

Yadkin County Schools

Learn Today. Lead Tomorrow

When I am not able to pick my child up from school, my child may be released to the following people:

Name _____ Relationship _____

Home phone _____ Other phone _____

Name _____ Relationship _____

Home Phone _____ Other phone _____

Name _____ Relationship _____

Home Phone _____ Other phone _____

Your child will not be released to any person not listed on this form without notifying the teacher.

Yadkin County Schools
Aprende Hoy Para Ser Lideres del Mañana

Cuando yo no estoy disponible para recoger a mi hijo(a) de la escuela, mi hijo(a) puede ser entregado(a) a las siguientes personas:

Nombre _____ Relación/Parentesco _____

Teléfono de la cas _____ Otro Teléfono _____

—

Nombre _____ Relación/Parentesco _____

Teléfono de la cas _____ Otro Teléfono _____

Nombre _____ Relación/Parentesco _____

Teléfono de la cas _____ Otro Teléfono _____

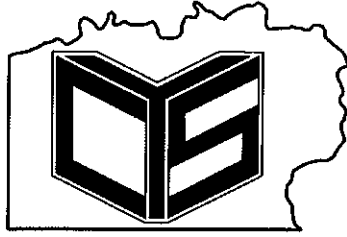
—

Su hijo(a) no será entregado(a) a ninguna persona que no este en este anotada en esta forma sin que usted se lo notifique a la maestra.

www.yadkin.k12.nc.us

121 WASHINGTON STREET YADKINVILLE, NORTH CAROLINA 27055

TELEFONO: (336) 679-2051 FAX: (336)679-4013



Yadkin County Schools

Learn Today, Lead Tomorrow

Dear Parents,

It is our desire to provide a smooth operating preschool service for you and your child. In order for you to be aware of our operating practices, this policy manual has been created. Please read through it, sign the following form, and return it to us within seven days. Thank you for your cooperation.

As always, we look forward to meeting your preschool needs. Thank you for sharing your child with us.

Sincerely,

Dr. Myra Cox

Dr. Myra Cox, Assistant Superintendent
Yadkin County Schools
Preschool Program

I have been given, have read and understand the policies of Yadkin County Schools Preschool Program, including the discipline policy, and have been given a copy of the Summary of North Carolina Child Care Law and Rules and agree to abide by the policies as set forth. My child's teacher has discussed the Discipline and Behavior Management Policy with me.

Child's Name: _____ Date of Enrollment: _____

Parent/Guardian's Signature Date: _____

YadkinCountySchools
Aprende Hoy Se Líder Mañana

Estimados Padres,

Es nuestro deseo de proveerles a ustedes y a sus hijos un servicio de preescolar sin dificultades. Para que ustedes estén al tanto de nuestra forma de operar, este manual de pólizas ha sido creado. Por favor léalo, firme el siguiente formulario y devuélvalo en un termino de siete días. Gracias por su cooperación.

Como siempre, estamos ansiosos de poder cumplir con sus necesidades en preescolar. Gracias por compartir sus hijos con nosotros.

Sinceramente,

Dr. Myra Cox

Dr. Myra Cox, Asistente del Superintendente
Escuelas del Condado Yadkin
Programa Preescolar

Yo recibí, leí y entendí las pólizas Del Programa de Preescolar de las Escuelas del Condado Yadkin, incluyendo la póliza de disciplina y me dieron una copia del Sumario de la Ley y Reglas del Cuidado de Niños de Carolina del Norte, y yo estoy de acuerdo a aceptar las pólizas como están establecidas. El maestro de mi hijo me explico/discutió conmigo la Póliza del Manejo de Disciplina y Conducta.

Nombre del Niño(a) _____ Fecha de Matricula _____

Firma del Padre o Tutor

Fecha: _____



NORTH CAROLINA HEALTH ASSESSMENT TRANSMITTAL FORM

This form and the information on this form will be maintained on file in the school attended by the student named herein and is confidential and not a public record.

