

2018-2019 Breeze Through Check List

Welcome Parents and Students,

Please take the time to read through all of the following documents as you go through Breeze Through. The information you receive is very important to the success of your child as they attend White House Middle School. We look forward to a great year!

Signatures	Location	Station	Action	Extra Information
	Front Entrance	1	School Nutrition Info (Free and Reduced)	<i>Link was online if you need this information</i>
	*Optional		Yearbook pre-sale T-Shirt pre-sale Photo booth	<i>You can purchase or take information (there will be other opportunities for Yearbooks and School Pictures)</i>
	Front Hall Fast track only needs yellow form	2	Pick up packet and fill out all required documents	
	Cafeteria	3	Submit these forms: TABLES 1-3 <i>Student Data Sheets</i>	Utilize either TABLES 1-3
	Cafeteria	4	Submit this Form: <i>Health Forms (yellow form)</i> *THIS FORM WAS NOT ONLINE!	The school nurse will be at this table if you have student medical questions
	Cafeteria	5	Submit this Form: •S.C.B.E Acknowledgement 2015-16 Important Policies for Parents & Students	C. Permission to be in the Yearbook F. Medicine policy on page 38
	Cafeteria	6	Submit this Form: •Personal Device Agreement (phones)	
	Cafeteria	7	Submit these Forms: •WHMS Acknowledgement of Handbook •TN Migrant Education Survey •Student Residency Questionnaire *Military Form	
	Cafeteria Hall	8	7th Grade Immunization Forms	Only applies to 7th Grade students
	Cafeteria Hall	9	Show: Proof of Residency	Tables are organized by grade level Drivers License, electric bill, gas bill, phone bill, mortgage statement (cell phone bills can not be accepted)
	Computer Lab	10	Complete: •Sumner County Online Survey	Survey is online in the computer lab
	Main Hall	11	Receive: •Student Schedules	Tables are organized by grade level
	Main Hall In front of guidance	13	Receive: •Parent Portal •Bus Info	Online access to your student's grades All new access (last year doesn't work)
	Main Hall Outside door	14	Submit this form: •Breeze Through Check List	THANKS! <i>The 1st Day of school is Aug. 6th.</i>

2018-19 White House Middle School

Student Name _____ Last _____ First _____ Middle _____ Date _____ Grade _____

Birthdate _____ 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 _____

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 AM / PM / BOTH Does your child have a 504 Plan Yes No



**Sumner County Board of Education
Acknowledgement of 2018-2019
Important Policies for Parents and Students**

Student Last Name _____ First Name _____ M.I. _____ Date of Birth _____

Parent/Guardian Last Name _____ First Name _____

School Name _____ Homeroom/1st Period teacher _____ Student ID # _____ Student Grade _____

PLEASE MARK YES OR NO FOR ALL OPTIONS		YES	NO
A. I am aware that the Sumner County Schools Handbook is available online at sumnerschools.org/studenthandbook .			
B. I will read the policies included in the 2018-2019 Important Policies for Parents and Students Handbook . I will discuss these policies with my child and explain their meaning and associated consequences.			
C. I give permission for my child's name and/or picture to be released for use in the newspaper, on television, on the school's website, or in other published media in recognition for events such as honor roll, student of the month, athletics, or other school activities.			
D. My child has permission to participate in surveys that will be used in developing system policies and strategic plans, school health programs, curriculum and initiatives, and school improvement plans. Surveys will be available for review at www.sumnerschools.org .			
E. My child has permission to participate in the hearing, vision, height, weight, blood pressure, and dental screenings.			
F. I will read the Sumner County Guidelines for Dispensing Medications at School and discuss them with my child.			
G. I will read Policy JGCC Student Communicable Diseases and Conditions in the handbook.			
H. Pursuant to TCA § 49-1-201, do you have <u>home</u> Internet connectivity?			

