

Acknowledgment Forms Section – Requiring Signatures

Annual Notification Regarding School Provided or Sponsored Mental Health Services

Mental Health Services

The school system provides or sponsors the following mental health services.

1. **Large group guidance** - includes school counselor or professional visiting the classroom to discuss topics such as bullying, class scheduling, stress management, test anxiety or guest speakers to discuss good choices, substance abuse prevention, etc.
2. **Small group guidance** - includes small group of students with school counselor or professional to discuss topics such as test anxiety, grief, healthy coping skills, etc.
3. **Mentoring** - Peer Helpers work with students in school on topics such as friendships, healthy relationships, anger management, and anxiety.
4. **Assessments or Surveys** - includes questionnaires provided to students related to social behaviors, feelings, etc.
5. **Crisis intervention** - short-term, immediate assistance by school counselor or professional for a specific situation.
6. **School-Based Mental Health** - On-going counseling services by school professionals or private practitioners in the school setting. **Note:** Parent or legal guardian's permission will be obtained during an intake meeting before services are provided.

Review of Materials

You may request to review any materials used in the guidance and counseling programs available to students by contacting the student's principal.

Information Regarding How to Allow, Limit, or Prevent Your Child's Participation in Mental Health Services

Under Alabama law, no student under the age of fourteen may participate in ongoing school counseling services including, but not limited to, mental health services, unless (1) the student's parent or legal guardian has submitted a written opt-in granting permission for the student to participate or (2) there is an imminent threat to the health of the student or others.

Therefore, if your child is under fourteen, they will only be allowed to participate in mental health services if you opt-in. **If you would like the school system to be able to offer and/or provide mental health services to your child, you must opt-in for each service listed for them to participate in that service.**

Even if you do not opt-in to mental health services, your child may be provided mental health services if there is an imminent threat to their health or others. School employees may determine in their discretion whether such an imminent threat exists and provide any mental health services they deem necessary under the circumstances.

Parent of students with disabilities: Please note that the opt-in process is not applicable to any school counseling services or "mental health services" contained in a student's IEP or §504 plan. Consent for those services will be obtained and information regarding your child's mental health services will be provided through the usual special education process.

OPT-IN FOR MENTAL HEALTH SERVICES

As of the date of my signature below, my child, _____, is under the age of 14 years old:

- Yes
- No

If No, stop here.

If Yes, continue below.

I hereby give my permission for my child to participate in the following mental health services:

[Check the box for each mental health service you want to be available to your child]

- Check this one box to include all services listed below** or check individual services.
- Large group guidance** - includes school counselor or professional visiting the classroom to discuss topics such as bullying, class scheduling, stress management, test anxiety or guest speakers to discuss good choices, substance abuse prevention, etc.
- Small group guidance** - includes small group of students with school counselor or professional to discuss topics such as test anxiety, grief, healthy coping skills, etc.
- Mentoring** - Peer Helpers work with students in school on topics such as friendships, healthy relationships, anger management, and anxiety.
- Assessments/Surveys** – includes questionnaires provided to students related to social behaviors, feelings, etc.
- Crisis intervention** - short-term, immediate assistance by school counselor or professional for a specific situation.
- School-Based Mental Health** - On-going counseling services by school professionals or private practitioners in the school setting. **Note:** Parent or legal guardian's permission will be obtained during an intake meeting before services are provided.

You may rescind permission for a student to participate in mental health services at any time by providing written notice to school administration

Parent/Guardian Name (Printed)

Parent/Guardian Name (Signature)

Date: _____

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.

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

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

_____ Yes _____ No

Signed _____
Student

Date _____

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 have the student return it to the homeroom teacher**

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 _____

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 2022-2023 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 _____

School Responsibilities:

Fort Payne High 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
 - School-Wide Advisory Program
 - 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/ Open House
 - Parent Involvement/Title 1 Program Meeting
 - Fall and Spring Parent/Teacher Conference Days
 - Conferences are 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): Schoology communication systems for student/parent/teacher
 - PowerSchool includes current grades, midterm grades, comprehensive progress and nine weeks information
4. **Provide parents reasonable access to staff.**
 - Fort Payne High School Website/ Email exchange
 - Phone calls- Interpreters available
 - School conferences that are scheduled by appointment
 - Parental Engagement/Title 1 Meetings
 - Communicate with staff through Remind
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: PTA, chaperoning field trips and special school/classroom events
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:

- Monitor and encourage daily attendance with minimal to zero tardies and check-outs
- Provide positive reinforcement for academic achievement
- Ensure that homework is complete
- Monitor the amount of time my child spends involved in television viewing, social media usage, cell phone usage, computer usage and electronic 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
- Attend school regularly and promptly
- Check email daily

SCHOOL-PARENT COMPACT

Fort Payne High 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

