

## Acknowledgment Forms Section – Requiring Signatures

### FPMS & FPHS Digital Device Release Form

\*Only Fort Payne Middle School and Fort Payne High School students and parents need to complete, sign and return this form.

**Please check off to confirm that you received each of the following on your digital device.**

\_\_\_\_\_ 1 Digital Device ..... Barcode #: \_\_\_\_\_  
\_\_\_\_\_ 1 AC Power Adapter  
\_\_\_\_\_ 1 Protection Cover

**All items must be returned on the date of separation from Fort Payne City Schools due to withdrawal, expulsion, or graduation.** I understand that I will be charged for any missing equipment or cables.

#### Student

- I have read the Fort Payne City Schools Digital Device Acceptable Use Agreement.
- I agree to comply with the Fort Payne City Schools Digital Device Acceptable Use Agreement and the Yearly Usage Fee described within.
- I understand that I may lose my digital device privileges as a result of my inappropriate behavior, and may be financially responsible for intentional damage or avoidable loss of the Fort Payne City Schools' digital device.

**Student - Print your name here:** \_\_\_\_\_

**Student - Sign and date here:** \_\_\_\_\_, **date:** \_\_\_\_\_

#### Parent

- I have read the Fort Payne City Schools Digital Device Acceptable Use Agreement.
- I understand the procedures and requirements to which my student must comply as shown in the Fort Payne City Schools Acceptable Agreement.
- I agree to comply with the Fort Payne City Schools Digital Device Acceptable Use Agreement and the Yearly Usage Fee described within.
- I accept responsibility for any damage or neglect that may result from my student using a Fort Payne City Schools' digital device, which may result in monetary charges.
- I understand that my student may lose his/her digital device privileges and/or incur financial fees as a result of inappropriate behavior, damage, neglect or loss of the Fort Payne City Schools' digital device.

**Parent/Guardian – Print your name here:** \_\_\_\_\_

**Parent/Guardian – Sign and date here:** \_\_\_\_\_, **date:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Fort Payne City School Student Code of Conduct and Student Handbook  
Acknowledgement Form**

Homeroom Teacher \_\_\_\_\_

I, \_\_\_\_\_, enrolled in Fort Payne City Schools  
(name of student) and my parent(s)/guardian(s) hereby acknowledge by our signatures  
that we have received and read or had read to us, the foregoing Code of Conduct and Student Handbook.

Signed \_\_\_\_\_  
Student

Signed \_\_\_\_\_  
Parent/Guardian

Signed \_\_\_\_\_  
Parent/Guardian

Date \_\_\_\_\_

Note: The student is to sign the above statement. If the student lives with both parents, both parents are to sign the statement. If the student lives with only one parent or guardian, only one is required to sign with the student.

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I give permission for my child to be photographed, videotaped, or named in newspaper articles, journals, video presentations, etc., which involve school related events and/or activities.

\_\_\_\_\_ Yes \_\_\_\_\_ No

Signed \_\_\_\_\_  
Parent/Guardian

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I agree to adhere to the rules regarding the cell phone and electronic device policy.

\_\_\_\_\_ Yes \_\_\_\_\_ No

Signed \_\_\_\_\_  
Student

Date \_\_\_\_\_

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## Student Acceptable Use Policy for Internet/Network Services

I have read the Student Acceptable Use Policy for Internet/Network Services and agree to abide by the provisions contained within the document. I understand that I can be disciplined if I violate the Student Acceptable Use Policy for Internet/Network Services. Such discipline may consist of the revocation of Internet/network access up to and including suspension, expulsion and/or legal action based on the seriousness of the violation.

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

School \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Internet/Email Usage \_\_\_\_\_ Yes \_\_\_\_\_ No

***\*By choosing No your child will be excluded from Internet/Email resources even if these activities are an integral part of the educational activities being pursued at the school.***

**\*\*Please detach this page after signing and have the student return it to the homeroom teacher**

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## COPPA and Online Resources Agreement

The Children's Online Privacy Protection Act (COPPA) requires websites to gain parent permission for users under the age of 13 and/or 18 before creating individual online accounts. Many educational sites used by Fort Payne City Schools require student accounts and, thus, parental permission. To view the "FPCS Approved Online Tools and Resources" list, go to the **Parent Information Section** on the District website.

I give permission for the school system to upload the basic directory information of my child in order to create an account on these educational websites.

\_\_\_\_\_ Yes \_\_\_\_\_ No

Student's Name (print) \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

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## Video Conferencing Call Permissions

I give permission for my child to participate in group (class/school) video conference calls while in class/school during the 2019-2020 school year. I understand that this is for instructional purposes only, and that my child's teacher or school administrator will be leading the session. Students will be visible to other participants in the video call. Students will be able to ask/answer questions during the video call.

