



Asheville Middle School

Asheville City Schools Secondary Application Checklist

Date:	2018-19 Grade Level: _____	Received by: _____
Name:	Current School:	In District <input type="radio"/>
Parent:	Address:	Phone: Email:

Forms Provided to Parent/Guardian - In ACS District Application returned to Registrar

	Secondary Campus Enrollment Form
	Secondary School Assignment Application
	Secondary Registration Form
	Affidavit A – Notary Signature Required
	Bus Transportation Form & Contract – <u>In District Only</u>
	Student Health History
	Responsible Use of Technology and Internet Safety Agreement
	Media Release Agreement
	Student Residency Questionnaire

Documents YOU MUST Provide when application is submitted

	Two (2) proofs of residence: Mortgage Statement, Tax Statement, or Lease Agreement <u>and</u> a utility bill (water, electric, or gas). NO EXCEPTIONS.
	Student's Birth Certificate
	Parent/Guardian Photo ID
	Proof of Guardianship if parent/guardian is NOT named on birth certificate
	Most recent Report Card or Transcript including Attendance Reports
	Discipline Reports
	Immunization Records

Forms Provided if Student does NOT reside with parent or legal guardian

Affidavit B – Notary Signature Required	Affidavit C - Notary Signature Required
---	---



Asheville City Schools

PO Box 7347 • 85 Mountain Street
Asheville, North Carolina 28802

Learn. Discover. Thrive

Revised 2/2016

ASHEVILLE MIDDLE SCHOOL APPLICATION (Grades 6 – 8)

2018 – 2019

PLEASE PRINT CLEARLY. Use a separate form for each child wishing to enroll in Asheville City Schools.

Parent/Guardian should complete all questions on this application.

Today's Date: _____

Name of Student: _____

_____ Last _____ First _____ Middle _____ (Preferred First)
Date of Birth _____ Age _____ Male _____ Female _____

Appropriate grade 2017-2018 school year (circle one): 6 7 8

Ethnicity (circle one) Hispanic Non-Hispanic

Race (circle one or more) American Indian/Alaska Native Asian
Black/African American Native Hawaiian/Pacific Islander
White

Student is currently attending: _____
_____ School _____ Mailing Address _____ City _____ State _____ Zip _____

Phone number _____

Fax number _____

Printed Name of Parent/Guardian/Caregiver (attach legal guardianship document or appropriate caregiver affidavits):

_____ Last

_____ First

_____ Middle

Home Address: _____

_____ Street (number and name)

_____ City

_____ State

_____ Zip Code

Telephone Numbers: (Home) _____ (Work) _____ (Cell) _____

Does this child have brothers/sisters attending Asheville City Schools? () No () Yes (list below & on reverse)

Name: _____ School: _____ Grade 2018-2019: _____

Name: _____ School: _____ Grade 2018-2019: _____

Name: _____ School: _____ Grade 2018-2019: _____

Has this child ever attended Asheville City Schools? () No () Yes If yes, please provide the name of the school(s) and dates of attendance: _____

Asheville City Schools Secondary Campus Enrollment Form

(PLEASE NOTE: This form is the source of data for the school computer database) PLEASE PRINT LEGIBLY

Previous School Information

Today's date: _____

Previous school district: _____ Previous school name: _____

City: _____ State: _____ School Phone: _____ Fax: _____

Contact person for school records: Name: _____ Title: _____

Most recent date in attendance at previous school: ____/____/____ (mm/dd/yyyy)

Has student previously attended Asheville City Schools? Yes No

If yes, list most recent (ACS) school: _____ and school year(s) attended: _____

Current Enrollment information

Requested ACS School (circle one): Asheville Middle Asheville High School of Inquiry and Life Sciences

Legal last name: _____ Legal first name: _____

Legal middle name(s): _____ (If no middle name, please indicate with hyphen)

Date of birth: _____ Gender (circle one): Male Female

Primary telephone number: _____ Projected first day of attendance: _____

Ethnicity (circle one): Hispanic Non-Hispanic

Race (circle one or more): American Indian/Alaska Native Asian
Black/African American Native Hawaiian/Pacific Islander
White

Grade level: _____ School District of Residence: _____

Property Address (PO Boxes are not accepted as the property address)

Street Address: _____

(For apartment complexes please provide the full street address)

Circle one (if applicable): Apt Unit Suite Lot Apt/Unit/Suite/Lot Number (if applicable): _____

City: _____ State: _____ Zip Code: _____ - _____ (xxxx - xxxx)

Apt/Unit/Suite/Lot Complex Name (if applicable): _____

Mailing Address (If different from Property Address. PO Box may be listed here if desired)

Is the primary phone number provided above an unlisted number? (circle one): Yes No

For office use:

School: _____ Reg Date: _____ Enroll Code: _____ Grade: _____

Birth Certificate Passport

Location of birth: _____
City State Country

Please indicate the month and year the student first enrolled in school in the US:

Federal Language Survey (One language per line):

Language Most Used: _____

First Language: _____

Home Language: _____

Parent/Guardian (Contact #1)

Relationship (circle one): Mother Father Stepmother Stepfather Grandparent Guardian

