



SULLIVAN COUNTY SCHOOLS
ADMINISTRATIVE FORMS

Form: 6.203.F1

Title: Student Enrollment Information
Effective Date: 12/2/2022

Full Legal Name (as shown on Birth Certificate): _____ Current Grade: _____

Home Phone: _____ Date of Birth: _____ Sex: _____

Ethnicity (circle one): Hispanic/Latino Non-Hispanic/Latino

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

Physical Home Address: _____

Mailing Address if different: _____

Family/Legal Guardian Information (If other than Parents is circled, proof of custody must be provided on enrollment):

Student lives with (circle one): Parents, Mother only,, Father only, Mother/Step Father, Father/Step Mother, Guardian, Grandparents,

Grandmother, Grandfather, Aunt, Uncle, Other: _____

Sullivan County Schools uses an automated phone/messaging system; contact information listed below will be added to both school and district messaging lists. Cell numbers listed will receive text messages.

Father/Guardian Name _____ Mother/Guardian Name _____

Father/Guardian Cell _____ Mother/Guardian Cell _____

Father/Guardian Employer _____ Mother/Guardian Employer _____

Father/Guardian Work Phone _____ Mother/Guardian Work Phone _____

Father/Guardian Email _____ Mother/Guardian Email _____

Please provide the name of another person who may be called in an emergency if parent/guardian can not be reached:

Name _____ Phone: _____ Relationship: _____

Student Residency (Please check the boxes that best describe with whom the student resides and where the student if presenting living)

- With my legal parent(s), caregiver(s) or guardian(s)
- In the home of a relative or friend
- I am a student in Sullivan County and I live on my own or with someone else other than my parents or legal guardian
- In a shelter or transitional housing (ex. domestic violence shelter, FEMA housing, church housing)
- In a hotel or motel (because of economic hardship, eviction, flood, fire, cannot afford other housing)
- In a car, campground or an unsheltered location
- None of the above describe my present living situation but I would like to talk to someone about my circumstances

Birth Certificate Information (optional): Birth Place: _____ Mother's Maiden name: _____

Student's Country of Birth: _____ State: _____ City: _____ County: _____

If birth country other than US the date 1st entered US schools: _____ 1st language spoken: _____

Additional information

School last attended: _____ City/State: _____ Withdraw date: _____

Do you have siblings currently attending Sullivan County Schools? List name(s) and school attended:

Medical conditions/Medications/Alerts we should be aware of: _____

Person(s) not allowed to pick up your child: _____

Signature of Enrolling Parent/Guardian: _____ Date: _____

SULLIVAN EAST HIGH SCHOOL

DATE _____

_____ is attempting to enroll at Sullivan East High School.
At your convenience, please forward the following information to see if the student meets enrollment requirements:

1. Official Transcript
2. Current Grades
3. Health and Immunization Records
4. Copy of Birth Certificate (*if Applicable*)
5. Copy of Social Security Card (*if Applicable*)
6. EOC Scores
7. Attendance Record
8. Discipline Record
9. Vision/Hearing Screening Information
10. Custody Papers (*if Applicable*)
11. SPED RECORDS / IEP / 504 Plan (*if Applicable*)

TO: Registrar/Counseling Secretary
Sullivan East High School Guidance Department
4180 Weaver Pike
Bluff City, TN 37618
Phone: 423/354-1926
Fax: 423/354-1906

REGISTRAR'S or COUNSELOR'S SIGNATURE

PARENT'S/GUADIAN'S SIGNATURE

SULLIVAN EAST HIGH SCHOOL

NEW STUDENT CHECKLIST

DATE: _____

RECORDS RELEASE FORM

BIRTH CERTIFICATE

CUSTODY PAPERS (*IF APPLICABLE*)

PROOF OF RESIDENCY (*ELECTRIC OR WATER BILL*)

SOCIAL SECURITY CARD (*IF APPLICABLE*)