(Approved by North Carolina Department of Public Instruction and Department of Health and Human Services)

PARENT to COMPLETE THIS SECTION

Student Name:

(Last)

(First)

(Middle)

M F

Birthdate (M/D/YYYY):

School Name:

Hispanic of Latino Origin: 1 Yes 2 No

Race:

1 Other Non-White 2 White 3 Black 4 American Indian 5 Chinese
 6 Japanese 7 Hawaiian 8 Filipino 9 Other Asian 10 Unknown

Home Address:

City:

State:

County:

Parent Information: Name of Parent, Guardian, or person standing in loco parentis:

Telephone(s)

Home:

Work:

Cell Phone:

Health Concerns to be shared with authorized persons (school administrators, teachers, and other school personnel who require such information to perform their assigned duties):

HEALTH CARE PROVIDER TO COMPLETE THIS SECTION

Medications prescribed for student:

Student's allergies, type, and response required:

Special diet instructions:

Health-related recommendations to enhance the student's school performance:

Vision screening information:

Passed vision screening: Yes No

Concerns related to student's vision:





PUBLIC SCHOOLS OF NORTH CAROLINA

State Board of Education | Department of Public Instruction

January 2016

Hearing screening information:

Passed hearing screening: Yes No

Concerns related to student's hearing:

Recommendations, concerns, or needs related to student's health and required school follow-up:

School follow-up needed: Yes No

Medical Provider Comments:

Please attach other applicable school health forms:

- Immunization record attached:
- School medication authorization form attached:
- Diabetes care plan attached:
- Asthma action plan attached:
- Health care plans for other conditions attached:

Health Care Professional's Certification

I certify that I performed, on the student named above, a health assessment in accordance with G.S. 130A-440(b) that included a medical history and physical examination with screening for vision and hearing, and if appropriate, testing for anemia and tuberculosis. I certify that the information on this form is accurate and complete to the best of my knowledge.

Name:

Title:

Signature: _____

Date (m/d/yyyy):

Practice/Clinic Name:

Practice/Clinic Address:

Practice/Clinic City:

State:

Zip:

Phone:

Fax:

Provider Stamp Here:



Public Health
HEALTH AND HUMAN SERVICES

Dental Screening Form

When the Kindergarten Health Assessment (KHA) Form is used to complete the NC Pre-K child's health assessment, a **dental screening** must also be completed (10A NCAC 09 .3005 Child Health Assessment). The child's health assessment must include a dental screening, which may be recorded on this form.

Child's Name: _____	
Birth date: ____/____/____	
Gender: Male Female	
Parent or Guardian: _____	
Address: _____	
City: _____	
Phone number: _____	School/Pre-K: _____

Screener's Name _____ Screening Date ____/____/____

Organization/Practice Name _____

Phone number _____

Professional affiliation (please check one):

- Dentist
- Dental Hygienist
- Physician
- Physician Assistant
- Registered Nurse
- Other Health Professional: _____

Pattern of early childhood cavities:

- No cavities/decay present or no obvious problem
- Cavities/decay present or dental care needed (comment required)
- Referral for Urgent Care (comment required)

Comments:

Signature _____

Date _____

Yadkin County Schools: Home Language Survey

Parents / guardians of all new students (including preschool and Kindergarten) complete this form at the time of enrollment and record all information requested. This procedure meets federal requirements for identifying and assessing language minority students in order to provide appropriate instructional support services for those students found to be limited English proficient.

	Mo. _____ Day. _____ Year _____
Student's Full Name / <i>Nombre Completo del Alumno</i>	Birthdate / <i>Fecha de Nacimiento</i>
School / <i>Escuela</i>	Grade / <i>Grado</i>
	Yes/Si _____ No _____ How many years? _____ ¿Cuántos años _____
Date of Entry into 1 st US Public School / <i>Fecha de Matriculación en la 1ra Escuela Pública en los EEUU</i> (Do not count Pre-K as a year)/ <i>(El Pre-kinder no cuenta como un año escolar)</i>	Has student left U.S for a school year? / <i>¿Ha el alumno salido de EEUU por un año escolar?</i> <i>Si la respuesta es 'sí', ¿Por cuantos años?/</i>
Parent's Name / <i>Nombre de los Padres</i>	Student's Country of Birth / <i>País de Nacimiento del Alumno</i>
Address / <i>Domicilio</i>	Phone # / <i>Teléfono</i>