Last Name: _____ First Name: _____

Living with Student?	Yes	No	Has custodial rights?	Yes	No
----------------------	-----	----	-----------------------	-----	----

Address of residence: _____

Speaks English? Yes No If no, list primary language: _____

Work/Employment:	Migrant worker?	Yes	No

Home phone: _____ Unlisted? Yes No

Day phone (cell): _____ Email address: _____

Parent/Guardian (Contact #2)

Relationship (circle one): Mother Father Stepmother Stepfather Grandparent Guardian

Last Name: _____ First Name: _____

Living with Student?	Yes	No	Has custodial rights?	Yes	No
----------------------	-----	----	-----------------------	-----	----

Address of residence: _____

Speaks English? Yes No If no, list primary language: _____

Work/Employment:	Migrant worker?	Yes	No
1. Are you currently employed?			
2. If yes, what is your occupation?			
3. Do you work for a company or organization?			
4. If yes, what is the name of the company/organization?			
5. How long have you been working for them?			
6. Are you a migrant worker?			
7. If yes, where do you work?			
8. How long have you been working there?			
9. Do you have any other sources of income?			
10. If yes, what are they?			
11. How much do you earn from these sources?			
12. Do you have any debts or financial obligations?			
13. If yes, what are they?			
14. How much do you owe?			
15. Do you have any savings or investments?			
16. If yes, what are they?			
17. How much do you have saved/invested?			
18. Do you have any other financial assets?			
19. If yes, what are they?			
20. How much do you have in these assets?			

Home phone:	Unlisted?	Yes	No
-------------	-----------	-----	----

Day phone (cell): _____ Email address: _____

Contact #3 (if needed)

First Name: _____ Last Name: _____

Email Address: _____

Living with student? Yes No Relationship: _____

Can pick up student? Yes No Phone Unlisted: Yes No

Speaks English? Yes No

Address: _____

Home phone: _____ Day(cell) phone: _____

Contact #4 (if needed)

First Name: _____ Last Name: _____

Email Address: _____

Living with student? Yes No Relationship: _____

Can pick up student? Yes No Phone Unlisted: Yes No

Speaks English? Yes No

Address: _____

Home phone: _____ Day(cell) phone: _____

Guardian Alert (if needed)

List any special circumstances that necessitate a Guardian Alert be included with the student's record. This may be a custody situation, court involvement, DSS involvement, the name of anyone who is NOT to pick up student from school, etc. Attach court documentation if necessary.

Medical

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Medical Alert (Include any serious or life threatening allergies, as well as any other health conditions):

Please list the full name and age of any siblings who are also attending Asheville City Schools:

Did your son/daughter receive the following services at his/her previous school:

LEP (Limited English Proficiency)	Yes	No
-----------------------------------	-----	----

Other (please describe): _____

I do hereby grant permission for the release of any/all school records to the registrar at Asheville High School.

Date _____

SERVICES FOR STUDENTS WITH SPECIAL NEEDS

Has your child ever received **Special Education services or 504 accommodations?** () No () Yes

Does your child have an **Individualized Education Program (IEP)?** () No () Yes

Does your child have a **504 Plan?** () No () Yes

If you answered yes to any of the questions above, please provide additional information in the following space and provide a copy of the IEP or 504 Plan: _____

ENGLISH LANGUAGE PROFICIENCY SKILLS

What is the first language the student learned to speak? _____

What language does the student speak most often? _____

What language is spoken most often in the home? _____

If you answer was anything other than "English" to any of the above questions, your child will be screened and/or assessed for English language proficiency.

TRANSPORTATION REQUEST

Will your child need **bus transportation?** () No () Yes - If yes, please submit *Transportation Form I*.

DOCUMENTATION REQUIREMENT CHECKLIST

- | | |
|--|---|
| <input type="checkbox"/> Student's Birth Certificate or Passport | <input type="checkbox"/> Parent/Legal Guardian's Picture I.D. |
| <input type="checkbox"/> Transcript from previous school | <input type="checkbox"/> Proof of Legal Guardianship or appropriate caregiver affidavits |
| <input type="checkbox"/> Withdrawal from previous school | <input type="checkbox"/> Affidavit A (Sworn oath /affirmation regarding disciplinary status and felonies) |
| | <input type="checkbox"/> Proof of Residence of Parent/Legal Guardian and Student |
- Important: Proof of Residence is determined by a lease agreement/mortgage statement and a current utility bill (electric, gas, water) in your name at your address. ACS may request additional documentation at any time to verify the address given on this application as the domicile of the parent/guardian.