TENNESSEE IMMUNIZATION RECORD

PROOF OF PHYSICAL WITHIN THE LAST YEAR BY
TN DOCTOR (*SIGNED IMMUNIZATION RECORD*)

TRANSCRIPT

INFORMATION FOR THE REGISTRATION OF A NEW STUDENT

In order to be admitted to Sullivan East High School you must meet the following criteria and provide the proper paperwork before you are admitted:

1. You must reside in Sullivan East High's service zone and show us a utility bill, lease or other appropriate documents as proof.
2. You must have a **Tennessee** copy of the Immunization Record if you are coming from out of state. These can be obtained by taking a copy of your child's Immunization Record to the Sullivan County Health Department in Blountville, TN. The Health Dept. phone number is 423/279-2776. (If your child is transferring from another school within the state of Tennessee, you will only need a photocopy of their Immunization Record).
3. Proof that the person enrolling the student is the legal guardian. This would be a copy of the Birth Certificate or the legal paperwork resulting from a divorce or a change of custody.
4. A withdrawal form from the school from which the student is leaving. If the student was in Special Education classes, it would be helpful if you had their IEP and Psychological. Without those forms, we cannot enroll him or her in Special Ed Classes.

You must comply with each of these statements in order to be a student at Sullivan East High School.

We hope that this information will make our transition to East an effortless one. We look forward to seeing you and if you have any questions, please call us at 423/354-1926. The fax number is 423/354-1906.

SULLIVAN EAST HIGH SCHOOL

NEW STUDENT ENROLLMENT FORM FOR COMPLIANCE POLICY

I have received, read and understand the Harassment Policy of Sullivan County Department of Education. I further agree to abide by all the rules and regulations set forth in the afore mentioned document. The Sullivan East Compliance coordinator is Mr. Rick James and the county-wide coordinator is Mr. William Miller.

Signed: _____

Date: _____



SULLIVAN COUNTY SCHOOLS
ADMINISTRATIVE FORMS

Form: 6.206.F1
Title: Out of Zone Application
Effective Date: 5/1/2024



Name of Student: _____
 Address: _____

 Name of Parent(s)/Guardian: _____
 Address: _____

 Contact Phone Number: _____
 School in Student's Attendance Zone: _____
 School currently enrolled in _____
 School applying to attend: _____ Grade Entering: _____
 Sibling: _____ School: _____

Note: (A.) Students will be allowed to attend a school outside of their zone of residence, only when space is available after all resident students have been assigned. Parents or guardians who have been approved for transfer will be required to sign a contract acknowledging that they understand that if space ceases to be available due to enrollment of additional in-zone students or for other reasons, that out-of-zone students will be required to return to their zone of residence. (B.) NO TRANSPORTATION WILL BE PROVIDED FOR OUT-OF-ZONE STUDENTS. (C.) Students will be required to return to their zone of residence if their attendance does not comply with school department requirements or if they violate the Student Disciplinary Policy and are referred to the Disciplinary Hearing Authority.

By making application and signing below, I agree to abide by all laws, rules, and procedures relating to out-of-zone students, and agree to Sullivan County School Department Policies and Procedures.

Parent/Guardian (or student if over 18 or emancipated)

For School System Use Only

___ Approved By: _____ Date: _____
 ___ Denied By: _____ Date: _____
 ___ Return to Zone of Residence By: _____ Date: _____



SULLIVAN COUNTY SCHOOLS
ADMINISTRATIVE FORMS

Form: 4.207.F2
Title: Home Language Survey
Effective Date: 7/1/2022

Student's Name: _____ Date of Birth: _____

School: _____ Grade: _____

Parent's Name: _____

Address: _____

Home Phone Number: _____

1. What is the first language this child learned to speak? _____
2. What language does this child speak most often outside of school? _____
3. What language do people usually speak in this child's home? _____
4. What is the parent/guardian's preferred language for communication with the school?

