

Humphreys County Schools

Virtual Classes Application Packet COVID19 Fall 2020 Edition



Office Use only:

Application

Medical Exemption Request attached

No Medical Need

Date of Approval _____

Approved by _____

Grade _____

STUDENT INFORMATION:

COVID19 Virtual Class Enrollment

NAME: _____
(FIRST) (MIDDLE) (LAST) (PREFERRED NAME)
Soc. Sec. # _____ Date of Birth _____ Gender _____ Grade _____
(Month/Day/Year)
Birth City _____ Birth County _____ Birth State _____
Citizen Country _____ Residence County _____

Race: (Circle all that apply) 1. Asian 2. Black / African American 3. Hispanic/Latino-Black 4. Hispanic/Latino-White
5. Native American 6. Alaskan Native 7. Native Hawaiian / Other Pacific Islander 8. White

Student's Mailing Address: _____

Street Address (if different from mailing address) _____

Email address of parent: _____
Email address of student, if applicable: _____

Who has legal custody of the student? If other than biological parents, provide documentation.
Please Circle:

Both biological parents / Father / Mother / Mother & Step-parent / Father & Step-parent
Grandparents / Foster Parents Other (please explain) _____

With whom does student live? Both parents, Mother, Father, Mother & Step-parent, Father & Step-parent,
Grandparents, Foster Parents, Other (please explain) _____

Parent 1: ___ Mother ___ Father ___ Step-parent ___ Foster Parent ___ Grandparent ___ Other (_____)

(First) (Last) (Maiden Name if applicable)

Address (if different from child) _____

Personal Phone# _____ Work Phone# _____

Parent 2: ___ Mother ___ Father ___ Step-parent ___ Foster Parent ___ Grandparent ___ Other (_____)

(First) (Last) (Maiden Name if applicable)

Address (if different from child) _____

Personal Phone# _____ Work Phone# _____

NAME AND ADDRESS OF SCHOOL LAST ATTENDED:

Please Check one

____ Non-military family
____ Student is child of military parent. (Active Duty, National Guard, Reserve)

Please contact the school office if any information changes (phone, address, custody)

Who is allowed to have access to student information (grades, teacher conference information) other than listed parent/guardian?

Name	Connection to student	Phone#
_____	_____	_____
_____	_____	_____

Appropriate court documents need to be on file in the student's cumulative record for a parent to be denied access to student information. Provide documents if not currently in permanent record.

Medical information:

Where does your child stay at night? (Please check one.)

<input type="checkbox"/> Home / apartment owned or rented by the parent(s) / guardian(s)	<input type="checkbox"/> In an automobile
<input type="checkbox"/> Doubled up (living with other persons due to economic reasons)	<input type="checkbox"/> At a campsite
<input type="checkbox"/> In a shelter(Homeless-Women's-Youth)	<input type="checkbox"/> Other housing (Please explain)
<input type="checkbox"/> In housing with limited resources (i.e. no electricity, running water, etc.)	_____
<input type="checkbox"/> In a motel due to lack of alternative adequate accommodations	

Additional information:

1. Online students must have daily access to an internet connected device during regular school hours. This device must have audio and video/camera capabilities.
2. Online students may have limited access to school activities due to COVID19.
3. Online students are expected to complete semester one of the 2020-2021 school year through the online platform. Families may choose to return to in-person instruction for semester 2.
4. Online students will be required to take online progress monitoring "testing" 3 times a year and high school mid-term and final tests where applicable.
5. Online students will be required to take part in state mandated assessments. This will be at the school and by appointment.

If someone other than a parent will be supervising student during online instruction, please list:

Name	Connection to student	Phone #
_____	_____	_____
_____	_____	_____

Does student have a current IEP or 504 Contract? Yes or No

Richard Rye
Director of Schools

Virtual Class
COVID19

"It's the Little Things that make the Big Things Happen"

Request for Transfer of Records

Student(s) Name	Grade	Date of Birth
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Previous School's Name and Address

1. _____
2. _____
3. _____

Has this student previously attended any school other than the above listed school?

_____ Yes, please list _____
_____ No

PLEASE SEND THE FOLLOWING INFORMATION ON THE ABOVE MENTIONED STUDENT(S).

1. Academic Record
2. Cumulative Records
3. Report Card
4. Health/Immunization Records
5. Notice of Psychological Testing/Special Education Records (if applicable)
6. Discipline and Attendance Records
7. RTP Information
8. Student Language Survey

Please send records to:
Humphreys County Board of Education
2443 Hwy70E
Waverly, TN 37185

** Fax Immunization Records and Special Education
information ASAP to 931-296-6501

HCBOE Office Use:

Richard Rye
Director of Humphreys County Schools
July/August 2020