DISTRICT INFORMATION

() In ACS District () Out of ACS District – Discretionary Admission Application and Approval Required

► *I certify that all information provided by me on this form is true.*

Mandatory Signature of Parent/Legal Guardian/Caregiver _____

NOTE: To be used for any student seeking to transfer into the district who lives with Parent(s) / Guardian / Legal Custodian

AFFIDAVIT A

STATE OF NORTH CAROLINA)
COUNTY OF BUNCOMBE)

Please Print or Type

IN THE MATTER OF				DISCIPLINARY STATUS AFFIDAVIT BY PARENT, GUARDIAN OR LEGAL CUSTODIAN (G.S. 115C-366(a4)) (Policy Code 4115)
Full Name of Student				
Address				
City		State	Zip	
Current Grade	Last School Attended			
Sex	Date of Birth	Age	Printed Name of Parent, Guardian or Legal Custodian	

This is to certify that the above-referenced student who is transferring to:

_____ (Name of School)
from _____ (Name of School)

Check One:

- ☐ is not currently under suspension or expulsion from attendance at a private or public school in this or any other state and has never been convicted of a felony in this or any other state; or
- ☐ is currently under suspension or expulsion from attendance at a private or public school in this or any other state or has been convicted of a felony in this or any other state, but is currently identified as being eligible for special education and related services under the Individuals with Disabilities Education Improvement Act, 20 U.S.C. § 1400, et seq. (2004). *If this box is checked, you must attach evidence of the student's current eligibility.*

Sworn Under Oath or Affirmation.

Signature of Parent/Guardian/Custodian/Student
(if 18 yrs. of age or older)

SWORN TO AND SUBSCRIBED BEFORE ME

This ____ day of _____, 20____.

by _____
(Name of Parent, Guardian, Legal Custodian or Student)

(Signature of Notary Public)

My Commission Expires: _____
(Notary Seal)

2018-2019 ACS Bus Rules & Regulations Contract

A safe and orderly environment is critical whenever transporting students. All Board of Education Policies on student behavior as well as rules listed in the Student Code of Conduct apply while riding, boarding or leaving the bus, and while at any designated bus stop.

Subject to available space, students will be permitted to occasionally ride a bus to which they are not assigned if a school administrator receives a written parent request by noon and issues a bus pass to the student to present to the bus driver. School administrators will consider exceptions to this time requirement in emergency situations only.

Students shall at all times obey the directives of the school bus driver. Failure to do so may result in losing the privilege of riding the bus. The following rules of conduct must be followed by every rider:

At the Designated Bus Stop:

- Arrive at the assigned stop 10 minutes before bus pickup time
- Stand on the sidewalk or the edge of the street by the curb
- Stay off private property
- Wait quietly and in an orderly fashion
- Do not stand in the traveled part of the road

- Be respectful and watchful of traffic

When the Bus Arrives:

- Allow the bus to come to a complete stop
- Board the bus quietly and in an orderly manner

On the Bus:

- Remain seated at all times
- Cooperate with the driver and practice orderly conduct
- No vandalism
- No body parts outside the bus
- No live or dead animals
- No unsafe objects
- No weapons
- No smoking

On the Bus cont'd:

- No eating or drinking
- No throwing items from the bus or on the bus
- No profanity or obscene behavior
- No radio, cd, mp3 players or any other electronic devices. Asheville City Schools takes no responsibility for any electronic devices brought to school and will not conduct searches for missing items.

Leaving the Bus:

- Remain seated until the bus comes to a complete stop
- Get off at your assigned bus stop
- Leave in an orderly manner
- Cross in front of the bus

Consequences for violating bus rules include:

- ✓ 1st Violation Warning and parent contact
- ✓ 2nd Violation Parent contact. Consequences may include a 3 day suspension from riding a bus.
- ✓ 3rd Violation Parent contact. Consequences may include a 5 day suspension from riding a bus.
- ✓ 4th and Succeeding Parent contact. Beginning with the 4th violation, consequences may include a 10-day suspension from riding a bus.

Severe violations of bus rules may result in any of the consequences set out in the Student Code of Conduct being imposed up to long-term out-of-school suspension or expulsion.

In case of bus suspension, the student must still attend school with transportation being provided by parents. Suspension from the school bus does not permit or provide an excuse for the absence of a student from the school.

- Per board policy, parents assume responsibility for student's safety once the child has departed the bus

****Please sign and return this letter to your bus driver after you and your child have discussed and agreed to abide by these guidelines. These rules and regulations are also found in the ACS Student Code of Conduct.**

*Thank you for helping us to provide a safe ride for our students,
Dr. Terrence McAllister, Assistant Superintendent of ACS, Support Services*

Student Printed Name

Student Signature

Date

Parent/Guardian Signature

Date

School

Asheville City Schools
Transportation Form I

Please fill in all information before submitting to transportation

School _____

Last name _____

First name _____

Middle Name _____

Home Street Address *(Data Manager – Please make sure address is current in Home Base)* _____

School ID _____

Grade _____

*Morning Pick-up Location Request _____

*Afternoon Drop-off Location Request _____

**Asheville City Schools is dedicated to providing safe and efficient transportation for all eligible students. Transportation service is provided to and from the closest designated bus stop location from and to home. Any stops made that are not to the student's home or to a daycare attended by 10 or more students assigned to that same bus are subject to available space and capacity on that bus.*

FOR TRANSPORTATION OFFICE USE ONLY

Morning Bus Stop Assignment _____

Bus Number _____

Approximate Time _____

Afternoon Bus Stop Assignment _____

Bus Number _____

Approximate Time _____

Parents: Please see bus driver at stop for a more specific time for pick up and drop off.

