

Madison Middle School

95 Upper Brush Creek Road
Marshall, NC 28753



Phone: 828-649-2269
Fax: 828-649-9015

Date: _____

Name and Address of Previous School:

Phone: _____ Fax: _____

REQUEST FOR STUDENT RECORDS

_____ has enrolled in the _____ grade
at Madison Middle School. Please send us all Permanent Records, Health
Records, Immunization Information, Test Scores and any Exceptional
Children's Program Information for the student named below.

Student Name: _____

Date of Birth: _____

Current Address: _____

Parent/ Legal Guardian: _____

Thank You Very Much for Your Assistance! Have a Great Day!!!

Madison Middle School
95 Upper Brush Creek Road
Marshall, NC 28753



Welcome To Madison Middle School

The forms and materials in this packet of information are required to enroll a new student at Madison Middle School. The parent or guardian must complete all forms before a student can begin school. Parents or guardians are asked to follow the student enrollment checklist attached, in order to properly enroll their child.

A vital component of the enrollment process is the student's permanent health record. The health record contains pertinent information concerning the student's health; such as past or current chronic illness, allergies, diabetes, etc. These health records are a part of the permanent record that goes with the student throughout their school career. Madison County Public Schools and the state of North Carolina require up-to-date health and immunization records for all students.

North Carolina General Statute 130A-152 requires that every child be immunized against Diphtheria, Tetanus, Whooping Cough, Poliomyelitis, Red Measles (Rubella) , Mumps, and Haemophilus Influenza B. The parent or guardian must present a certificate of immunization within 30 calendar days of their start to school. The principal shall not permit the child to attend school until the required immunizations have been obtained. Religious or medical exemptions from this law require that a statement be on file in the student's cumulative record. The exemption must be written by a licensed medical doctor. (This information is provided by the North Carolina Department of Public Instruction, Student's Permanent Health Records, pps- 2p, revised April, 1994.)

The Madison County Public School System does not discriminate on the basis of race, color, religion, sex, age, national origin, or handicap in the admission or access to, or treatment, or employment in its programs and activities, in compliance with applicable federal and state laws.



New Student Enrollment Checklist

- _____ 1. Provide school with a withdraw form from previous school attended.
- _____ 2. Complete New Student Enrollment packet
- _____ 3. Provide proof of residence within Madison County (this can be name & address on an electric bill, for example)
- _____ 4. Provide school with students Birth Certificate
- _____ 5. Provide school with Health Certificate for new student (immunization record)
- _____ 6. Provide school with a copy of any applicable custody orders
- _____ 7. Provide any paperwork concerning special services from previous school

I have completed the new student enrollment process for Madison Middle School.

Signature of Parent/Guardian: _____

Date: _____

Welcome to Madison Middle School!

Madison County Public Schools
Madison Middle School
95 Upper Brush Creek Road
Marshall, NC 28753



Enrollment Information

Student Name: _____
Student Grade: _____

Please check all that applies to your child:

- Speech
- Exceptional Children's Program (IEP) (Special Education)
- 504
- Title I: Reading or Math (please circle)
- Occupational Therapy (OT)
- Physical Therapy (PT)
- Academically Intellectually Gifted (AIG)
- My child DID NOT receive any special services in his/her previous school

Was your child in the process of being screened for any of the above special services?

_____ Yes _____ No

Name and address of school that student previously attended:

Parent/ Guardian Signature: _____

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Student Elective Registration Form

Student Name: _____

Grade: _____

Students at Madison Middle School; in all grades, have the opportunity to select their preferred Elective subject. Listed below are the Elective choices available at this time. Please follow the directions below, and make your selections.

Select in Rank Order (Pick your top 3 choices by placing a 1 by your first choice, 2 by your second choice and 3 by your third choice)

____ Art

____ Band

____ Dance/Drama

____ FFA-Exploring Agriculture Science

____ PE & Health

____ Exploring Careers & Employment

*****Classes will be assigned on Space Availability*****

Student Signature: _____

Date: _____

Parent / Guardian: _____

Date: _____

HOME (PRIMARY) LANGUAGE SURVEY

To the Administrator: This survey is to be administered once to every student in your local unit. If the answer to any of the questions asked is a language other than English, the student will need to be reported on the Home Language Survey Summary and will need to be assessed further for appropriate placement and English Language assistance. It is recommended that a copy of the Home Language Survey be placed with the student's permanent record. If a student and teacher cannot complete this form, additional assistance may be needed from a translator or interpreter.