5. Preferred written language? _____

Country of Birth: _____

Date of 1st U.S. School Attended: _____

Date enrolled in Sullivan County Schools: _____

Survey Completed by: _____

Date: _____

*** Place this copy in the student's permanent record and if the answer to any question is a language other than English, please send a copy to the Federal Programs Supervisor at the Central Office as soon as possible.*



SULLIVAN COUNTY SCHOOLS
ADMINISTRATIVE FORMS

Form: 4.207.F2
Title: Home Language Survey
Spanish
Effective Date: 7/1/2012

Nombre del Estudiante: _____ Fecha de Nacimiento: _____

Escuela: _____ Grado: _____

Nombre de Padres: _____

Dirección: _____

Numero de Telefono de Casa: _____

1. ¿Cual es el primer Idioma que su niño aprendió á hablar? _____

2. ¿Cual Idioma habla su niño más a menudo afuera de la escuela? _____

3. ¿Cual Idioma por lo general hablan las personas en la casa de su niño? _____

• País de Nacimiento: _____

• Fecha que primero atendió escuela de Estados Unidos: _____

• Fecha de inscribimiento a Escuelas de El Condado de Sullivan: _____

• Encuesta Completado por: _____

Fecha: _____

*** Place this copy in the student's permanent record and if the answer to any question is a language other than English, please send a copy to Sarah Akard at Fax # 1071 as soon as possible.*

FORM:
4.207.F3

Tennessee Parent
Occupational Survey

EFFECTIVE DATE:
04/30/2019



In order to better serve your child, our school district wants to identify students who may qualify to receive additional educational services, such as tutoring, school supplies, free or reduced-price lunch, summer camps, and other services. **The information provided below will be kept confidential.** Please answer the following questions and return this form to your child's school.

Today's Date

Parent/Guardian First & Last Name

Student First Name

Student Last Name

School Name

Student Grade

1. Have you or an immediate family member performed any of the jobs listed below temporarily or seasonally, in any part of the United States, in the past three years?

- No
 Yes. Check all that apply and list the total number of months worked:



Agriculture/Field Work (planting, picking, sorting crops; soil preparation; irrigation; fumigation)

Total Months Worked: _____



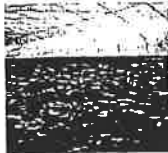
Processing & Packaging (fruit, vegetables, chicken, eggs, pork, beef)

Total Months Worked: _____



Dairy/Cattle Raising (feeding, milking, rounding up)

Total Months Worked: _____



Nursery/Greenhouse (planting, potting, pruning, watering, harvesting)

Total Months Worked: _____



Forestry (soil preparation, planting, cutting trees; landscaping not included)

Total Months Worked: _____



Commercial Fishing & Processing (catching, sorting, packing, transporting)

Total Months Worked: _____

2. In the past three years, has your family moved to another state, city, school district, and/or county?

- No
 Yes. How long have you resided in your current address?
 _____ Years _____ Months _____ Weeks

If you answered "Yes" to questions 1 and 2, please complete the information below.

Home Street Address

Apt #

City

State

Zip Code

Telephone Number

Best Day of Week & Time of Day to Call

For School Use Only: Please send survey with two YES responses to your district migrant liaison. If you have questions, call (931) 212-9539 to speak with the Tennessee Migrant Education Program.

Student State ID:

Enrollment Date:

District ID:

FREE TEXTBOOK AGREEMENT
SULLIVAN COUNTY SCHOOLS

TO BE SIGNED BY PARENT OR GUARDIAN OF:

Name of Student

I hereby agree that I will be responsible for all free county textbooks that are issued to my child / children while they are attending Sullivan County Schools, grades kindergarten through twelve. I hereby further agree that I will reimburse the Sullivan County Board of Education for the value of any book or books that are damaged, destroyed, or lost by my child / children while they are attending Sullivan County Schools:

Signature of Parent or Guardian

Date

TEACHERS: PLEASE FILE THIS IN EACH STUDENT'S RECORD

SULLIVAN COUNTY DEPARTMENT OF EDUCATION
PO BOX 306
BLOUNTVILLE, TN 37617

STATEMENT OF ZERO-TOLERANCE BEHAVIOR POLICY

My child and I have received a copy of the Sullivan County School Board Zero-Tolerance Behavior Policy. We understand that our child is expected to read and become familiar with this policy and the possible serious consequences of violating it.