Parent/Guardian – Please complete this form, sign, and return to your child's school immediately.

STUDENT HEALTH HISTORY

School Staff – Please put this form in the school nurse's mailbox as soon as you receive it!!

Student's Name _____ Date of Birth _____ School _____

Homeroom/Lead Teacher _____ Grade _____ School Year _____

Primary Health Care Doctor: _____ Phone _____

Is your child on any prescription medications that will need to be given at school? ☐ No ☐ Yes *

**If YES, a medication or Action form must be completed and signed by the parent/guardian and physician each year or when changes in the plan take place*

☐ **My child does not have any health conditions**

Does your child have any of the following diseases or disorders? (check all that apply)

1- Endocrine disorders

- ☐ Diabetes
 - ☐ Requires insulin
 - ☐ Does not require insulin
- ☐ Hormonal
- ☐ Thyroid
- ☐ Other _____
- ☐ Medication _____

2-Lungs/Respiratory disorders

- ☐ Asthma
 - ☐ Medication _____
 - ☐ Inhaler/nebulizer used last 2 years?
- ☐ Tracheostomy
- ☐ Other _____

3-Allergies

- ☐ Medication: _____
- ☐ Bees
- ☐ Food (list) _____
- ☐ Latex
- ☐ Seasonal/Environmental
- ☐ Other _____
- ☐ Non-life threatening
- ☐ Life threatening
- ☐ Need Epinephrine (Epi- pen)

4-Head/Neurological

- ☐ ADD ☐ ADHD
- ☐ Asperger syndrome
- ☐ Autism
- ☐ Cerebral Palsy
- ☐ Migraines
- ☐ Spina bifida
- ☐ Tourette's Syndrome
- ☐ Traumatic brain injury (TBI)
- ☐ Seizures
- ☐ Shunt
- ☐ Vagal nerve stimulator
- ☐ Other _____
- ☐ Medication _____

5- Cancer

- ☐ Type _____
- ☐ Date diagnosed _____
- ☐ Indwelling port

6 - Blood disorder

- ☐ Anemia
- ☐ Hemophilia
- ☐ Sickle cell disease ☐ trait
- ☐ Thalassemia
- ☐ Other _____

7-Heart condition

- ☐ High blood pressure
- ☐ Irregular heart rhythm
- ☐ Medication _____
- ☐ Other _____

8-Bone/Joint

- ☐ Arthritis
- ☐ Lupus
- ☐ Use crutches, braces, walker, wheelchair
- ☐ Other _____

9- Kidney/Bladder

- ☐ Catheter
- ☐ Disposable briefs
- ☐ Urinary incontinence
- ☐ Other _____

10- Gastrointestinal

- ☐ IBS/Irritable Bowel/Crohn's Disease
- ☐ Feeding tube
- ☐ Other _____

11- Ears

- ☐ Hearing impaired
 - ☐ Cochlear implants
 - ☐ Wears hearing aids
- ☐ Other _____

12- Eyes

- ☐ Prosthetic eyes
- ☐ Vision impaired
- ☐ Contacts
- ☐ Glasses
- ☐ Other _____

13- Skin

- ☐ Eczema
- ☐ Psoriasis
- ☐ Other _____

14- Behavioral/Emotional

- ☐ Anxiety
- ☐ Bipolar disorder
- ☐ Depression
- ☐ Eating disorder
- ☐ OCD ☐ ODD ☐ PTSD
- ☐ Other _____

15- Muscular

- ☐ Muscular dystrophy
- ☐ Multiple sclerosis
- ☐ Other _____

16- Genetic/chromosomal

17- Other

18 – Medications not given at school:

☐ **Requires Food modifications**
(attach doctor's diet order)

Has your child ever stopped breathing? ☐ No ☐ Yes Has your child ever needed CPR? ☐ No ☐ Yes

Has your child ever needed the Heimlich Maneuver (emergency response) for choking? ☐ No ☐ Yes

Has your child ever been hospitalized for any condition(s) checked? ☐ No ☐ Yes – List condition and date(s) below:

Parent/Guardian Signature _____ Date _____

***Please write additional health information beside "Other Conditions" above or contact our school nurse to discuss.



PUBLIC SCHOOLS OF NORTH CAROLINA

State Board of Education | Department of Public Instruction

January 2016

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 Health
HEALTH AND HUMAN SERVICES



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

Information for Parents

If your family lives in any of the following situations:

- In a shelter, motel, vehicle, or campground
- On the street
- In an abandoned building, trailer, or other inadequate accommodations, or
- Doubled up with friends or relatives because you cannot find or afford housing

Then, your preschool-aged and school-aged children have certain rights or protections under the McKinney-Vento Homeless Education Assistance Act.