Date _____
Student _____
Grade _____
Gender _____
School _____
Homeroom _____
Teacher _____

1. What is the first language you learned to speak? _____
2. What language do you speak most often? _____
3. What language is most often spoken in your home? _____
4. Besides languages studied in school do you speak any language(s) other than English? _____ NO _____ Yes
5. If "YES", list the language(s). _____

Student Residency Questionnaire

Name of School _____

Name of Student: _____

Last

First

Middle

Birth Date / / Age: Sex: Male Female
Month / Day / Year

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? Yes No
2. Is this temporary living arrangement due to loss of housing or economic hardship?
 Yes No

**If you answered YES to the above questions, please complete the remainder of this form.
If you answered NO, you may stop here.**

Where is the student presently living? (*Check one box.*)

- D In a motel
- D In a shelter
- D With more than one family in a house or apartment
- D Moving from place to place
- D In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

Name of Parent(s)/Legal Guardians(s) _____

Address _____ Zip _____ Phone _____

Signature of Parent/Legal Guardian _____ Date _____

Please send a copy to Dr. Christiaan Ramsey at the Central Office.
Fax: 828-649-0556

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Date

McKinney-Vento Liaison Signature



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:



Return this to school ASAP

Child's name _____

Child's teacher _____

Grade _____

Dear Parent/Guardian,

Does your child have a medical condition? YES NO (circle one)

If Yes, what is the condition? _____

If your child does have a medical condition, we will be sending home an Emergency Care Plan for you to complete in order for us to provide the best care possible and attention to your child.

Is your child under the care of a physician for this condition?

YES NO (circle one)

Is he/she on medication? YES NO (circle one)

If Yes, name of medication(s) _____

PLEASE KEEP THIS PAGE!

Some important information for Parents or Guardians Middle and High Schools

Madison County Schools Health Services

The Madison County School system is fortunate to have a team of Registered Nurses on staff to work with parents, students, faculty and physicians to ensure that students with medical conditions receive the best education experiences possible. We strive to get all emergency plans established within 2 weeks of the student starting school. **Please complete the attached form and return it to the school as soon as possible.**

All medications should be given before or after school hours if at all possible.

About MEDICATIONS at school:

• **The LAW:**

- NC state laws require that **all medications must have a physicians' written authorization** to be given at school. This includes prescription medication given routinely, (such as Ritalin) prescription medications given for a short period of time, (such as an antibiotic) and non-prescription medications given occasionally "as needed", such as Tylenol or Advil.
- The law also requires that **a parent or guardian give written consent** to give the medication at school.
- Students with **asthma or life threatening allergies** are allowed to carry their medications with proper consent.
- Students are **not allowed** to carry any other type of medication including Tylenol, Advil, cold medicines, cough syrups or nose sprays.

• **CONSENT:**

- Consent and authorization **forms must be submitted to the school with the medication.** Medications cannot be accepted without proper authorization. A handwritten note from a parent is not always adequate. Forms are available at the school, or on the Madison County Schools web site.
- A physician can submit written consent on their own forms as long as it includes the name of the medication, the dosage, the frequency it is to be given, the start date, the end date, the reason the medication is to be given and any known side effects. Written orders can be faxed to the school or hand delivered by the parent (or the student in middle or high school).
- Consents are valid for one school year only and must be renewed each year or when there is a change in the medication.

• **PACKAGING:**

- Over the counter medications should be brought in **unopened packages**, with original labeling, and in the smallest amount available. Open or partial bottles of OTC medications will not be accepted.
- Prescription medications must be in **properly labeled prescription bottles.** Pharmacies will make a duplicate medicine bottle if requested.

• **DELIVERING MEDICATIONS:**

- The **smallest feasible amount** of medication should be sent to the school. Parents must hand deliver medications in to the main office or the nurse office. Students cannot deliver the meds to school.
- Students **should not deliver the medications for any reason.** Any violation will be subject to disciplinary action.

• **END OF SCHOOL YEAR:**

- At the end of each school year, **all medications must be picked up by the parent or guardian.**
- **Students will not be allowed to take medications home**, including bus riders, and those who drive. Any medications not picked up by the last student day of school will be destroyed according to standards of practice.

Health Forms

Medication Authorization Form: This form must be **completed and signed by a parent**. It must also be **signed by your child's doctor**. A doctor can fax an order to the school, or print an order and deliver it to the school by you or your child. The form must be completed each year for any medications (prescription or non-prescription) to be administered at school.

Self-Carried Medication Form: This form is used when a student with asthma or severe allergies needs to keep their medication with them at all times. Students may carry **emergency type medications only**. Please see your school nurse if you have a question about a particular medication. Students **are not allowed to carry any other types of medication**. This form must be completed and signed by a parent. It is advisable to leave duplicate medication with the school in case the student loses or misplaces their medication.

Field Trip Medication Consent Form: This form is used to give consent and instructions to school personnel anytime a student will require medication to be given when away from school property. This form will be used when the student will be attending an overnight field trip, or when daily medication is needed on a day long field trip. School nurses will train faculty on proper medication administration and signs and symptoms to report.