Questions for Parents / Guardians	Response
What is the first language the student learned to speak? <i>¿Cuál es el primer idioma que el alumno aprendió a hablar?</i>	
What language does the student speak most often? <i>¿Cuál idioma usa el alumno con más frecuencia?</i>	
What language is most often spoken in the home? <i>¿Cuál idioma se habla con más frecuencia en el hogar?</i>	

In which language do you prefer to receive communications from the school? _____

¿En cuál idioma prefiere usted recibir información de la escuela? _____

Signature of Parent or Guardian: _____ Date: _____

*****OFFICE USE ONLY*****

Was a language other than English indicated in ANY ONE or more of the responses? Yes: _____ No: _____ What is the student's PRIMARY Language? _____	
Does the student qualify as Immigrant? Yes: _____ No: _____	
Has student left U.S. schools and returned? Yes: _____ No: _____	
What is the cumulative time enrolled in US schools? _____	
Do records indicate that English Language Proficiency testing has been administered to the student? Yes: _____ No: _____ If no, then the W-APT will be administered to determine need for service.	

Name of Person Reviewing this Survey: _____ Date _____

Student Last Name _____ First Name _____

School _____ Grade _____

Technology Responsible Use

The aim of the Technology Responsible Use is to ensure that students will benefit from learning opportunities offered by the school's Internet resources in a safe and effective manner. Internet use and access is considered a school resource and privilege. At no time should there be any expectation of privacy when using school resources or on school grounds when accessing the web or utilizing your email account.

Policies are available on the county website under the District tab or upon request written copies can be provided. Policies include but are not limited to the following:

Policy 3220-Technology in the Education Program
Policy 3225/4312/7320-Technology Responsible Use
Policy 3226-Internet Safety
Policy 3227-Web Page Development
Policy 3220 Copyright
Policy 1710/4021/7230 Prohibition Against Discrimination, Harassment and Bullying

School Strategies: The school employs a number of strategies and has expectations for students when using the school internet and equipment.

General

- Internet sessions within the classroom are supervised by a teacher.
- Students will use a variety of internet tools to enhance their learning experience. All tools are examined by experienced educators and are used commonly in education today.
- Filtering software and or equivalent systems will be used in order to minimize the risk of exposure to inappropriate material. However, no filter is 100% effective.
- The school monitors student internet use in the classroom.
- Students and teachers are provided with internet safety training on a yearly basis.
- Students will use the internet for educational purposes.
- Students should not disclose or publish personal information such as address, social security number etc..
- Students will treat others with respect at all times and will not take any actions that may disrupt the school day. Cyber bullying on/against anyone while using school resources or tools will be subject to school discipline.
- Students should not send or receive any information that is considered illegal, obscene or defamatory.
- Email accounts will be established for all students, the main function will be for sharing assignments with teachers, collaboration and for accessing their google account for chromebooks.
- Students will not tamper with computer hardware or software. Unauthorized entry into computers and/or vandalism to computer equipment or files will result in criminal charges.
- Students may be given opportunities to publish projects, artwork or school work on the World Wide Web.

Student and Parent Agreement

I have read the Yadkin County Schools Technology Responsible Use and the related policies listed above and understand my responsibilities. I understand access is intended for educational purposes and that student users will be provided with supervision in using it in the classroom. I understand the school system makes a reasonable effort to filter internet access, but the school system cannot control the internet or the information found on it. I understand there is no expectation of privacy when using the school provided email, equipment or infrastructure.

Student

Signature _____

Parent

Signature _____

Photographs, Artwork, Videos and Audio Material

Please Check One

YES _____ I do grant permission for photographs, artwork, videos and audio materials of my child or produced by my child to be used in the newspaper; on television; Yadkin County School Websites; or for other educational purposes (such as assessment) to promote our school and/or student achievement.

NO _____ I do NOT grant permission for photographs, artwork, videos and audio materials of my child or produced by my child to be used in the newspaper; on television; Yadkin County School Websites; or for other educational purposes (such as assessment) to promote our school and/or student achievement.