Your children have the right to:

- Go to school, no matter where you live or how long you have lived there. They must be given access to the same public education, including preschool education, provided to other children.
- Continue in the school they attended before you became homeless or the school they last attended, if that is your choice and is feasible. If a school sends your child to a school other than the one you request, the school must provide you with a written explanation and offer you the right to appeal the decision.
- Receive transportation to the school they attended before your family became homeless or the school they last attended, if you or a guardian request such transportation.
- Attend a school and participate in school programs with children who are not homeless. Children cannot be separated from the regular school program because they are homeless.
- Enroll in school without giving a permanent address. Schools cannot require proof of residency that might prevent or delay school enrollment.
- Enroll and attend classes while the school arranges for the transfer of school and immunization records or any other documents required for enrollment.
- Enroll and attend classes in the school of your choice even while the school and you seek to resolve a dispute over enrolling your children.
- Receive the same special programs and services, if needed, as provided to all other children served in these programs.
- Receive transportation to school and to school programs.

When you move, you should do the following:

- Contact the school district's local liaison for homeless education (see phone number below) for help in enrolling your child in a new school or arranging for your child to continue in his or her former school. (Or, someone at a shelter, social services office, or the school can direct you to the person you need to contact.)
- Contact the school and provide any information you think will assist the teachers in helping your child adjust to new circumstances.
- Ask the local liaison for homeless education, the shelter provider, or a social worker for assistance with clothing and supplies, if needed.

Local Area Contacts:

Kate Perrotta (828) 713-7280

State Coordinator:

Lisa Phillips

If you need further assistance, call the
National Center for Homeless Education
at the toll-free HelpLine number:

1-800-308-2145



ASHEVILLE CITY SCHOOLS

STUDENT RESIDENCY FORM

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

Student _____ Parent/Guardian _____

School _____ Phone _____

Age _____ Grade _____ D.O.B. _____

Address _____ City _____

Zip Code _____ Is this address Temporary or Permanent? (circle one) Yes No

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

Siblings (Name, DOB):

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, as long as it is in the best interest;
- 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 828-713-7280 or the State Coordinator, Lisa Phillips.

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

Signature of Parent/Guardian/Unaccompanied Youth _____ Date _____

Signature of McKinney-Vento Liaison _____ Date _____



**Asheville Middle School
6th Grade Electives 2018-19**



Student Name _____ Current Elementary School _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____ Parent/Guardian Phone: _____

We are so excited and honored that you have chosen to attend Asheville Middle School! It's important for you to review our course catalog, and discuss the options with your family. We have a wide variety of elective courses to choose from. Take your time and select the classes that will best prepare you for high school and beyond.

~ Principal Dockery

Listed below are elective classes offered to 6th graders at AMS. After you have made your selections and reviewed them with your parent/guardian, return this form to your 5th grade teacher. **Each Student takes two classes per semester.** Physical Education (PE) is a required course for all students every year. For 6th grade students you can take PE as a semester course or paired with Advancement Via Individual Determination (AVID) as a year long course.

Please select four (4) courses, with the 4th elective used as an alternate in case a class is full. *All students are placed in PE automatically.* Please note that year long courses count as two (2) choices.

Single Semester Courses		Year Long (2 Semesters)	
	EXPLORING JOURNALISM		CHORUS
	COMPUTER SCIENCE INNOVATORS AND MAKERS PROJECT LEAD THE WAY (PLTW)		6th GRADE STRING ORCHESTRA
	EXPLORING PERSONAL CHARACTER AND CAREERS		6th GRADE BAND
	DESIGN AND MODELING PROJECT LEAD THE WAY (PLTW)		AVID Prep - Year-long paired with PE
	VISUAL ARTS	Are you planning to attend summer band camp (June TBD - Not Required) Yes _____ No _____	
	SPANISH		
	CREATIVE DRAMATICS		

Student Signature: _____ Parent Signature: _____ Date: _____



**Asheville Middle School
7th Grade Electives 2018-19**



Student Name _____ Current Homeroom Teacher _____

Parent/Guardian Name: _____ Parent/Guardian Phone: _____

Parent/Guardian Email: _____

We are so excited and honored that you have chosen to attend Asheville Middle School! It's important for you to review our course catalog, and discuss the options with your family. We have a wide variety of elective courses to choose from. Take your time and select the classes that will best prepare you for high school and beyond.

~ Principal Dockery

Listed below are elective classes offered to 7th graders at AMS. After you have made your selections and reviewed them with your parent/guardian, return this form to your Homeroom teacher. **Each Student takes two classes per semester.** Physical Education (PE) is a required course for all students every year.

Please select four (4) courses, with the 4th elective used as an alternate in case a class is full. *All students are placed in PE automatically.* Please note that year long courses count as two (2) choices.

Single Semester Courses		Year Long (2 Semesters)	
	CREATIVE DRAMATICS		EXPLORING JOURNALISM
	EXPLORING APPAREL AND INTERIOR DESIGN		CHORUS
	DESIGN AND MODELING PROJECT LEAD THE WAY (PLTW)		7th GRADE STRING ORCHESTRA
	AUTOMATION AND ROBOTICS PROJECT LEAD THE WAY (PLTW)		7th GRADE BAND
	COMPUTER SCIENCE INNOVATORS AND MAKERS PROJECT LEAD THE WAY (PLTW)		AVID
	VISUAL ARTS	<i>NC Virtual Public High School Courses by request - see your counselor for details.</i>	
	7th / 8th GRADE JAZZ BAND		
	SPANISH		

Student Signature: _____ Parent Signature: _____ Date: _____



**Asheville Middle School
8th Grade Electives 2018-19**



Student Name _____ Current Homeroom Teacher _____

Parent/Guardian Name: _____ Parent/Guardian Phone: _____

Parent/Guardian Email: _____

We are so excited and honored that you have chosen to attend Asheville Middle School! It's important for you to review our course catalog, and discuss the options with your family. We have a wide variety of elective courses to choose from. Take your time and select the classes that will best prepare you for high school and beyond.