FAMILY LIFE EDUCATION NOTICE
The Family Life portion of the State Health Education Standards covers the dynamic process of growth and development encompassing physical, mental, emotional, and social maturation. Courses taught in grades 6-12 that use the family life curriculum may include but are not limited to: Health, Teen Living, Wellness, Family and Consumer Science. Parents have the right to examine the grade level instructional material. **Parents should request in writing to the principal, school counselor, or instructor if they would like their student to be excluded from any portion of the family life curriculum.**
I acknowledge receipt of this notice. Parent/Guardian Initials: _____

COMPULSORY ATTENDANCE NOTICE
It is the parent or guardian's duty to monitor their student's attendance and require the student to attend school. A student is subject to a juvenile court referral for a total of 5 or more unexcused absences.
I acknowledge receipt of this notice. Parent/Guardian Initials: _____

MILITARY RECRUITER ACCESS TO STUDENT INFORMATION
Parents of students in 6-12 grade have a right to request their child's name, address, and telephone number not be released to a military recruiter without their prior written consent. 20 U.S.C 7908(A)(2)
I acknowledge receipt of this notice. Parent/Guardian Initials: _____

Sumner County Schools Student Internet Use Agreement
CONSENT OF PARENT / GUARDIAN
As the parent or legal guardian of the student named above, I have read the Student Use Technology Resources policy and agree that my student will be bound by these terms. I understand that the school district provides filtered Internet access, but this technology may not prevent access to all inappropriate content; therefore, I agree not to hold the Sumner County Board of Education responsible for access to inappropriate online materials. I also understand that student violation of this policy may result in confiscation of personal electronic devices, suspension of technology access privileges, or other disciplinary actions up to and including suspension, expulsion, and where appropriate the involvement of appropriate law enforcement.
Parent/Guardian Initials: _____

STUDENT ACCEPTANCE OF POLICY
As a student in the Sumner County School District, I have read and agree to comply with the Student Use of Technology Resources policy. I understand that violation of this policy may result in confiscation of personal electronic devices, suspension of technology access privileges, or other disciplinary actions up to and including suspension, expulsion, and where appropriate the involvement of appropriate law enforcement.
Student Initials: _____

Signature of Parent/Guardian _____
Date

Personal Device Agreement

County policy states that students may possess personal communication and/or electronic devices, such as, but not limited to, cell phones, tablets, portable music players, and smart wearables/watches, while on school property. However, the personal communication device must be powered off and must be kept in a backpack, purse or similar personal carry-all and may not be used during school hours.

The teacher/administrator may grant a student permission to use a personal communication and/or electronic device at his/her discretion for educational purposes within a classroom setting. A device used outside these parameters may result in confiscation of the device until such time as it may be released to the student's parent or guardian. A student in violation of this policy is subject to disciplinary action.

Use of personal communication and/or electronic devices shall be allowed in the classroom when such devices are used under the direct supervision of the teacher and incorporated into a lesson plan provided such use has been approved by the principal. No student shall be required to have such technology nor be penalized in any manner for not having such technology. The use of any such technology shall be governed by Policy IFAP, Student Use of Technology resources, when being used in conjunction with this provision.

Students may carry personal communication and/or electronic devices while participating in off-campus activities, such as field trips, if specifically authorized by the teacher. Principals may authorize the use of these devices in the event of an emergency or serious situation.

Use of cameras on personal communication and/or electronic devices, without the permission of a teacher and/or principal, is strictly prohibited on school property or at school functions, including restrooms and locker rooms. A student in violation of this policy is subject to disciplinary action and possible legal action, if warranted.

Penalties for failure to comply:

- 1st offense- Personal device will be collected and returned at the end of the day at the administrations discretion.*
- 2nd offense- Personal device will be turned into the office and returned to the parent after 24 hours at 3:15 the next day. Student will receive a detention.*
- 3rd offense- Personal device will be turned into the office and returned to a parent after 24 hours at 3:15 the next day. Student will receive ISI.*
- 4th offense+ Personal device will be turned into the office and returned to the parent after 24 hours at 3:15 the next day. Additional ISI or OSS will be given at the administrator's discretion.*

*This policy applies to all devices, regardless of whether or not the owner or another person is using the device.

*The school in no way guarantees the safety of any electronic device at school.

I acknowledge that I have received a copy of the personal device policy used by Sumner County Schools and White House Middle School.

Parent signature: _____

Student signature: _____

WHMS HANDBOOK ACKNOWLEDGEMENT FORM

As the parent or legal guardian of the student named below, I have been given a White House Middle School Handbook and I will have an opportunity to review the policies and procedures wherein prior to the start of the 2017-18 school year with our child/student. Failure to sign this form does not exclude said student from W.H.M.S. school policies. This form serves only as an acknowledgment form that you have received the W.H.M.S. Handbook.