Signature of Parent / Guardian

Date

Signature of Student

Date

HARASSMENT

**Based Upon Race, Color, National Origin, Gender,
Sexual Orientation, Section 504, Disabilities,
or Religion**

- * Is a violation of school policy**
- * Can interfere with the ability of a student to learn**
- * Can interfere with a teacher's or other employee's work performance**
- * Is UNACCEPTABLE CONDUCT**

Harassment includes: graffiti, threats, jokes, intimidation, slurs, name calling, written material (including posters or t-shirts), violence, theft and property damage,

How To Report: In writing

(on Harassment Report Form)

or by speaking to:

Your supervisor

Your Principal

Your Department Head

Supervisor of the Offending Person

Compliance Coordinator

Title VI Coordinator

Supervisor of Human Resources

Assistant Director of Schools

Director of Schools

Teachers and other personnel are required to report harassment of students and are encouraged to report harassment of school employees.

The Sullivan East compliance coordinator is Mr. James and the county-wide coordinator

Summary of Policies Prohibiting Harassment and Discrimination of Students and Employees

1. Prohibition. The Sullivan County Board of Education prohibits any form of harassment based on Race, Color or National Origin, Gender, Sexual Orientation, Section 504, Disability, Religion.

2. Examples:

- Graffiti containing offensive language
- Threats or intimidation
- Jokes, name calling, negative stereotypes or slurs
- Written materials, including posters or t-shirts, which have the purpose or are intended to degrade someone based on race, color, national origin, gender, sexual orientation, section 504, disabilities, or religion
- Physical violence, theft or property damage

3. Reporting

Students: Students are encouraged to report harassment to any teacher, staff member or administrator.

Teachers: Teachers (and other school personnel) are required to report harassment of students to their school's Compliance Coordinator, their principal or assistant principal, the Board of Education's Title VI Coordinator, or the Director or Assistant Director of Schools.

How To Report: Any Person can report verbally or on a Harassment Report Form (available in the school office) or on the Web at www.scde.k12.tn.us.

Students may report to the Compliance Coordinator, a teacher, a school counselor, the principal, the Board Title VI Coordinator or the Director or Assistant Director of Schools.

Teachers or other personnel are encouraged to report harassment of teachers or other employees to their supervisor, their principal, their department head, the supervisor of the person engaging in harassment, the Compliance Coordinator, the Title VI Coordinator, or the Supervisor of Human Resources.

4. Disciplinary Actions:

Students who engage in harassment based upon race, color, national origin, gender, sexual orientation, section 504, disabilities, or religion may face disciplinary action up to and including suspension or expulsion.

Teachers or other personnel who engage in harassment based on race, color, national origin, gender, sexual orientation, section 504, disabilities, or religion may face disciplinary action up to and including dismissal.

5. Retaliation. Retaliation against any person who reports harassment or assists in the investigation of reported harassment is prohibited.

Sullivan East High School

We are pleased to announce that the services of Frontier Health Staff will continue to be provided for the students at Sullivan East High School. Supports from Frontier Health staff often include individual counseling, social and personal competency group activities, or classroom presentations and activities. Students may be referred for behavioral health supports with the Frontier Health staff by their school counselor or teachers/faculty at the school. Parents may also request that the staff member from Frontier Health speak with their child, if they believe it would be beneficial. The following permission form allows your student to be present for these services whether in a large group or individually. The Frontier Health staff will follow up with you as parent/guardian as needed if these services are provided. All services are at no cost to families. Parents/Guardians may at any time revoke this consent form by calling their school administration or school counselor.

If you have any questions regarding this program, you may contact your child's school counselor or administration.