~ Principal Dockery

Listed below are elective classes offered to 8th graders at AMS. After you have made your selections and reviewed them with your parent/guardian, return this form to your Homeroom teacher. **Each Student takes two classes per semester.** Physical Education (PE) is a required course for all students every year.

Please select four (4) courses, with the 4th elective used as an alternate in case a class is full. *All students are placed in PE automatically.* Please note that year long courses count as two (2) choices.

Single Semester Courses		Year Long (2 Semesters)	
	CREATIVE DRAMATICS		EXPLORING JOURNALISM
	EXPLORING INTERPERSONAL RELATIONSHIPS AND CHILDCARE		CHORUS
	DESIGN AND MODELING PROJECT LEAD THE WAY (PLTW)		8th GRADE STRING ORCHESTRA
	AUTOMATION & ROBOTICS PROJECT LEAD THE WAY (PLTW)		8th GRADE BAND
	COMPUTER SCIENCE INNOVATORS AND MAKERS PROJECT LEAD THE WAY (PLTW)		AVID
	APP CREATORS PROJECT LEAD THE WAY (PLTW)		Spanish 1
	VISUAL ARTS	AVID NC Virtual Public High School Courses by request - see your counselor for details.	
	7th / 8th GRADE JAZZ BAND		
	SPANISH		

Student Signature: _____ Parent Signature: _____ Date: _____



ASHEVILLE CITY SCHOOLS STUDENT RESPONSIBLE USE OF TECHNOLOGY AND INTERNET SAFETY AGREEMENT (in accordance with Children's Internet Protection Act [CIPA] and North Carolina Public Law 106-554)

PURPOSE: Asheville City Schools provides all students on campus access to the Internet, network resources, email accounts and/or portable computers at designated grade levels, as a means to promote achievement and provide diverse opportunities during the educational experience. This agreement provides guidelines and information about the limitations that the school imposes on use of these resources. Signing this Responsible Use Agreement signifies compliance with Board Policy 3225, and agreement with the higher standards in this document. Additional rules may be added as necessary and will become a part of this agreement.

TERMS OF THE RESPONSIBLE USE OF TECHNOLOGY AND INTERNET SAFETY AGREEMENT

Specifically, the student:

- Will adhere to these guidelines each time ACS provided technology resources are used.
- Will make available any messages or files stored or information accessed, downloaded, or transferred using district-owned technology for inspection by an administrator or teacher. District and school administrators may access all communications and data, including those stored by outside entities for services provided by Asheville City Schools for usage by school faculty, staff, and students.
- Will use appropriate language in all communications avoiding profanity, obscenity and offensive or inflammatory speech. Cyber-bullying, such as personal attacks or threats against anyone, while using district-owned technology to access the Internet or local school networks shall be reported to school personnel.
- Will behave in a responsible, ethical and polite manner in digital venues.
- Will follow copyright laws and shall only download or import music or other data to a district-owned technology that he/she is legally permitted to reproduce or possess.
- Will actively protect and maintain the privacy of personally identifying information.
- Will use district provided email for academic purposes and understand that this email is not private. District and school administrators may access all communications and data, including those stored by outside entities for services provided by Asheville City Schools for usage by school faculty, staff, and students.
- Will not attempt to access networks and other technologies beyond the point of authorized access. Will not attempt to use another person's account and/or password.
- Will not share passwords or attempt to discover passwords and will be held accountable for password misuse.
- Will not download and/or install any unauthorized data, including malicious software, applications, or games, to any district-owned technology.
- Will not tamper with computer hardware or software, including unauthorized entry into computers, vandalism or destruction of the computer or computer files. Damage to computers or technology systems may result in felony criminal charges.
- Will not attempt to override, bypass or otherwise change the Internet filtering software or other network configurations, including use of a proxy to bypass the filter.
- Will not access or store materials or attempt to locate materials that are unacceptable in a school setting such as, but not limited to, pornographic, obscene, graphically violent, or vulgar images, sounds, music, language, video or other materials. Specifically, all district-owned technologies should be free at all times of any such materials. Students shall inform staff immediately in the event of inadvertent access of inappropriate material.
- Will keep district laptops and other technology resources secure and damage free. If a laptop or other device is issued to a student, the student must use the provided protective bag or case at all times. This will help protect the device but does not absolve the student from responsibility of caring for the device. Follow the guidelines in the *ACS Parent/Student 1:1 Handbook* when applicable.
- Will back up data and important files regularly. Files may be deleted during required maintenance or in the event of hardware failure. Students are encouraged to back up all personal files on their own storage media.



