

Jack Anderson Elementary

Student Name _____ Date _____ Grade _____
Last First Middle Nickname
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 _____ Check all that apply
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 _____

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 / BOTH
[] _____ Daycare AM / PM / BOTH
Does your child have an IEP? _____ Yes _____ No
Does your child have a 504 Plan? _____ Yes _____ No

Teacher: _____

DECLARATION OF DISMISSAL

Jack Anderson Elementary School 2017-2018

I declare that my child, _____, is to go home on a daily basis the following way.

- **Car Rider**

I understand and will comply with parent car rider expectations to ensure student safety. I will post the approved sign daily that displays my child's name and grade level. I will request extra signs if I send relatives to pick up my child.

- **Bus Rider, Afternoon Bus # _____**

I have reviewed bus rules with my child in the student handbook.

- **Jags Tree House**

I have completed all registration requirements, paid my deposit, and Jags Tree House is expecting my child.

- **Day Care Van, _____**

- **Walker, Address _____**

I understand that it is my child's responsibility to walk directly home. Once a child leaves JAE's campus, the school is no longer held reliable for their safety. It has come to JAE's attention that some parents are illegally parking on side roads and asking their children to meet the off campus so parents can avoid the carline. This is extremely dangerous and is not permitted. Should a parent run late and not meet their child, the child is left without adult supervision. This practice is in no way sanctioned by Sumner County Schools. Please only declare that you are a walker, if your child walks home. There are no exceptions to this rule.

Parent Signature: _____ Date _____

2017-2018 Jack Anderson Elementary

Snow Contact Information Update



Dear Parents,

If we are dismissed early from school due to a weather closure, we need to have up-to-date contact information on file. Please return this form to your child's teacher. Thank you!

Student's Name _____ Teacher _____

In the event of a mid-day school closure, please send my child home the following way:

____ Bus # _____

____ Walker

____ Daycare

____ Car rider with _____

JAGS TREE HOUSE WILL NOT BE OPEN ON SNOW DAYS!!

If buses are unable to run, please list 5 current phone numbers of your preferred contacts, so we can make every effort to contact someone to pick up your child. The contacts listed below will be allowed to pick up your child should you not be able to come to the school.

Name: _____ Number _____

Name: _____ Number _____

Name: _____ Number _____

Name: _____ Number _____

Name: _____ Number _____

Special Information: _____

Parent Signature: _____ Date: _____

Jack Anderson Elementary
2017-2018
Parent Questionnaire

Student _____ **Teacher** _____

Please return this questionnaire to your child's classroom teacher. Thank You!

1. What is your greatest hope for your child this school year?

2. What are the best ways to motivate your child? What are the types of rewards that your child likes the best?

3. What types of books does your child like to read? We have a goal to grow our non-fiction classroom library this year. If you would like to donate any new or used books to our classroom, we would greatly appreciate it.

4. What are your child's interests outside of school?

5. How will you determine if this is a successful school year?

6. Please share any other information that you would like for me to know about your child.

Student Name: _____

Teacher: _____

Student ID (Administrative Use): _____

Jack Anderson Elementary Library

Mission: To inspire a passion for knowledge and a love of reading, to teach students to become skilled users of information tools, to develop life-long learners, and to integrate technology into the school curriculum through collaboration.

Library and Book Care Agreement

School Year: 2017-18

Students AND Parents/Guardians: Please read each rule and sign below.

1. Never make any mark or color in a book. Keep your book away from brothers and sisters who could mark up your book.
2. Always use a bookmark. Do not turn down the corner of the page or use a paperclip, pencil, etc. to mark your place.
3. Protect your book from moisture, food, pets, and dirt. Be careful of water bottles, juice boxes, food, and markers in your backpack.
You will be asked to pay for any damaged books.

TO AVOID BACKPACK DRINK/MOISTURE/FOOD DAMAGE, PLEASE PLACE YOUR CHILD'S LIBRARY BOOK IN A GALLON SIZE ZIPLOCK BAG EACH WEEK

4. Report any damage that you find in your book.
5. Students may **visit the library one (1) time per day** (one book per day) for checkout. If it is your library class day, please do not come before or after your class time. Your class time is your one visit for that day.
6. When you check out your book you may keep it for **one** week. If you'd like to keep it again you can **renew** it for a second week.
7. Always check your book out at the circulation desk. Always turn your book in at the circulation desk in the "Book Return" area. Please do not put a book back on the shelves by yourself.
8. If your book becomes **4 weeks overdue**, it is considered lost and **must be paid for** at that time. **If you find your book later we will happily refund your money.**
9. If a lost or damaged book needs to be replaced, please **DO NOT purchase one from a store (i.e. Amazon, etc.)**. There are more expenses included in the cost of replacing a book than just the cost of the book, and the books must "library bound."
10. Bring your book to school every day. If your book is at school you will be able to read it during silent reading time, you will have it for library class, and you will be able to return it and get a new one if you have finished reading it.

My child, _____, and I have reviewed this document together and we agree to support the JAE Library by observing these guidelines.

Student Signature

(1st – 5th Grade Students Sign)

Parent/Guardian Signature



**Migrant Education Program
Occupational Survey**

STATE OF TENNESSEE
DEPARTMENT OF EDUCATION
6th FLOOR, ANDREW JOHNSON TOWER
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243-0375

BILL HASLAM
GOVERNOR

CANDICE MCQUEEN
COMMISSIONER

Student Information: _____
Last Name First Name Gender Race

District _____ **School:** _____ **Grade** _____ **Year** _____

Migrant students may be eligible for additional services and assistance. Please answer the following questions and return the survey to the school so that we can determine if your child qualifies for migrant services.

1. Did you or someone in your family come to Tennessee looking for temporary or seasonal work in agriculture, fishing, dairy, or in any plant processing foods (examples: working with tobacco, tomatoes, cotton, strawberries, nurseries, trees, pork, chickens, vegetables, etc)?

YES _____ NO _____

If yes, please mark which member of the family does or did this kind of work:

Mother _____ Father _____ Children _____ Other _____

2. Do you or someone in your family currently work in agriculture fishing, dairy, or in any plant processing foods (examples: working with tobacco tomatoes, cotton, strawberries, nurseries, trees, pork, chicken, vegetables, etc).

YES _____ NO _____

If yes, please mark which member of the family does this kind of work:

Mother _____ Father _____ Children _____ Other _____

3. If your current job is not temporary work in agriculture or fishing, did you or someone in your family work in a temporary or seasonal agriculture of fishing in the last 3 years?

YES _____ NO _____

If yes, where? _____
City State Country

If you answered "yes" to any of the questions above, please answer questions 4, 5 and 6.

4. How long have you been in this county? _____
months years

5. What is your current address? _____

6. What is your current telephone number? _____

NOTE TO THE LEA: PLEASE RETURN ONLY SURVEYS WITH ONE OR MORE "YES" RESPONSES TO JESSICA CASTANEDA 4660 HILLS CREEK ROAD, MCMINNVILLE TN 37110 CALL 931-668-4139 IF YOU HAVE QUESTIONS.

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.