Respectfully,
Andy Hare, Principal

Parents **Helping Your Child Succeed in School,** **Even When Dealing with Homelessness**

- **Know your child's educational rights:**
 - Enroll your child in school. You can enroll your child even if you are missing documents normally required for enrollment such as immunization records, previous school records, birth certificates, and proof of residency.
 - Let the school know where you want your child to attend school. The McKinney-Vento Act gives your child the right to stay at the same school even if the family's homeless situation means you are no longer living in the same area. This school would be called the school of origin, and school districts must let students continue attending if this is in the student's best interest. Your child also may attend any public school that nonhomeless students who live in the attendance area where you're currently living are eligible to attend.
- **Keep copies of critical records such as immunizations, Social Security number, health physicals, and individualized education programs (IEPs) Ask someone you trust to keep a set of records for you if your current living arrangements make this difficult.**
- **Maintain high expectations for your child.**
- **Ask questions, such as the following:**
 - Who is the local homeless education liaison? How can I contact him/her?
 - What transportation is available for my child to stay in the same school (the school of origin)?
 - If my child changes schools, who can help us transfer records quickly?
 - How can my child received free meals at school?
 - How can my child receive free school supplies, if needed?
 - Who can help if my child needs special education services? How quickly can these services be set up?
 - What academic help is available for my child, such as Title I, Part A, programs or after-school tutoring?
 - What programs can help develop my child's talents and address his/her unique needs?
 - Are there sports, music, or other activities available for my child?
 - How can my child go on class field trips or participate in other school activities if I can't pay for them?
 - Is there a preschool program for my younger children?

SULLIVAN COUNTY SCHOOLS

Children of Military Parents/Guardians Survey

Due to the number of children of active duty military parents and guardians and the challenges these families face by frequent moves and deployments, the state of Tennessee has begun collecting the following information through the schools' information system. The Department of Defense will use this information to help inform policy and education initiatives for this student population.

For more information regarding this law:

<http://www.capitol.tn.gov/Bills/108/Bill/SB2006.pdf>

Please answer the following questions and return to your school:

Is your child an active duty military dependent? Yes ___ No ___

Is your child a National Guard military dependent? Yes ___ No ___

Is your child a reserve military dependent? Yes ___ No ___

Student's Name: _____

Parent/Guardian Name: _____ Date: _____



Sullivan County Department of Education
District Family Needs Assessment Form
(Spring/Summer 2025)

If you are interested in receiving assistance from the District Family Involvement Coordinators please check the programs in which you are interested and return the form to your child's school counselor. One form should be completed for each school-aged child in your home. All information provided will be kept confidential. You will receive assistance and/or information as programs become available. Programs may vary at each school and some depend upon funding.

Student Name: _____ School: _____
Homeroom/1st period: _____ Grade _____
Parent(s)/Caregiver(s) Name: _____
Address: _____
Phone Number: _____ Email: _____

McKinney-Vento: Families in Transition Education Program

Check any that apply to your current residence:

- My family is currently staying with a relative or friend
- My family is currently staying in a shelter or transitional housing
- My family is currently staying in a hotel or motel.
- My family is currently staying at a campground
- My family does not currently have electricity, water or both
- I am a current Sullivan County student and I live on my own or with someone other than my parent(s) or legal guardian
- I am not sure if I qualify, but would like to speak with someone.
- None of the above describes my situation

Food Programs

- Backpack Food Program (A small bag of child-friendly food products are sent home with the child at least twice a month during the school year.)
- Food Distribution Information

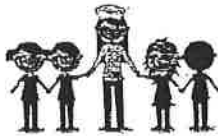
Summer Programs and Events

- Summer Feeding Programs
- Summer Learning Programs

GrandFamilies Program

- I am a grandparent raising my grandchild and would like to receive more information regarding programs that support grandfamilies.