Parent Signature _____ Date _____

Creative thinkers today, innovative leaders tomorrow

OFF-PREMISE ACTIVITY AUTHORIZATION

Off-premise activities refer to any activity which takes place away from a licensed and approved space. License and approved space includes primary space, outdoor space, single use rooms, or other administrative areas that have been approved for use.

I, _____ parent/guardian of
_____ give my permission to
_____ Name of child
_____ for my child to participate in an off-premise
_____ Name of facility
activity.

Location of off-premise activity: _____

Purpose of the activity: _____

Additional information: _____

Parent/Guardian Signature

Date Signed

This authorization is valid from ____ / ____ / ____ to ____ / ____ / ____
(up to 12 months)



Nutrition Opt Out Form

Effective July 1, 2012, changes occurred to General Statute 110-91(2)h.1 to give parental exceptions that allow a parent or guardian of a child enrolled in a child care facility may: (i) provide food and beverages to their child that may not meet the nutrition standards adopted by the NC Child Care Commission and (ii) opt out of any supplemental food program provided by the child care facility.

Effective December 1, 2012, child care rules were ratified to implement the law. Child Care Rules .0901(c) and 1706 (b) state:

When children bring their own food for meals and snacks to the program, if the food does not meet the nutritional requirements specified in Paragraph (a) of this Rule, the operator must provide the additional food necessary to meet those requirements unless the child's parent or guardian opts out of the supplemental food provided by the operator as set forth in G.S. 110-91(2) h.1. A statement acknowledging the parental decision to opt out of the supplemental food provided by the operator signed by the child's parent or guardian shall be on file at the facility. Opting out means that the operator will not provide any food or drink so long as the child's parent or guardian provides all meals, snacks, and drinks scheduled to be served at the program's designated times. If the child's parent or guardian has opted out but does not provide all food and drink for the child, the program shall provide supplemental food and drink as if the child's parent or guardian had not opted out of the supplemental food program.

<p>I _____ plan to provide all meals, snacks and (Parent/Guardian Print Name) drinks for my child and do not want his/her meals, snacks or drinks supplemented to meet the Meal Patterns for Children in Child Care Programs from the United States Department of Agriculture (USDA), which are based on the recommended nutrient intake judged by the National Research Council to be adequate for maintaining good nutrition.</p> <p>Since I opted out, if I do not provide all the meals, snacks or drinks for my child, I understand that the program will provide supplemental food and drink.</p> <p>_____ Parent/Guardian Signature</p> <p>_____ Date</p>
--

SCHOOL

Yadkin County Schools
Student Information Sheet
School Year: _____

HOMEROOM

STUDENTS WILL ONLY BE DISMISSED TO PERSONS ON THIS SHEET. This information is very important in the event your child becomes sick or is injured at school. If this information should change during the school year please notify the school as soon as possible.

CUSTODY PAPERS (circle one): YES NO *If circled yes, please provide a current copy to the school each year.

STUDENT First Middle Last Date of Birth M F

911 Home Address Mailing Address

City, State, ZIP

Home Phone Father Cell Mother Cell

Parent Email Address Student Email Address

FEDERAL LAW NOW MANDATES THAT BOTH OF THESE QUESTIONS BE ANSWERED ABOUT THE ETHNICITY AND RACE OF EACH STUDENT. Questions may be addressed at NORTH CAROLINA DEPARTMENT OF PUBLIC INSTRUCTION'S WEBSITE: http://dpi.state.nc.us/data/management/raceethnicity/faqs

Ethnicity: Hispanic Not Hispanic/Latino

Race: White Black American Indian/Alaskan Native Asian Native Hawaiian/Pacific

Language: English Spanish Other, please list

FATHER Address (if different from child)

MOTHER Address (if different from child)

Employer Daytime Phone

Employer Daytime Phone

Other/Relationship

Other/Relationship

Employer Daytime Phone

Employer Daytime Phone

Student resides with (circle one): Both Parents Mother Only Father Only Mother/Stepfather Father/Stepmother Grandparents Guardian

EMERGENCY CONTACTS: Please list three relatives/friends/neighbors that have permission to pick up, assume responsibility and temporary care of your child in the event he/she becomes sick and YOU cannot be reached. List others on the back of sheet if necessary.

