

OBJECTION TO PUBLICATION OF DIRECTORY INFORMATION (4.13F)

I, the undersigned, being a parent of a student, or a student eighteen(18) of age or older, hereby note my objection to the disclosure or publication by the Cotter School District of directory information, as defined in Policy No. 4.13 (Privacy of Student Records), concerning the student named below.

I understand that the participation by the below-named student in any interscholastic activity, including athletics and school clubs, may make the publication of some directory information unavoidable, and the publication of such information in other forms, such as telephone directories, church directories, etc., is not within the control of the District.

I understand that this form must be filed with the office of the appropriate building principal within ten (10) school days from the beginning of the current school year in order for the District to be bound by this objection. Failure to file this form within that time is a specific grant of permission to publish such information.

I object and wish to deny the disclosure or publication of directory information as follows (check all that apply):

- ☐ Deny disclosure to military recruiters
- ☐ Deny disclosure to Institutions of postsecondary education
- ☐ Deny disclosure to potential employers
- ☐ Deny disclosure to all public and school sources

Selecting this option will prohibit the release of directory information to the three categories listed above along with all the other public sources (such as newspapers), **AND** result in the student's directory information **not being included** in the school's **yearbook** and other school publications.

- ☐ Deny disclosure to all public sources

Selecting this option will prohibit the release of directory information to the first three categories listed above along with all other public sources (such as newspapers), **BUT** permit the student's directory information **to be included** in the school's yearbook and other school publications.

STUDENT'S NAME (PRINTED)

GRADE

SIGNATURE OF PARENT/GUARDIAN (or student, if 18 or older)

DATE FORM WAS FILED (to be filled in by office personnel)

COTTER JR – SR HIGH SCHOOL
2022-23

Student's Name _____

Grade _____

I am a legal resident of the Cotter School District and have received the Student Handbook.

Please Note: State Law requires that this form be signed and returned to the Cotter School. Please return this sheet within **one week** after receiving the Student Handbook.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Student Name: _____ Grade: _____

DRUG TESTING CONSENT

I understand that my participation in any extracurricular activity or driving privilege is dependent on my conduct as an individual. I have read the contents of the Cotter School District Drug Testing Policy. I hereby agree to accept and abide by the policies, standards, rules and regulations set forth by the Cotter District School Board for the activity in which I participate.

In order to participate in extracurricular activities and/or possess driving privileges at Cotter Public School, I do hereby consent to abide by, and comply with, the chemical screening policy of the Cotter School District.

This shall be deemed a consent pursuant to the Family Education Right to Privacy Act for the release of above information to the parties named above.

Student signature

Parent signature

INTERNET AGREEMENT

I have received the handbook which explains the "Student Electronic Device and Internet Use Policy" on pages 10 & 11, and the form on page 73 and I agree to abide by this policy for the 2021-22 school year. I understand that if I do not sign this I will not be allowed to use the Internet(wi-fi) at Cotter High School.

Student signature

Parent signature

CHROMEBOOK AGREEMENT

I have received the handbook which explains the "Chromebook User Policy" on pages 11-13 and I agree to abide by this policy for the 2022-23 school year. I understand that if I do not sign this I will not be allowed to take a Chromebook home from Cotter High School.

_____ My child may bring home his/her Chromebook daily.
initial

_____ I would like insurance at the cost of \$25.00 due by Oct. 1, 2022.

_____ I am declining the Chromebook insurance.

Student signature

Parent signature

**COTTER JR./SR. HIGH SCHOOL
2022-23
PARENT INVOLVEMENT
VOLUNTEER INFORMATION SHEET**

Student Name: _____ Grade: _____

Parent Name: _____

Home #: _____ Cell #: _____ Work #: _____

E-mail Address: _____

_____ No, I am not able to volunteer at this time.

_____ Yes, I am able to volunteer at this time.

Days available: _____

Times available: _____

Areas of interest: (mentoring, student reward programs, reading, tutoring, etc.)

Teacher Appreciation week May 1 - May 5, 2023	Teacher Appreciation Day Tuesday, May 2, 2023
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Teacher Appreciation Week activities: Yes ____ No ____

SCHOOL USE:

Volunteer used (by whom, activity, date, length of volunteer time):