*****Please return to school counselor**



SULLIVAN COUNTY SCHOOL HEALTH SERVICES

CONFIDENTIAL

EMERGENCY MEDICAL PERMISSION FOR CLINIC/NURSE TO CALL 2017-2018

Please read this form carefully, complete and return to your child's school by August 11, 2017. The information you provide will assist the school nurse in contacting you regarding your child's health issues. The bottom portion of the form may be used if you DO NOT want your child to participate in the annual Coordinated School Health screenings.

*** No exceptions to the Sullivan County Department of Education medication policy will be allowed. Please refer to your school health handbook ***

Student _____ DOB _____ Grade/Teacher _____

Parent Name _____ Home Number _____

Work Number _____ Cell Number _____

Medical Conditions _____

Special Considerations _____

Allergies (Food or Drug) _____

Health Insurance: Family Provided TN Care Uninsured

Daily Medications (Prescription/Nonprescription) _____

Emergency Contacts Name/Number other than parent (1) _____
(Parent above will be contacted first then these numbers will be contacted) (2) _____

Individual School Health Plan/Emergency Plan needed: Yes No
(Example: asthma, diabetes, food allergies, etc.)

Meeting Requested with School Nurse regarding medical need: Yes No

Student wears: Hearing Aid Glasses/Contacts Last eye exam _____

I understand and have read the School Health Handbook and know that there are no exceptions to school board policy. I understand that in case of illness or injury, my child will be treated and/or transported by emergency personnel to the nearest health care facility at a cost assumed by parent. (A copy of this form will be sent with child.) I also give permission for this information to be shared with school staff on a need to know basis.

Parent/Guardian Signature _____ Date _____

All students will receive blood pressure and body mass index screening (through Coordinated School Health) along with the standard vision and hearing screenings. If you DO NOT want your child to participate in the screenings, you must indicate below.
I **DO NOT** want my child to participate in: Vision Hearing Blood Pressure & BMI

Director of Schools
Charles Carter

Assistant Director
Angela Buckles

Assistant Director
Ingrid Deloach



Board of Education
Matthew Price
Matthew Spivey
Paul Robinson
Randal Jones
Michael Hughes
Mary Rouse

P.O. Box 306, Blountville, Tennessee 37617 · Phone: (423) 354-1000 · Fax: (423) 354-1004

PARENTAL CONSENT FORM FOR SHARING IMMUNIZATION RECORD WITH TENNESSEE IMMUNIZATION INFORMATION SYSTEM (TennIIS)

Tennessee and Federal law allow for the sharing of immunization records between schools, healthcare providers, and public health agencies if parental consent is provided to the school. One way this is done is by each of these entities contributing the immunization records they have to one computer system that is available only to schools, health care providers, and public health agencies called the Tennessee Immunization Information System (TennIIS). This immunization record service system is operated by the Tennessee Department of Health and contains only basic name and address information, plus immunization records, including vaccine names and dates, from area doctors' offices and other health care providers.

Our school district uses this immunization record service. This service makes it much easier for us to get copies of your child's immunization record, a requirement for school entry under Tennessee law. We also share records of immunizations not already in the system with this service so you or your child's healthcare providers can access complete immunization information in the future. Additionally, your child's immunization information will be accessible to you through your healthcare provider and to colleges and universities to satisfy their immunization enrollment requirements. This information is used solely to help protect your child and prevent disease by documenting and improving immunizations in our community. The information can only be shared with those entities authorized by Tennessee law (Tenn. Code Ann. § 63-2-101) to receive it.

If you choose to not have your child's immunization information in this system, it does not affect any school services. Should you be unable to locate copies of immunization records when needed in the future, however, it may mean a long record search or repeat immunizations for your child, which would involve more work for you, your child's clinic, and/or school staff to verify your child's immunization status as part of Tennessee's School Immunization Law.

I authorize Sullivan County Department of Education to release my child's immunization record to the public health immunization registry. I understand this information can only be used to improve the quality and timeliness of immunization services and to help schools enforce the School Immunization Law. This includes any immunization information the school currently has on my child plus any it may obtain while the student attends this school.