Name Daytime Phone Cell Phone Relationship

Name Daytime Phone Cell Phone Relationship

Name Daytime Phone Cell Phone Relationship

Please list other children in the family: (List others on back of sheet if necessary.)

Name Age Grade School Child Attends

Name Age Grade School Child Attends

Name Age Grade School Child Attends

Physician's Name Phone Number Insurance Co. Policy No.

DOES YOUR CHILD HAVE SPECIAL MEDICAL NEEDS?

DOES YOUR CHILD HAVE ALLERGIES? (Please circle): YES NO If yes, please list: ex: Bee Stings, Drug, Peanuts

Bus # AM PM Car Rider Permission to Walk

Signature of Parent / Guardian: Date:

Office use / new enrollment:

Previous School:

YADKIN COUNTY SCHOOLS – MEDICATION AUTHORIZATION FORM

SCHOOL: _____ HOMEROOM: _____ GRADE: _____ School Year: _____

Dear Parent/Guardian:

We attempt to discourage administration of medication in the schools. However, if your physician decides it is necessary for your child to receive medication during the school day, we must have an authorization and specific instructions from your child's physician. Please take this medication form to your physician and have the instructions recorded regarding the administration of your child's medication. Per Yadkin County Schools' Medication Policy this includes prescription and over-the counter medications.

PHYSICIAN'S INSTRUCTIONS FOR GIVING MEDICATION IN SCHOOL

Name _____ Birth date _____

Medication (include trade name) _____ Dosage _____

Medication to be Given (Circle) Tablet Ointment Capsule Inhalation Liquid or Other

Relationship to Meals (Circle) Before After Does not matter

How often or at what time? _____

Side Effects _____

Contraindications for administration _____

Student allergies _____

Physician's Signature _____

Date _____

Address _____

Telephone Number _____

Parental Permission

I give permission for the exchange of information (verbal, written or faxed) between the above named health care provider and Yadkin County Schools' School Nurses, as needed. I understand that this information will remain confidential. I request and give permission for the school to administer the above medication prescribed by my child's physician to be given during the school hours. I hereby release the Yadkin County School Board and their agents and employees from any and all liability that may result from the administration of the above medication. I agree to bring and or send the medication in a properly labeled container from the pharmacy.

Signature _____ Date _____ Phone Number _____
(Parent or Guardian)

Section for SELF-ADMINISTRATION only – PHYSICIAN, PLEASE COMPLETE AND SIGN

The above named student has been diagnosed with asthma, anaphylaxis or diabetes and has demonstrated proper technique and understands the use of MDI (*Metered Dose Inhaler) MDI with spacer Epi-Pen or Insulin/Glucagon. This student may carry and self-administer this medication for asthma or allergic reaction or diabetes. *Parent/guardian should provide an extra inhaler be kept at school in case of emergency.

Physician's Signature _____ Date _____

I agree and feel competent to take my own medication as prescribed. I will not at any time, share my medication with another student and I will keep it secure from other students.

Student's signature _____ Date _____

Requirements for Preschool Children on Public School Buses

*These procedures can only be used when transporting 3, 4 and 5 year olds.
Not applicable for children under three years of age.*



The Principal or a Designee is responsible for ensuring that the following is implemented:

