

# PERMISSIONS NOTICE

## Please read the notices and complete the signature form.

### **Attendance Notice:**

The *Compulsory 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 *Compulsory Education Law*.

### **Possible Consequences and Penalties for Parents:**

A parent/guardian who violates the *Compulsory 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 *Compulsory 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 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. The General Assembly of Georgia (O.C.G.A. §20-2-705) also requires that the 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.

### **On-line Learning Notice:**

Parents/guardians have been given the option to have their student participate in on-line instruction. Disclosure of student information in person or on-line is protected by 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. 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 on-line learning, our staff members would like to continue meeting with their classes using a live group feed on-line 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. The on-line learning consent listed on the next page will let the school system know if your student is able to participate in live on-line learning sessions.

# Parent Permissions

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

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.

**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. Regardless of a yes or no response, student pictures for the FCS information system will be taken and stored in the FCS information system for safety purposes.

**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.

**Survey Release:**

I give permission for my child to participate in local and state surveys used to evaluate educational programs and activities.

**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/privacy>.

**Student/Parent Handbook Acknowledgment:**

I acknowledge that the Student/Parent Handbook is located in the Student Agenda, where applicable, and/or on-line 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.

**Address Verification:**

I acknowledge that the information listed at the top of this form contains the correct home address.

**Phone Number Verification:**

I acknowledge that the information listed at the top of this form contains the correct phone number.

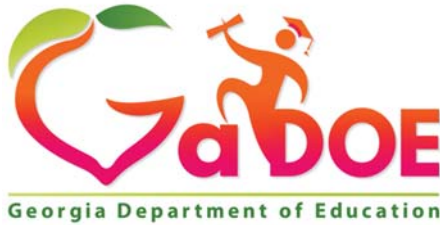
  

**On-line Learning Consent:**

I give my permission for my child to use an on-line platform for live group sessions during virtual learning sessions. I understand that I may withdraw my consent by contacting the school principal.

**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 or 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 or no

**If you answer "yes", check next to all the numbers that apply:**

- 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: \_\_\_\_\_

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

# Signature Page

## 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 **Online Learning 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;
- acknowledge that my **home address verification** is accurately identified;
- acknowledge that my **phone number verification** is accurately identified;
- 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.

*\*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.*

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**Print Parent Name**

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**Parent Signature**

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**Date**

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**Student Signature**

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**Date**