ACS Student Responsible Use of Technology and Internet Safety Agreement

By signing this I agree to abide by the conditions listed above and assume responsibility for the care and proper use of ACS technologies. ACS is not responsible for any loss resulting from delays, non-deliveries, missed deliveries, lost data, or service interruptions caused by user errors, omissions or reasons beyond the district's control. Information obtained via the Internet and other sources using ACS technologies is not guaranteed as to accuracy or quality. I understand that should I fail to honor all the terms of this agreement, future Internet and other electronic media accessibility may be denied. Furthermore, I may be subject to disciplinary action outlined in the **ACS Student Code of Conduct** and, if applicable, my laptop computer may be recalled.

As the student, my signature indicates I have read or had explained to me and understand this Responsible Use of Technology and Internet Safety Agreement, and accept responsibility for abiding by the terms and conditions outlined and using these resources for educational purposes. ***I understand that this agreement applies to the use of any school equipment used both on and off campus.***

Student name (please print): _____

Student Signature: _____ Date: _____

By signing below, I give permission for the school to allow my son or daughter to have access to the Internet and related technologies under the conditions set forth above. ACS takes all reasonable precautions to ensure online safety including Internet content filtering and promotes proper use of the Internet and related technologies. I understand that no Internet filter can block all inappropriate content. I understand that Asheville City Schools cannot be held responsible for inappropriate content accessed or initiated by students using our network. I accept responsibility for my child's actions if he or she does not abide by this Responsible Use of Technology and Internet Safety Agreement. Furthermore, I accept responsibility for guiding my child's Internet use and for setting and conveying standards for my child to follow when exploring information and media.

In compliance with the Children's Online Privacy Protection Act (2000), Asheville City Schools allows the use of select third party websites and other online services (such as Google Apps for Education, Moby Math, etc.) that may collect individually identifiable information about students under the age of 13 only when parental consent is obtained by school system personnel. My signature below indicates my consent for Asheville City Schools to provide such services to my child.

As the parent/guardian, my signature indicates I have read and understand this Responsible Use of Technology and Internet Safety Agreement.

Please note, highly structured educational activities, such as online testing, will require student use of Internet technologies.

The effective period of this agreement is as follows:

Grades Kindergarten to Fifth – Parent signature each year

Grades 6 to 8 – Parent signature in 6th grade or when the student first enrolls

Grades 9 to 12 – Parent signature in 9th grade or when the student first enrolls

Parent/Guardian name (please print): _____

Parent/Guardian Signature: _____ Date: _____

If you have questions about the ACS Student Responsible Use of Technology and Internet Safety Agreement please contact the school administration.

Please contact the school administration to review or change your response to this agreement.



ACS Media Release Agreement

I understand that Asheville City Schools has the right to obtain and/or use *my child's* photograph, digitized image, video and/or voice recording for educational and informational purposes.

I understand that such media and all subsequent uses of that media, including publications, presentations, web sites, videos and multimedia productions, become the property of Asheville City Schools and may be disseminated to the public via appropriate media channels.

I understand that photographs or videos of my child appearing on the approved Asheville City Schools' home pages on the World Wide Web will not identify my child by full name except as part of participation in sports and other extra-curricular activities.

The media release agreement for anyone under the age of 18 must include the signature of a parent or guardian every year.

Student Name (please print clearly)	School Name
Parent/Guardian Name (please print clearly)	
Signature of Parent/Guardian	Date

(Rev. 2/2011)

If you do not want your child's image or name used as stated above, you may contact your school principal in writing with details.

B. Parent Laptop Agreement

A signed copy of this form must be turned in to a school designee at the Parent/Student Orientation. This form must be signed and turned into the school treasurer and the Laptop Fee paid prior to receiving laptop. We are excited to be able to provide your student with a laptop computer while he or she is enrolled at ACS. ***These laptops are to be used by the student for learning purposes only and are the property of Asheville City Schools.*** Please note the following conditions of the program:

Parents or students will file a police report in case of theft, vandalism, and other acts that occur away from the school campus. If a laptop is lost or stolen due to proven negligence as determined by state insurance officials, parents may be responsible for full replacement costs (approximately \$250.) Laptops that are not returned when a student leaves, transfers, or withdraws from school will be considered stolen. The procedures outlined in the ACS Parent/Student Laptop Handbook will be followed.

Please read the ACS Parent/Student 1:1 Laptop Handbook carefully with your child. Be sure that both you and he/she understand the guidelines for this program. Failure to comply with all guidelines, terms and expectations in the ACS Parent/Student 1:1 Laptop Handbook, the Responsible Use of Technology and Internet Safety Agreement, and ACS Board policies and procedures may subject you to financial responsibility for costs, fees, fines and other monetary consequences.

☐ Yes, I have access to a copy of the ACS Parent/Student 1:1 Laptop Handbook and understand the conditions of the program. I have read and agree to the Asheville City Schools Board Policy 3225 Responsible Use of Technology and Internet Safety.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Printed Name of Student

Grade

Signature of Student

Date

For office use only during initial orientation

Driver's License number or approved form of ID _____

Signature of school designee _____

Date _____

C. Student Laptop Agreement

A signed copy of this form must be turned in to a school designee at the Parent/Student Orientation. This form must be signed and turned into the school treasurer and the Laptop Fee paid prior to receiving laptop.