- **Emergency Information** available for each child -- must be on the bus and must be kept current
- **Medication** – parents must give any medication to the driver, and driver must give directly to the teacher. Children cannot carry medication themselves
- **Safe pick-up and delivery procedures are in place as identified below:**
 1. **Pick-up Procedure** - Responsible person will wait with the child(ren) until they are safely seated on the bus. Public school employee will meet the bus and the child will be delivered to that employee. The public school employee will maintain an up-to-date roster of the class which indicates which bus the child is on. The public school employee will mark on the roster the time that the child exits the bus and the employee assumes responsibility for the child. If a child does not exit the specified bus the center employee will ask the driver for any information about the child, will ensure that the child is not on the bus, and will contact the responsible adult to determine the location of the child.
 2. **Departure Procedure** -- Public school employee will deliver the child to the bus driver and will wait until the child is safely seated on the bus. On the roster the employee will indicate the time the child was seated on the bus and the driver assumed the responsibility for the child. When the bus arrives at the child's afternoon destination the driver will ensure that the child is dropped off with the appropriate responsible adult. If no responsible adult is present, the child shall be transported back to the site and the principal or designee, will be responsible for locating alternate emergency contacts.
 3. **Seating Location** – All preschool children shall be seated in the front rows of the bus. No school age children shall be seated with a preschool child unless it is a sibling.
 4. **Number of children** – If the youngest age of any of the children being transported is three; the maximum number of preschoolers allowed on any individual bus is 15, unless an additional monitor is present. If the youngest age of any of the children being transported is four, the maximum number of preschoolers allowed on the individual bus is 20, unless an additional monitor is present
 5. **Special Needs** – It is the administrator's responsibility to ensure that any special behavioral, emotional or physical needs are relayed to the bus driver if the needs could impact on the driver.
- **Training of Drivers** – It is the administrator's responsibility to train the bus drivers on these procedures when preschool children are being transported. The program shall have a signed statement from the bus driver that these procedures have been reviewed and understood. Any time a new bus driver is hired, and will be transporting preschool children, the administrator shall also train them on the required procedures.
- **Transportation Policies** – It is the administrator's responsibility to review these procedures with parents so that they understand their role as regards to releasing the child to the driver, ensuring a responsible adult is available to receive the child, dropping off medication and providing up to date emergency contact information. The parent shall sign that they have reviewed and understand the procedures.

TRANSPORTATION POLICIES FOR PARENTS

The following procedures have been reviewed with me prior to my child being transported on a bus route:

- When I leave my child at the bus stop they will be with a responsible adult.
- I will give any medication to the bus driver, and understand that children cannot transport medication in backpacks, lunch bags, coat pockets, etc.
- Preschool children must sit in the front row(s) of the bus.
- Preschool children may not sit with school age children except for siblings.
- I have provided emergency contact information for my child. If I do not provide emergency information my child will not be transported until it is received.
- When the bus arrives at the school, the driver will not allow the preschool children to exit the bus unless the designated center employee is available to receive them.
- When the bus arrive at the child's drop off site the driver will not allow the preschool children to exit the bus unless the designated responsible adult is there to receive them.
- If no one is at the drop off site to receive the child, the driver will return the child to the school and deliver the child to the principal or designee.
- Preschool children will never be left on the bus without an adult present.
- The driver will not transport more than 15 preschool children if the age of the youngest child is three, and no additional adults are present. If the age of the youngest child is four, the driver will not transport more than 20 preschool children.
- I will inform center staff of any special behavioral, emotional or physical needs of my child(ren).
- OTHER policies: _____

Name of Parent (please print)

Signature of Parent

Date Reviewed

Signature of Center Director

Date Reviewed

Original to be maintained in center's files

2016 – 2017 Yadkin County Schools Transportation Department
School Bus Request and Deletion Form

Please check one box below.

Bus Stop Request

Bus Stop Deletion

School and Code _____ Date _____

Students Full Name (please print) _____ Grade _____

Students 911 Address (house #) _____ (street name) _____

Mailing Address (if different than above) _____

City _____ State _____ Zip _____

Home Phone _____

Transportation Address A.M. (house #) _____ (street name) _____

Transportation Address P.M. (house #) _____ (street name) _____

Must have correct Transportation Address to provide transportation services.

Please indicate reason for the change in transportation.

Requestor's Signature _____ Date _____

OFFICE USE ONLY

It is a State Law that this information be reported to the Transportation Office within 10 school days from the date of change. Please provide the Assistant Principal, Bus Coordinator, Power School data managers and bus drivers with a copy of this information. This will keep everyone well informed of the change being made with the bus routes for each school. Thank you.

Bus # A.M. _____ Bus # P.M. _____

Assistant Principal/Bus Coordinator Signature _____

Power School Data Manager Signature _____

Bus Driver Signature _____

TIMS Data Manager Signature _____

Transportation Director Signature _____

Stop # _____ Run # _____ Route # _____