

Please read the notices, complete the signature form and return

Attendance Notice:

The *Mandatory Education Law*, O.C.G.A. 20-2-690.1, requires that every parent/ guardian and every child who is 10 years or older by September 1 shall sign a statement indicating they are informed of the possible consequences and penalties associated with violations of the *Mandatory Education Law*.

Possible Consequences and Penalties for Parents:

A parent/guardian who violates the *Mandatory Education Law* shall be guilty of a misdemeanor and upon conviction thereof, shall be subject per violation to a fine not less than \$25 and not greater than \$100, imprisonment not to exceed 30 days, community service, or any combination of such penalties at the discretion of the court having jurisdiction. Each day's unexcused absence beyond five unexcused absences constitutes one violation. A parent/guardian may be subject to Educational Neglect charges filed in Juvenile Court.

Penalties for Students:

The *Teenage and Adult Driver Responsibility Act* requires that a Certificate of Enrollment form for a driver's license shall not be issued to a student who is 15 – 17 years old if the student is not currently enrolled in or is under expulsion from a public or private school. Students who are currently Non-Compliant will not be issued a certificate of Enrollment until the one year Non-Compliance date has expired. Charges may also be filed in Juvenile Court or State Court on students who do not comply with the *Mandatory Education Law*.

Code of Conduct Notice:

The General Assembly of Georgia (O.C.G.A. §20-2-1126) requires that a parent/guardian of each student acknowledge in writing that he or she has received a copy of the school system's Code of Conduct (COC); and Forsyth County Schools (FCS) also requires students in grades 3-12 to acknowledge receipt of the system's COC in writing. The General Assembly of Georgia (O.C.G.A. §20-2-705) also requires that this COC include information regarding the school's clubs and organizations, excluding competitive interscholastic activities or events; and to provide an area for a parent or guardian to decline permission for his/her student to participate in a club or organization.

Medical Notice:

Special health care or chronic conditions will be shared with appropriate personnel to provide the best possible care for children. In the event of a life-threatening situation or critical injury, I understand the school will take appropriate emergency medical action. Additionally, I understand the school will make every effort to notify me immediately and that I am financially responsible for medical care and transportation. FCS partners with District 2 Public Health to provide a program for emergency response to life threatening asthma or acute systemic allergic reaction (anaphylaxis). School staff members are trained to assess the clinical signs, call 911 and administer the ordered medications: Benadryl (for mild reactions), epinephrine injection, or a nebulized bronchodilator. Students with severe reaction must be transported to the nearest emergency facility for evaluation and treatment.

Parent Signatures

Student Name: _____ **Student ID:** _____ **Grade:** _____

Home Address: _____ **Best Phone Number:** _____

School Name: _____ **Homeroom/Advisement Teacher:** _____

Yes No **Field Trip Permission/Release:**
I give permission for my child to participate in field trips during school hours when accompanied by Instructional Staff.

Yes No **Publicity and Yearbook/Release:**
I give permission for my child to be photographed, interviewed or videotaped for the school or school system. Information may appear in external or school system print and electronic publications, including yearbooks, television and the internet.

Yes No **Marketing:**
I give permission for my student's name, grade, mailing and email addresses to be provided to vendors for purposes of school photography, yearbook and graduation-related services.

Yes No **Survey Release:**
I give permission for my child to participate in local and state surveys used to evaluate educational programs and activities.

Yes No **Public Library Card/Account:**
I give permission for my child to have a card/account set up with the Forsyth County Public Library. This account provides my student access to all resources and content provided by the Forsyth County Public Library and complies with the Forsyth County Public Library privacy policy and service agreement located on their website at <https://www.forsythpl.org/aboutFCPL/privacyPractices.aspx>

Yes No **Student/Parent Handbook Acknowledgement:**
I acknowledge that the Student/Parent Handbook is located in the Student Agenda, where applicable, and/or online for all grade levels. A printed copy is available upon request and is also posted on school websites. I acknowledge and consent to the FCS's FERPA Directory Information Notice included in this handbook.

Yes No **Address Verification:**
I acknowledge that the information listed at the top of this form contains the correct home address and phone number.