\_\_\_\_\_ Yes \_\_\_\_\_ No

Student's Name (print) \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Student Information Form**  
(Complete and return to your child's school)

Social Security Number (voluntary):	Teacher:
Last Name:	Date of Birth: <span style="float: right;">Place of Birth:</span>
First Name:	Sex: <span style="float: right;">Male    Female</span>
Middle Name:	Race: American Indian/Alaska Native    Asian Black    Native Hawaiian/Pacific Islander    White
Name child goes by:	Bus Number:
Mailing Address:	Child will ride bus to this address:
City <span style="float: right;">State    Zip</span>	
Physical 911 Address:	Car Rider? <span style="float: right;">Yes    No</span>
City <span style="float: right;">State    Zip</span>	Go to Extended Day? <span style="float: right;">Yes    No</span>
Home Phone Number:	Name & age of siblings:
Name of person(s) child lives with: Relation to child:	
<b>Parent/Legal Guardian I</b>	<b>Parent/Legal Guardian II</b>
Name	Name
Address: (if different than above)	Address: (if different than above)
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
E-mail:	E-mail:
Relation to child:	Relation to child:
Employer: <span style="float: right;">Shift:</span>	Employer: <span style="float: right;">Shift:</span>
Employer Phone Number:	Employer Phone Number:
<b>Emergency Contacts</b> (if parent cannot be located)	
Name <span style="float: right;">Phone #:</span>	Allowed to pick up child? <span style="float: right;">Yes    No</span>
Relation to child: (circle one) Grandparent    Relative(aunt/uncle/cousin)    Step-Parent Other	
Name <span style="float: right;">Phone #:</span>	Allowed to pick up child? <span style="float: right;">Yes    No</span>
Relation to child: (circle one) Grandparent    Relative(aunt/uncle/cousin)    Step-Parent Other	
Name <span style="float: right;">Phone #:</span>	Allowed to pick up child? <span style="float: right;">Yes    No</span>
Relation to child: (circle one) Grandparent    Relative(aunt/uncle/cousin)    Step-Parent Other	
Name <span style="float: right;">Phone #:</span>	Allowed to pick up child? <span style="float: right;">Yes    No</span>
Relation to child: (circle one) Grandparent    Relative(aunt/uncle/cousin)    Step-Parent Other	
Medical Conditions:	Does your child take a daily prescribed medication? If yes, name of medicine:
<b>Allergies:</b>	

**School Responsibilities:**

Fort Payne Middle School will:

- 1. Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the state's student academic achievement standards as follows:**
  - Follow the Alabama Course of Study accordingly with all content standards.
  - Daily Math and Reading Intervention
  - Provide additional support in the classroom through Title 1 Instructional Coach
  - One-on-one technology initiative
- 2. Hold parent-teacher conferences during which this compact will be discussed as it relates to the individual child's achievement:**
  - Parent Orientation
  - Parent Involvement/Title 1 Program Meeting
  - Fall and Spring Parent/Teacher Conference/ Involvement Days
  - Conferences scheduled throughout the year as requested by parent and/or teacher.
- 3. Provide parents with frequent reports on their child's progress:**
  - Learning Management Systems (LMS): Class Dojo, Remind, and Edmodo communication systems for student/parent/teacher
  - Information NOW Software (INOW) includes current grades, discipline, and attendance.
  - Blackboard Mobile Communication APP to access all pertinent information regarding your child such as grades, notifications, lunch information, and transportation
- 4. Provide parents reasonable access to staff:**
  - Fort Payne Middle School Website/ Email exchange
  - Phone calls
  - School conferences that are scheduled by appointment
  - Parental Engagement/Title 1 Meetings
  - Communicate with staff through LMS
- 5. Provide parents opportunities to volunteer and participate in their child's class and to observe classroom activities as follows:**
  - Volunteer to assist with special events and activities such as: PTO, Bookfair, Field Day, and special school events, and assisting teacher in preparing general class activities
- 6. Ensure regular two-way, meaningful communication between family members and school staff and, to the extent practicable, in a language that family members can understand.**
  - Interpret communication in native languages and provide translators at each school

**Parent Responsibilities:**

We, as parents, will support our child's learning in the following ways:

- Ensure good attendance including minimal to zero tardies and check-outs
- Work with the school to encourage good behavior
- Make sure that homework is completed
- Monitoring the amount of time my child spends on television, social media, and video games
- Participate and attend parent meetings, parent-teacher conferences, and school sponsored events
- Check LMS site to monitor my child's progress, stay informed, and communicate with staff
- Promptly read all notices and communications from the school or school district
- Serve to the extent possible as a parent leader, School Advisory Council member, Federal Programs Advisory committee member, and any other school advisory or policy group

**Student Responsibilities:**

I, as a student, will share the responsibility to improve my academic achievement and achieve the state's high standards. Specifically, I will:

- Read twenty to thirty minutes daily outside of school
- Behave in a manner that exhibits good citizenship and character
- Take responsibility for completing all classroom and homework assignments
- Give my parents all notices and communications from school each day

**SCHOOL-PARENT  
COMPACT (English)**  
*Fort Payne Middle  
School, and the parents  
of the students  
participating in  
activities, services, and  
programs funded by  
Title I, Part A of the  
Every Student  
Succeeds Act of 2015  
(ESSA), agree that this  
compact outlines how  
the parents, the entire  
school staff, and the  
students will share the  
responsibility for  
improved student  
academic achievement  
and the means by  
which the school and  
parents will build and  
develop a partnership  
that will help children  
achieve the state's high  
standards.*

Principal Signature & Date

Parent Signature & Date

Student Signature & Date