

Fort Payne Middle School

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

Principal – Shane Byrd
Assistant Principal – Dan Groghan
Assistant Principal – Jennifer List

Dear Parents,

In preparation for a new school year, we are sending you this packet of documents. Please complete this packet for Open House on August 2, 2019. (The time for fifth and seventh graders is 9:00-11:00; sixth and eighth graders come from 1:00-3:00.) Completing these forms ahead of time should help make Open House go more smoothly for you and for us.

These documents are in the packet:

- Student Profile
- Student Profile Change Form
- Address Verification Form
- Alabama Health Assessment Record
- Sight Savers America Health Screening Program
- Compact – Read and sign.

Our 2019-2020 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 prior to attending Open House so that you may sign the Handbook forms then. We will have these documents copied and in your child’s homeroom at Open House.

These Handbook documents will be available for you to sign at Open House:

- FPCS Student Code of Conduct and Student Handbook Acknowledgement Form
- Photographs, Videos, Newspaper, Journal, Etc. Release Form
- Cell Phone and Electronic Device Form
- FPMS and FPHS Digital Device Release Form
- Student Acceptable Use Policy for Internet/Network Services
- COPPA and Online Resource Agreement
- Bus Card

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

FPMS STUDENT PROFILE CHANGE FORM

- This form is used to change address, phone numbers, and add or remove emergency contacts. If there are no changes, simply write *no changes* on the Profile sheet, and turn it in to the homeroom teacher at Open House.

Student Name: _____ Grade: _____

Mailing Address: _____

Physical Address: _____

Student Contact Changes: Please provide phone number changes and/or add or remove contacts from your child's contact list. Anyone on the contact list may check out your child.

Name: _____ (Check One) Add: ___ (or) Remove: ___
Relationship: _____ Cell #: _____
Home #: _____ Work #: _____

Name: _____ (Check One) Add: ___ (or) Remove: ___
Relationship: _____ Cell #: _____
Home #: _____ Work #: _____

Name: _____ (Check One) Add: ___ (or) Remove: ___
Relationship: _____ Cell #: _____
Home #: _____ Work #: _____

Name: _____ (Check One) Add: ___ (or) Remove: ___
Relationship: _____ Cell #: _____
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Address Verification Form

School Year: 2019-2020

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

STATE OF ALABAMA DEPT OF EDUCATION HEALTH ASSESSMENT RECORD

Fort Payne Middle School 2019-2020

To Parent or Guardian: The purpose of this form is to provide the school nurse with additional information regarding your child's health needs. The school nurse may contact you for further information. The information requested is essential for the school nurse to meet the health needs of your child.

This information will be kept strictly confidential.

To be completed by parent/guardian. PLEASE PRINT. Return to the School Nurse.

Name of Student (Last, First, Middle)		Birth Date	Sex
Address (Street)	City and Zip Code	Race/Ethnicity: <input type="checkbox"/> American Indian <input type="checkbox"/> White <input type="checkbox"/> Asian	
Home Phone #:	Cell Phone #:	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black <input type="checkbox"/> Other	
Name of Parent/Guardian (Last, First, Middle)	Teacher:	Grade:	
Transportation: <input type="checkbox"/> Bus Rider <input type="checkbox"/> Car Rider		<input type="checkbox"/> Special Needs Bus <input type="checkbox"/> After School Program	

Part I – Health Information

Place where your child receives regular health care:

- Health Department Hospital Clinic Private Doctor/HMO
 Community Health Center Other _____
 No regular place

Type of Insurance your child has:

- Medicaid No Insurance Private Insurance
 ALLKIDS Other: _____

Local Physician's Name: _____ **Phone:** _____ **Address:** _____

Local Dentist Name: _____ **Phone:** _____ **Address:** _____

Authorizations:

- I authorize the school nurse, the registered nurse (RN) or licensed practical nurse (LPN), to talk with the physician(s) should a question come up about my child's medical conditions.
- I do NOT authorize the school nurse, the RN or LPN, to talk with the physician(s) should a question come up about my child's medical conditions.
- I authorize for my child to participate in all school health screenings, such as vision, hearing and scoliosis.
- I authorize the yearly review of my child's Certificate of Immunization (Blue Slip) by the local Public Health Department.