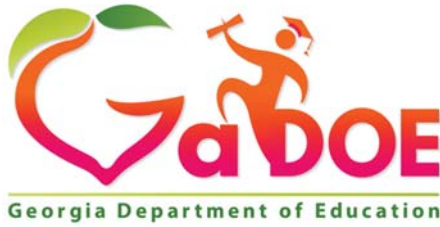
Signing below indicates that I:

- have read the **Attendance Notice** and am now informed of the possible consequences and penalties associated with violations;
- can review the **Code of Conduct** on the website at <https://www.forsyth.k12.ga.us/Page/28509> and received a listing and description of each of the **school's clubs and organizations** and had an opportunity to deny permission for my child to participate in one or more of the school's clubs and organizations; A printed copy of the Code of Conduct or the list of school clubs/organizations is available upon request to the base school;
- have read the **Medical Notice**;
- have read the **Field Trip Permission/Release, Publicity and Yearbook Release, Marketing, Surveys Release, Public Library Card/Account, and Student/Parent Handbook Acknowledgment**, and I agree and/or give permission by checking one box per statement;
- am the consenting parent/guardian for the student listed at the top of this for and per the Electronic Signature Act, acknowledge that my electronic signature constitutes my legal signature just as if it were my written or faxed signature.

Parent/Guardian Signature: _____ **Date:** _____

**I must immediately notify FCS if I or if the child listed above changes residence. A student enrolled in FCS under falsified information is illegally enrolled and will be immediately withdrawn from school. Falsified information may result in a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both.*

The student above MAY NOT participate in the clubs/organizations listed below:



Richard Woods, Georgia's School Superintendent
"Educating Georgia's Future"

School District: Forsyth County Schools

Date: _____

Parent Occupational Survey

Please complete this form to determine if your child qualifies to receive supplemental services under Title I, Part C

Name of Student and Student ID

Name of School

Grade

1. Has anyone in your household moved in order to work in another city, county, or state, in the last three (3) years? yes/no
2. Has anyone in your household been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years? yes/no

If you answer "yes", check all that applies:

- 1) Planting/picking vegetables (such as tomatoes, squash, onions) or fruits (such as grapes, strawberries, blueberries)
- 2) Planting, growing, cutting, processing trees (pulpwood), or raking pine straw
- 3) Processing/packing agricultural products
- 4) Dairy/Poultry/Livestock
- 5) Meatpacking/Meat processing/Seafood
- 6) Fishing or fish farms
- 7) Other (Please specify occupation): _____

Names of Parent(s) or Legal Guardian(s) _____

Current Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

I am the legal consenting parent/guardian for the student listed on this form. Per the Electronic Signature Act, I acknowledge that my electronic signature constitutes my legal signature just as if it were my written or faxed signature.

Parent Signature: _____

Date: _____

Thank You!
Please return this form to the school

Please maintain original copy in your files.

MEP funded school/district: Please give this form to the migrant liaison or migrant contact for your school/district.

Non-MEP funded (consortium) school/districts: When at least one "yes" and one or more of the boxes from 1 to 7 is/are checked, districts should fax occupational surveys to the Regional Migrant Education Program Office serving your district. For additional questions regarding this form, please call the MEP office serving your district.

GaDOE Region 1 MEP, P.O. Box 780, 201 West Lee Street, Brooklet, GA
30415 Toll Free (800) 621-5217 Fax (912) 842-5440

GaDOE Region 2 MEP, 221 N. Robinson Street, Lenox, GA 31637
Toll Free (866) 505-3182 Fax (229) 546-3251

Regional Office use only:



ONLINE LEARNING CONSENT FORM

Parents/Guardians,

During this time of COVID 19, parents/guardians have been given the option to have their student participate in online instruction. Additionally, due to the changing nature of the pandemic, there is the potential for future Forsyth County Schools (FCS) and/or statewide virtual learning days.

When your student is participating in online learning, our staff members would like to continue meeting with their classes using a live group feed online platform. This platform would allow students to participate in group lessons as well as to turn off their cameras and microphones when they choose to do so for privacy. FCS staff will continue to support and provide educational access to all students. FCS staff have been advised to not disclose any student's specific program or disability information, and all live group sessions will be general in nature and focused around educational instruction. If you are willing for your student to participate in virtual live group sessions, please complete the information below.

Disclosure of Information Protected by the Family Educational Rights and Privacy Act by Forsyth County Schools

Pursuant of the Family Educational Rights and Privacy Act (FERPA), the written consent of a parent or eligible student (18 years old or older) is required before personally identifiable information contained therein, may be disclosed. By submitting this form with my electronic signature, I am consenting for my student to participate in virtual group instruction through live online work sessions. I further agree, per the Electronic Signature Act, that I am the person signing my name below consenting for a student of whom I have the legal right to do so, and I understand that this electronic signature constitutes the same as a written or faxed signature.

I, _____ hereby agree to allow Forsyth County Schools to use an online platform for live group sessions with my child, _____.

You may withdraw your consent to use this platform at any time. A request to withdraw your consent should be submitted in writing to the school principal.

Signature of Parent, Guardian, or Eligible Student (18 years or older)

Date