- 1) I understand the laptop is property of Asheville City Schools and is assigned to me.
- 2) I will use the laptop appropriately for school purposes.
- 3) I will care for the laptop assigned to me and not leave it unsupervised or in unsecured locations.
- 4) I will not loan the laptop to another individual.
- 5) I will charge the laptop battery before each school day.
- 6) I will not use the laptop near food or drinks.
- 7) I will not disassemble any part of the laptop or attempt any repairs.
- 8) I will carry the laptop in the carrying case provided by the school.
- 9) I will not place stickers, drawings, markers, etc. on the laptop. I will not deface the serial number sticker on the laptop.
- 10) I understand that the laptop and its contents may be inspected at any time because it is school property.
- 11) I agree to return the laptop, carrying case, power cord, charger, charger cable and any other accessories assigned to me when requested in good working condition.
- 12) I will follow the policies, procedures, and guidelines outlined in the ACS Parent/Student Laptop Handbook and the Responsible Use of Technology and Internet Safety Agreement at all times.

Student Name (Please Print): _____

Student Signature: _____ Date: _____

Parent Name (Please Print): _____

Parent Signature: _____ Date: _____



ACS Bring Your Own Technology Authorization Form

The Bring Your Own Device option is intended solely to improve student learning outcomes in a safe and secure environment. Using a personal technology device at school is a privilege. The following guidelines are set forth to govern the responsible use of personal technology devices in our schools; violation of these guidelines may result in the loss of the privilege to use personal technology devices in school, and/or disciplinary and legal action, as appropriate:

1. The student must comply with teacher and administrator requests pertaining to the device, including using the device in class, when and how to access the internet, showing the screen to the staff member, using headphones or earbuds, and turning the device off.
2. The student may not use any device to record, transmit or post photos or video of a person without their knowledge and consent. Images, video, and audio files recorded at school may not be transmitted or posted to the public world wide web at any time, without the express permission of a district faculty member. Devices with cameras shall not be used in locker rooms or changing areas.
3. District and school personnel reserve the right to confiscate and/or inspect personal technology devices if there is reason to believe that the device was used to violate district policies, administrative procedures, school rules, or for general misconduct.
4. The student is responsible for keeping his or her device in his or her possession and properly securing it at all times. District and school personnel are not responsible for the security or condition of students' personal devices.
5. The student is responsible for the proper care of personal technology devices, including all maintenance and repair, replacement or modifications, and software updates necessary to effectively use the device.
6. The student will use their device in compliance with Board Policy 3225, Responsible Use of Technology and Internet Safety, the Code of Student Conduct and all other applicable district or school guidelines.

Student name (please print)

Student Signature

Date

☐ As a parent I understand that my child will be responsible for abiding by the above guidelines. I have read and discussed this with her/him and they understand the responsibility they have while using their personal technology devices. In the event that he/she violates this agreement, the district may confiscate and inspect the device, and appropriately discipline my child.

Parent/Guardian name (please print):

Parent/Guardian Signature

Date

Asheville City Schools Laptop Fee Assistance

Student Name: _____

*Students may be able to reduce the fee for the laptop usage from \$35.00 to \$5.00. Assistance is based on financial need. Students who meet any of the following criteria are eligible for assistance. **Please check all that apply.***

- ☐ The student is eligible and listed with Asheville City Schools Nutrition program to receive free or reduced lunch (under the National School Lunch Act).
- ☐ The student's family received assistance under part A of Title IV of the Social Security Act.
- ☐ The student is eligible to receive medical assistance under the Medicaid program under Title XIX of the Social Security Act.
- ☐ The student is a member of a family whose taxable income for the preceding year did not exceed 150% of the poverty level as established by the US Census Bureau. The table below lists annual family incomes, by family size, at 150% of the poverty level:

Family Size	Annual Family Income	Family Size	Annual Family Income
1	\$20,036	5	\$47,712
2	\$26,955	6	\$54,631
3	\$33,874	7	\$61,550
4	\$40,793	8	\$68,4689

More than 8 family members--add \$5,220 for each family member (US Dept of Health and Human Services in the Federal Register, Vol. 72, No. 15, January 24, 2007, pp. 3147-3148).

- ☐ The student does not qualify for any of the above, but other circumstances make payment for the laptop an extreme hardship. Briefly explain these circumstances: _____

I agree that the above information is correct. I will provide documentation in the event that there is a question of eligibility (only your signature is required at this time).

Parent/Guardian: _____

Date: _____

Principal: _____

Date: _____

AMS Laptop Repair Fee Schedule



Item	Fee
Replace power cord	\$20
Replace laptop bag	\$20
Replace cracked case	\$25
Replace screen	\$40
Replace keyboard or trackpad	\$40
Full replacement for accidental damage	\$75
Intentional damage - actual cost of repair	\$125