

Fort Payne Middle School

4910 Martin Avenue, North
Fort Payne, AL 35967
(256) 845-7501

Principal – Shane Byrd
Assistant Principal – Jordan Giles
Assistant Principal – Jackie Jennings

Dear Parents,

In preparation for a new school year, we are providing you this packet of documents to complete prior to Open House. Please return completed forms to your child's homeroom teacher during Open House, August 3rd or on the first day of school, August 5th.

These documents are in the packet:

- Address Verification Form
- Compact – Read and sign
- Health Assessment Record
- Sight Savers Consent Form (optional)
- FPMS and FPHS Digital Device Release Form
- FPCS Student Code of Conduct and Student Handbook Acknowledgement Form
- Photographs, Videos, Newspaper, Journal, Etc. Release Form
- Cell Phone and Electronic Device Form
- Student Acceptable Use Policy for Internet/Network Services
- COPPA and Online Resource Agreement
- Video Conferencing Call Permissions

Our 2022-2023 Student/Parent Handbook is not available in print this year. Instead, a digital version is available on our school website (<https://www.fpcsk12.com/fpms>) and may be found by selecting the **“Our School”** tab at the top of the page and then selecting **“FPMS Student Handbook.”** Please view the Handbook so that you may sign the Handbook forms listed above.

If you are unable to view the handbook on our school website and need a printed copy in English or Spanish, contact the school office to request one.

Thank You,

Shane Byrd

Shane Byrd
FPMS Principal

Fort Payne Middle School

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Address Verification Form School Year: 2022-2023

I am aware that the Fort Payne City School District requires students to be enrolled in the district in which the student's parent/legal guardian resides unless the student is a candidate for Open Enrollment.

I certify the student _____
Name of Student and Current Grade

resides with me _____
Parent/Legal Guardian

at this address _____
Street Address

Check one:

☐ This address is within the city limits.

☐ This address is not within the city limits but my child has been accepted through the Open Enrollment process.

I understand that it is considered falsification if the student moves from this address and fails to notify the school. I give the Fort Payne City School District permission to visit my home address to verify that the said student resides at this address.

Date

Signature of Parent/Legal Guardian

Driver License Number

FORT PAYNE MIDDLE SCHOOL
This School-Parent Compact is in effect during the school year: 2022-2023

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 Google Classroom communication systems for student/parent/teacher
 - PowerSchool Parent Portal includes current grades, discipline, and attendance.
 - Blackboard Mobile Communication APP to make notifications about school events, school closings, etc.
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
- Establish a routine age-appropriate bedtime
- 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
- Follow the Fort Payne City School Code of Conduct

SCHOOL-PARENT COMPACT

*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



FREE Health Screening

Parental Consent Form

Dear Parent:

We are a nonprofit organization in Alabama that is pleased to offer a **FREE school based comprehensive health screening to Alabama's school children.** Sight Savers America's (SSA) Health Screening program partners your school system with local two and four year nursing schools to provide health screenings at no cost to you. The health screenings are performed by nursing students, under faculty supervision, and are not a diagnosis. A parent report letter indicating your child's screening results will be sent home to you following the screening.

- **GENERAL HEALTH:** *While it is up to your child's school nurse to determine exact screening stations, your child may be screened in the following areas: height & weight; temperature; blood pressure; heart & lung sounds; respiratory & heart rates; vision; dental; hearing; skin & musculoskeletal; chest and abdomen; and inspection of the eyes, ears, nose, & throat.*
- **VISION:** *Parents of all children who fail their school vision-screening will be contacted by a Sight Savers America staff member to assist with follow-up eye care services.*

Your child's individual information is confidential and will *never* be published. Sight Savers America complies with all current HIPAA security and privacy regulations.

Your child's health is important to us and we hope you will take advantage of this opportunity for them to participate. If you have any questions at all, feel free to contact your school nurse or contact Laurie Carey, Senior Manager, Health Screening program, at 205-942-2627 Ext. 206.

To consent for your child to participate in the SSA Health Screening program, please sign and complete **ALL** of the following information and return to your child's school tomorrow.

Child's First Name _____ Child's Last Name _____

Grade _____ Date of Birth ____/____/____ Gender _____

School _____ Teacher _____

Child's Race: (Please circle one of the following)

American Indian/Alaska Native Asian Black/African American Native Hawaiian Hispanic/Latino White

Child's Health Insurance: (Please circle one. Information used for survey purposes only. Your insurance will NOT be billed.)

Medicaid ALL Kids Private Insurance No Insurance

Please list any allergies or diagnosed medical conditions: _____

Parent Name _____ Parent Signature _____ Date _____

Home Phone () _____ - _____ Other Phone () _____ - _____

Mailing Address _____ City _____ Zip _____

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.

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 _____