**PLEASE INCLUDE THIS FORM
IN ALL YOUR
ENROLLMENT PACKETS
(New and returning students).**



COTTER SCHOOL DISTRICT

<p style="text-align: center;">AGRICULTURAL SURVEY</p> <p style="text-align: center;">Title I, Part C</p> <p>Your child may qualify to receive <u>Extra Services</u></p> <p>In the last 3 years (including summer) did anyone in your family go to another area to work or try to get work in an agricultural/farming job or a food processing job? Moving from school district into another. Yes ___ No ___</p> <p>If YES, where? _____</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 5px auto;">Name of plant or farm?</div> <p>If you checked "yes", please mark any jobs you worked</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Check all that apply:</td> <td style="width: 40%;">Date</td> </tr> </table> <p>___ Food Processing—(Chicken, Turkey, Beef, Hog, Vegetables, Fruits) _____</p> <p>___ Chicken Houses, Chicken Catching Or Vaccinating _____</p> <p>___ Farm Work – (Cotton, Rice, Fruits, Vegetables, Cattle, Dairy, Chicken, Hog) _____</p> <p>___ Working at a Cotton Gin, Granary or Seed Company _____</p> <p>___ Tree Farms –(Planting, Marking, Girdling, Cutting, Skidding) _____</p> <p>___ Plant or Tree Nursery _____</p> <p>___ Sod Farming _____</p> <p>___ Working with Bees _____</p> <p>___ Working on a Fish Farm _____</p> <p>___ Other Farm Work _____</p> <p>ANY QUESTIONS CONTACT: Robbye Smith (870) 654-2038</p>	Check all that apply:	Date	<p>Father's Name</p> <hr/> <p>Mother's Name</p> <hr/> <p>Daytime Phone:</p> <hr/> <p>Evening Phone:</p> <hr/> <p>Street Name and House/Apt #</p> <hr/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">City</td> <td style="width: 50%;">Zip Code</td> </tr> </table> <p>Where do you work now? Father: _____</p> <p>Mother: _____</p> <p>Date you moved to current home: / /</p> <hr/> <p>Please list all children in the home. ↓</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Student Name</td> <td style="width: 20%;">Birth Date</td> <td style="width: 20%;">Grade</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> <tr> <td colspan="3">Place of Birth:</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Student Name</td> <td style="width: 20%;">Birth Date</td> <td style="width: 20%;">Grade</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> <tr> <td colspan="3">Place of Birth:</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Student Name</td> <td style="width: 20%;">Birth Date</td> <td style="width: 20%;">Grade</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> <tr> <td colspan="3">Place of Birth:</td> </tr> </table>	City	Zip Code	Student Name	Birth Date	Grade				Place of Birth:			Student Name	Birth Date	Grade				Place of Birth:			Student Name	Birth Date	Grade				Place of Birth:		
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COTTER PUBLIC SCHOOL

PO BOX 70 COTTER, AR 72626

Airl Cheek
Elementary Principal
870-435-6655

Jayne Jones
Superintendent
870-435-6171
FAX 870-435-1300

Clark Gustin
High School Principal
870-435-6323

In compliance with the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. 1232g; 34 CFR Part 99)

I, _____, give permission for my child, _____
(Parent/Guardian Name) (First & Last Name)

Personally identifiable information/student education records to be disclosed to

Cotter Public Schools for the purpose of billing Medicaid and/or private insurance.

Printed name of Parent/Guardian

Parent/Guardian Signature

Date Signed

MEDICAL INFORMATION

Student Name _____ Grade _____ SSN# _____

Street Address _____ City _____

Sex _____ Race _____ Birthdate _____ Home Phone _____

Mother's Name _____ Father's Name _____

Mother's Place of Employment _____ Phone _____

Father's Place of Employment- _____ Phone _____

Emergency Contact (other than parent) _____ Phone _____

Special Health Problems _____

Medications(s) Taken Daily _____

Physician _____ Phone _____

May your child be given the following by the school nurse or her designee?

Tylenol _____	Maalox _____	Benadryl _____	Ibuprofen _____	Pepto-Bismol _____
for headache/fever	for upset stomach	for cold/allergic reaction	for aches/cramps	for upset stomach

Is this student on Medicaid? Yes _____ No _____

If yes, please give Medicaid number _____

Parent/Guardian Signature

Date

Return to School Office



HOUSING INFORMATION FORM

Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

List all children in your family birth through age 21.

Name of Child	School	Age	Grade	Date of Birth

Parent/Guardian _____

Address _____

City _____

Zip Code _____

Is this address Temporary or Permanent? (circle one)

Please choose which of the following situations the student currently resides in (you can choose more than one):

- _____ House or apartment with parent or guardian
- _____ Motel, car, or campsite
- _____ Shelter or other temporary housing
- _____ With friends or family members (other than or in addition to parent/guardian)

If you are living in shared housing, please check all of the following reasons that apply:

- _____ Loss of housing
- _____ Economic situation
- _____ Temporarily waiting for house or apartment
- _____ Provide care for a family member
- _____ Living with boyfriend/girlfriend
- _____ Loss of employment
- _____ Parent/Guardian is deployed
- _____ Other (Please explain)

Are you a student under the age of 18 and living apart from your parents or guardians?
Yes No

Housing and Educational Rights

Students without fixed, regular, and adequate nighttime residences have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento liaison at [Insert phone number] or the State Coordinator at 501-683-5428.

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/Unattached Youth

Date

Signature of McKinney-Vento Liaison

Date