Is a rescue inhaler used? Y / N Other medications?
Psychological Concerns			If yes, please list current medications:
Stomach/Intestinal Problems			
Seizure Disorder			Type: _____ Date of last seizure: _____ Medications: _____
Life-Threatening Allergies			Is Diastat prescribed? Y / N Has it ever been given? Y / N Date last given:
			To what?
			Is an EpiPen® prescribed? Y / N Has it ever been used? Y / N Date last used:
			Is Benadryl given with the EpiPen®? Y / N
List All Other Known Allergies (i.e. Meds, Foods, Nuts, Bee Stings, etc.):			
Other Significant Health Concerns:			

Does your child have a physical or mental impairment that significantly limits one or more major life activities? Y / N If Yes, please explain: \_\_\_\_\_

Does your child take medication regularly, not listed above? Y / N If Yes, what? \_\_\_\_\_

Student's primary doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's dentist/orthodontist (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

**Your signature is an informed consent to share health history information with school staff on a need-to-know basis for emergency plans & health plans. Student health information, within the school setting, is limited to the information necessary to serve the student's education and health interests. Your signature gives the school nurse permission to communicate with your student's health care provider(s) regarding health concerns.**

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work/Ext: \_\_\_\_\_

Parent e-mail address(es): \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

SUMNER COUNTY SCHOOLS  
MEDICATION ADMINISTRATION PROTOCOL

**NEVER SEND MEDICINE OF ANY TYPE TO SCHOOL WITH YOUR CHILD.** Only medications required to maintain student's attendance will be given. All students must have prescription and non-prescription forms completed before the school can administer medication to the student. **Over the counter/non-prescription medications will be given according to package directions only**, unless accompanied by a physician's order with alternate directions. All prescription medications require physician and parent signature. The pharmacy label **MUST** match the physician's written order. Non-prescription medications require a parent's signature only and must be sent in a sealed, unopened bottle. **No Ziploc baggies, unlabeled bottles, or expired medications will be accepted.**

**\*Please note; alternative medicines and/or treatments such as herbal supplements, homeopathic medicines, vitamins, salves, nutritional supplements, essential oils and any other products that are not regulated by the FDA, will not be administered at school. The actions and potential side effects of these products are not readily available to health care providers and cannot be safely administered by school staff.\***

- ◆ Morning & "1-time a day" medications should be given at home. This includes over-the-counter medications such as Advil & Tylenol.
- ◆ Antibiotics ordered **less than 4 times** a day will not be given during school hours.
- ◆ Narcotics will not routinely be given during school hours.
- ◆ A new medication form must be completed **each school year**. This includes insulin and emergency medication orders.
- ◆ Medication guidelines for Sumner County Schools does not allow aspirin or products containing aspirin to be given without a doctor's order (BC Powder, Pamprin, Excedrin Migraine, Bayer Aspirin, Midol, Goody's Powder, Pepto-Bismol, etc.). If you are not certain if a product contains aspirin, please check the list of active ingredients for "**salicylate**" or "**salicylic acid**" or consult your pharmacist. If these products must be given during school hours it will require a physician's order.
- ◆ Any changes in medication must be accompanied by a new form, with the changes noted, and signed by the physician. This includes discontinuing a daily medication.
- ◆ All unused medication will only be returned to the parent/guardian/parent's adult designee. If medication is not picked up within two weeks of the request being made, or the medication being discontinued **the medication will be discarded**. No medication will be stored over the summer; **medications left at the end of the school year will be discarded after dismissal on the last full day of instruction.**
- ◆ **No student should ever transport or possess medications on school property, aside from emergency medications permitted by state law & physician order (i.e. EpiPen, rescue inhaler, Glucagon, CF enzymes).**

I have read and understand the above information and I am aware that my child will not receive medications at school unless my designee or I bring it in. I understand that I will be notified to come to school to sign for any medication that is not brought in correctly.

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

\_\_\_\_\_  
Date

**PARENT/GUARDIAN PLEASE COMPLETE BOTH SIDES OF THIS FORM**

Nurse/Staff Notes Only: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_