Part II – Medical History ALL PRESCRIPTION MEDICATION REQUIRES AUTHORIZATION FROM PHYSICIAN

<input type="checkbox"/> NO KNOWN HEALTH PROBLEMS If no, please go directly to the bottom of the page and provide parent/guardian signature.	
<input type="checkbox"/> Attention Deficit Disorder (ADD) OR Attention Deficit Hyperactivity Disorder (ADHD)	<input type="checkbox"/> Requires medication? <input type="checkbox"/> Given while at school?
<input type="checkbox"/> Asthma: _____ inhaler at home? List triggers: _____	<input type="checkbox"/> Uses an inhaler at school? <input type="checkbox"/> Uses an _____
<input type="checkbox"/> Allergies: (severe) Please specify what: _____	<input type="checkbox"/> Hives/rash? <input type="checkbox"/> Breathing difficulty?

<input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Environmental <input type="checkbox"/> Medications		<input type="checkbox"/> Epi-pen?
<input type="checkbox"/> Bleeding Problems: (Hemophilia, Von Willebrand's, frequent nosebleeds)		<input type="checkbox"/> Requires medication? Please explain:
<input type="checkbox"/> Cancer/Leukemia:		Please explain:
<input type="checkbox"/> Cerebral Palsy:		Please explain:
<input type="checkbox"/> Cystic Fibrosis:		Please explain:
<input type="checkbox"/> Dental Problems:		<input type="checkbox"/> Braces? OR Please explain:
<input type="checkbox"/> Diabetes: <input type="checkbox"/> Type 1 Diabetic <input type="checkbox"/> Type 2 Diabetic <input type="checkbox"/> Monitors Blood Sugars while at school? <input type="checkbox"/> Requires Insulin at school? <input type="checkbox"/> Glucagon order <input type="checkbox"/> Insulin pump? <input type="checkbox"/> Managed with diet?		
<input type="checkbox"/> Emotional/Behavioral/Psychological: <i>Please explain:</i>		
<input type="checkbox"/> Gastrointestinal/Stomach Problems: <i>Please explain:</i>		
<input type="checkbox"/> Genetic Disorder: <i>Please explain:</i>		
<input type="checkbox"/> Headaches: <i>Please explain:</i>		
<input type="checkbox"/> Hearing Problems:	<input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/> Both ears <input type="checkbox"/> Tubes <input type="checkbox"/> Hearing loss? <input type="checkbox"/> Hearing aid? <input type="checkbox"/> Cochlear Implant	
<input type="checkbox"/> Heart Condition: <i>Please explain: Are there any activity restrictions? Any medications taken at home only?</i>		
<input type="checkbox"/> Hypertension (High Blood Pressure):		
<input type="checkbox"/> Juvenile Arthritis/Bone-Joint Problems: <i>Please explain:</i>		
<input type="checkbox"/> Kidney Problems: <i>Please explain:</i>		
<input type="checkbox"/> Scoliosis:	<input type="checkbox"/> No Treatment <input type="checkbox"/> Wears Brace <input type="checkbox"/> Surgery	
<input type="checkbox"/> Seizures/Convulsions: <i>Please explain:</i>	Type of seizure: order	<input type="checkbox"/> Diastat
<input type="checkbox"/> Sickle Cell Anemia:		
<input type="checkbox"/> Spina Bifida:		
<input type="checkbox"/> Special Diet: <i>Please explain:</i>		
<input type="checkbox"/> Vision Problems:	<input type="checkbox"/> Wears glasses <input type="checkbox"/> Wears contacts <input type="checkbox"/> Other, _____	
<input type="checkbox"/> Other Medical Conditions: <i>Please include <u>any</u> medications taken at home only.</i>		

Part III – Medical Equipment /Procedures Required

<input type="checkbox"/> Catheter	<input type="checkbox"/> Gastric Tube	<input type="checkbox"/> Nebulizer Treatments	<input type="checkbox"/> Oxygen Supplement	<input type="checkbox"/> Tracheostomy
<input type="checkbox"/> Vagal Nerve Stimulator (VNS)	<input type="checkbox"/> Ventilator	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Walker	

Required Signatures

Parent/guardian: _____ Date: _____ School Nurse: _____
Date: _____

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

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.