



**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) **Parents should request in writing to the principal if they would like their student's information to be excluded.**

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