I do authorize

I do not authorize

Child's Name: _____ Date of Birth: ___/___/___

Parent's signature: _____ Date: ___/___/___

dc03/2024

SULLIVAN COUNTY SCHOOLS
**SCHOOL
NURSE**

Parents/Legal Guardians,
Please use the QR code below if you have not already completed the SCDE School Health Services Student Info & Consents 2025-26 that was pushed out on PowerSchool the week before school started.

**If you do not have technology and need a printed copy, please contact your student's school nurse.*



SCDE School Health Services
Services Student Info & Consents
(ENGLISH VERSION)
<https://forms.gle/EsbWtM88qqAnR2Wf7>



SCDE School Health Services
Services Student Info & Consents
(SPANISH VERSION)
<https://forms.gle/jjn8TArPPWpY7Eax5>

See additional information on School Health Services on the SCDE District Website.
<https://www.sullivank12.net/health>

Thank you,
Sullivan County School Health Services Team



**25 - 26 School
Fee List**

**Asbestos
Management Plan**



**Accident
Insurance
Information**

**Accident
Insurance
Info - Spanish**



**25 - 26 School
Nutrition Parent
Letter**

School Dress Code



**School Bus
Transportation Rules**

**Visitor Code
of Conduct**



**Military Status of
Parents/Guardians**

2025 - 2026
Back to School Packet
Scan QR Codes for documents



School-Based Behavioral Health Liaisons Authorization and Consent

School-Based Behavioral Health Liaisons (“SBBHL”) is a joint program of Frontier Health and your student’s school that offers a wide range of services to individual students and groups. Our Frontier Health school-based staff are all credentialed mental health professionals. The goal of SBBHL is for schools to have access to a mental health professional to promote social/emotional wellness, academic achievement, and a positive educational experience and learning environment. Referrals can come from parents, school counselors, teachers, and/or school staff.

Service Overview: Our Frontier Health school-based staff work with students, school personal, and families to assist with individual issues, support social emotional learning, and provide links to community and mental health services. Counseling services are highly individualized and may include individual counseling, small group support and/or classroom presentation.

Informed Consent: As a parent/legal guardian, you have a right to make mental health and educational decisions for your child. You also have the right to discontinue counseling services for your student at any time by contacting your Frontier Health staff member and/or school administration.

Confidentiality: One of the cornerstones of counseling is that the relationship between the provider and student is based on confidentiality and mutual trust. Mental health professionals have certain ethical rules regarding confidentiality that they must follow, while also recognizing the rights of parents to information. There may be times when a mental health professional is required to disclose certain information shared, for example, to prevent certain types of harm. This may include, but is not limited to; harm to self, harm to others, child abuse and/or elder abuse. While specific information about the counseling services will not appear in a student’s education file, it may indicate that a student received counseling services. This program complies with all applicable state and federal laws, including HIPAA and FERPA.

Outcomes, Risks, and Benefits: Just like behaviors do not develop overnight, behaviors will not disappear overnight. Counseling may be challenging by bringing up uncomfortable emotions and at times students may get worse before getting better. However, the benefits of counseling far outweigh any discomfort that a student may feel during individual sessions. Students may be taught strategies and tactics to enable them to make better decisions, set and reach goals, solve problems more effectively, build better relationships with others, and be more successful in school. The best recipe for success is if the student, parent/guardian, family members, provider, and the school work together in the best interest of each student.

For further information please contact Sullivan East High School or Savannah Burt, LMSW at savannah.burt@sullivank12.net





School-Based Behavioral Health Liaisons Authorization and Consent

Please see reverse for additional program information.

I have read and understand all information provided. I understand the terms of SBBHL including the limits of service and the process for discontinuation of service.

By signing this document, I affirm that I have the legal right to accept these services for (student first/last name) _____. A person with a legal right to accept these services includes a parent who is a legal guardian, legal custodian, a caregiver acting under the authority of the Power of Attorney, or a person who has been granted legal custody.