Student Name: _____

Parent/ Legal Guardian

Signature: _____

Date: _____



Tennessee Migrant Education Program – Occupational Survey

Your child may qualify to receive **free** educational services. Please answer the following questions to help us determine their eligibility. Once completed, return this form to the school.

STUDENT FIRST NAME:	STUDENT LAST NAME:	DATE:
SCHOOL:		GRADE:
PARENT/GUARDIAN NAME:		

1) In the past three years, have your children moved to another city, state, and/or country?

Yes No

2) Do you or anyone in your immediate family currently work or have worked (in the past three years) in any of the following occupations?

Yes No

a. If yes, please circle all that apply:



Processing & Packing
(fruit, vegetables, chicken, eggs, pork, beef, etc.)



Agriculture/Field Work
(planting, picking, and sorting crops; soil preparation; irrigation; fumigation; etc.)



Dairy/Cattle Raising
(feeding, milking, rounding up, etc.)



Nursery/Greenhouse
(planting, potting, pruning, watering, etc.)



Forestry
(soil preparation, planting, growing, cutting trees, etc.)



Fishing/Fish Processing
(catching, sorting, packing, transporting fish, etc.)

If you answered "yes" to the questions above, please continue. Otherwise, your form is complete.

3) How long have you been in this county in Tennessee?

WEEKS:	MONTHS:	YEARS:
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HOME ADDRESS:		
CITY:	STATE:	ZIP:
TELEPHONE (WITH AREA CODE):		

For school use only: If questions 1 and 2 are "yes," please send the survey to your district migrant liaison. If you have questions, call (931) 212-9539 to speak with the Tennessee Migrant Education Program.

School District:	Student State ID:	Enrollment Date:
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Student Name _____

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.

PARENT/LEGAL GUARDIAN MILITARY SERVICE INFORMATION

Information required by the Every Student Succeeds Act (ESSA) and the US Dept. of Education

Student Name _____

School: _____ Grade: _____

Father's Name: _____

Are you currently an active member of any branch of our Military?

Circle One: YES NO

If YES, do you serve

Circle One: FULL TIME PART TIME

If YES, in which branch are you currently serving? Please check one:

<input type="checkbox"/>	Army
<input type="checkbox"/>	Navy
<input type="checkbox"/>	Air Force
<input type="checkbox"/>	Marine Corp
<input type="checkbox"/>	Coast Guard
<input type="checkbox"/>	National Guard
<input type="checkbox"/>	Active Guard Reserve (full-time Reserve Duty)

Mother's Name: _____

Are you currently an active member of any branch of our Military?

Circle One: YES NO

If YES, do you serve

Circle One: FULL TIME PART TIME

If YES, in which branch are you currently serving? Please check one:

<input type="checkbox"/>	Army
<input type="checkbox"/>	Navy
<input type="checkbox"/>	Air Force
<input type="checkbox"/>	Marine Corp
<input type="checkbox"/>	Coast Guard
<input type="checkbox"/>	National Guard
<input type="checkbox"/>	Active Guard Reserve (full-time Reserve Duty)

Parent Signature _____ Date: _____



We also ask that you, at your earliest convenience, navigate to this website and complete the survey. This information is used to make our school the best school in Sumner County. Once completed you can print the last page as proof of completion and to bypass this portion of Breeze Through.

<https://tinyurl.com/whmssurvey2018>

or



Thanks for your time,

WHMS Administration and Staff



Sumner County Board of Education

Del R. Phillips III, Ph.D.

Director of Schools

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Phone: (615) 451-5200 Fax: (615) 451-5216

Parents,

Sumner County Schools is pleased to announce that our "Here Comes the Bus" app is now available to parents.

"Here Comes the Bus" is accessible from most smart phones, tablets, or computers and will allow you to view the real-time location of your child's bus. You can also receive push notifications and/or email alerts when the bus is nearing your home so that you can send your child to the bus stop at just the right time. **Please note that parents of students who are not current bus riders will not be able to access "Here Comes the Bus". If you would like your student to begin riding the bus, please contact your school.**

How to get started:

1. Download the "Here Comes the Bus" app* or visit herecomesthebus.com.
2. Click the sign up button.
3. Enter school code **87269** and click "Next" followed by "Confirm."
4. Complete the "User Profile" box.
5. Under "My Students," click "Add." Enter your child's last name and student ID number:
6. Once you confirm your information, you are ready to begin using "Here Comes the Bus!"

*Available at the App Store and Google Play

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