I consent to the following (please indicate Yes or No to each):

I consent to allowing my student to receive Frontier Health school-based services in a small-group setting.
 Yes No

I consent to my student participating in individual counseling with Frontier Health school-based services if needed. I understand that, the mental health professional will contact me with any concerns that may arise over the course of services. Yes No

OR

I do NOT consent to my student receiving any services from any Frontier Health Service. I understand that if I change my mind, I will have to sign a new written consent form.

Finally, by signing below I understand that I may withdraw my consent at any time by giving written notice and I agree to immediately inform all required parties.

Parent/Guardian Name and Relationship Signature Date

Parent/Guardian Name and Relationship Signature Date

Parent Phone Number:	
Student Grade:	



SULLIVAN COUNTY S C H O O L S

EQUIPMENT CONTRACT

Equipment Subject to Agreement:

The Equipment subject to this Agreement ("Equipment") includes the Equipment computer, computer accessories, and related software in the following list:

- ChromeBook
 - One (1) 11" Dell Chromebook
Sullivan County Tag Number _____
 - One (1) Dell Power Adapter

Ownership:

The School shall be deemed to have retained title to the Equipment at all times unless the School transfers the title. The Student shall hold no security or ownership interest in the Equipment. Likewise, the Student shall hold no security or ownership interest neither in the licenses to the installed software included with the equipment nor in the licenses to any other software that the School may from time to time install on the Equipment computer used by the Student.

Equipment Use Time Frame:

The Student shall return all Equipment itemized above in good operating condition to the school at the end of the year or if they transfer out of the school. The School may require the Student to return the Equipment at any time and for any reason.

Care of Equipment:

The Equipment may only be used in a careful and proper manner. The Student shall keep the Equipment in good operating condition, allowing for reasonable wear and tear. No personal stickers, no writing on the Equipment, etc. The Student shall immediately notify the school if the equipment is not in good operating condition or is in need of repair. Sullivan County equipment tag should remain on the device.

You are responsible for

- Cost of any repairs, documentation will be given at the time of the repair on the cost of parts to include the power cord.
- The full price of a Chromebook if it is lost, stolen or damaged beyond repair to range from \$100 - \$300 depending on the age of the Chromebook.
- If the device is lost or stolen there will be a police report filed.
- Reviewing "Internet Safety Page" and monitoring your child's online activity.

Online Safety:

These devices are managed by Sullivan County Schools and have CIPA compliant filters in place. All provisions in place at school to keep students safe online will also be in place while on the internet at home while on Sullivan County devices.

Acceptable Use Policy: -

1. School Board Policy 4.406 and all rules and regulations in the Student-Parent Handbook apply
 2. The Equipment is an educational tool and should be used in that capacity only.
 3. The student is responsible for the Equipment at all times.
 4. The Equipment should not be used to – COPY, DOWNLOAD, UPLOAD, or SHARE COPYRIGHTED MATERIALS without legal permission. This includes the reproduction of music files (CDs) and software applications.
 5. The student is the only authorized user of your assigned Equipment. Keep your password CONFIDENTIAL.
 6. Do not EAT or DRINK near your Equipment.
 7. Avoid touching the screen. When cleaning is necessary, use a soft cloth.
 8. Do not mark the Equipment in any way with markers, stickers, etc.
 9. Do not remove labels or asset tags.
 10. Do not insert foreign objects into openings of the Equipment.
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ACKNOWLEDGMENT AND AGREEMENT

The Student and the Parent hereby acknowledge and agree to the terms and conditions of the foregoing Equipment Contract and the provided Acceptable Use Policy and understand that there will be consequences for any breaches of the Equipment Contract and/or the Acceptable Use Policy. The Student shall not be issued an Equipment until the Student and Parent have signed and returned this acknowledgment to the School.

WE HAVE READ AND UNDERSTAND THE FOREGOING EQUIPMENT CONTRACT AND THE PROVIDED ACCEPTABLE USE POLICY AND AGREE TO COMPLY WITH THEM.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Student Name _____

Student Signature _____

Date _____