Emergency Action Plans: Emergency Action Plans (EAP's) will be established within the first 10 days of school for students with potential life threatening conditions such as Asthma, Diabetes, Life-threatening Allergies and Seizures. Plans must be signed by the parent or guardian. EAP's can be established for other medical conditions that are life threatening or require emergency response on an individual basis.

Individual Health Care Plans: School nurses write and implement individualized health care plans (IHP's) for students who have specific health care needs. These plans are created for a variety of health conditions and are used to ensure that teachers and faculty are aware of any special needs that need to be observed to ensure a child's safety and wellbeing at school.

Deferment of Diabetes Care Plan Form: This form can be signed if parents do not wish for school personnel to assist with the management of a diabetic student's medical condition. All students will receive appropriate emergency care if needed, (including calling parents and EMS) but school personnel will not otherwise manage the students diabetic plan.

******Please make routine doctor and dentist appointments after school hours whenever possible to decrease student absenteeism.**

Who to Contact

Madison County Schools Central Office

Will Hoffman, Director of Curriculum

649-9276

Mars Hill Elementary School	School Nurse: Laura Kirkpatrick, RN Cell: 206-0379	Main: 689-2922 Fax: 689-5536
Madison Early College High School	School Nurse: Laura Kirkpatrick, RN	Main: 689-9552 Fax: 689-9644
Brush Creek Elementary School	School Nurse: Teresa Nolan, RN Cell: 206-0378	Main: 649-1547 Fax: 649-3637
Hot Springs Elementary School	School Nurse: Teresa Nolan, RN	Main: 656-2617 Fax: 656-2308
Madison Middle School	School Nurse: Michele Bailey, RN Cell: 206-0848	Main: 649-2269 Fax: 649-9015
Laurel Elementary School	School Nurse: Michele Bailey, RN	Main: 622-3292 Fax: 622-3685

Madison High School

School Nurse: Kathey Lee, RN
Cell: 206-0958

Main: 649-2876
Fax: 649-0104

Madison County Schools - Student Health History (Return this page to the school nurse)

Print Child's Name _____ Date of Birth _____ Grade _____

Print Parent / Guardian Name: _____

School: Brush Creek ___ Mars Hill ___ Laurel ___ Hot Springs ___ Middle School ___ High School ___ Early College ___

School Year: _____ Your Child's Doctor: _____ Phone: _____

The following information is needed for the annual NC School Health Services Report and health care planning purposes. No personal information will be shared in the NC School Health Services Report. Please indicate if your student has any of the following conditions:

ADD/ADHD	
Allergies (severe, life-threatening allergies only)	
Autistic Disorders (ASD) including Asperger's Syndrome, PDD	
Blood disorder's not listed elsewhere (chronic anemia)	
Cancer, including leukemia	
Cardiac condition	
Cerebral Palsy	
Chromosomal conditions including Down's syndrome, Fragile X, trisomy 18	
Chronic Encopresis (fecal incontinence)	
Chronic Infectious diseases (Toxoplasmosis, Cytomegalovirus, Hepatitis B, Hepatitis C, HIV, syphilis)	
Cystic Fibrosis	
Diabetes Type I	
Diabetes Type II	
Eating Disorders including Anorexia, bulimia	
Emotional/behavior or psychiatric disorder not listed elsewhere	
Fetal Alcohol Syndrome	
Gastrointestinal disorders (Crohn's, Celiac disease, IBS, gluten intolerance)	
Hearing Loss	
Hemophilia	
Hydrocephalus	
Hypertension (high blood pressure)	
Hypothyroidism, hyperthyroidism	
Metabolic conditions or endocrine disorders not listed elsewhere	
Migraine Headaches	
Multiple Sclerosis	
Muscular Dystrophy	
Obesity (>95% BMI)	
Orthopedic disability (permanent)	
Other neuromuscular condition not listed elsewhere	
Other neurological condition not listed elsewhere	
Renal / adrenal / kidney condition including Addison's disease	
Rheumatologic conditions including Lupus, Juvenile rheumatoid arthritis	
Seizure disorder including Epilepsy	
Sickle Cell Anemia	
Sickle Cell trait only	
Spina Bifida (myelomeningocele)	
Traumatic Brain Injury (including concussion)	
Visually impaired (uncorrectable)	

Please explain any problems noted on reverse side: _____

Please check any special services this child receives (school or private)

- | | | |
|--|--|---|
| <input type="checkbox"/> Exceptional Children (EC) | <input type="checkbox"/> Developmental Learning Center | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Speech Therapy | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Psychiatrist or psychologist |
| <input type="checkbox"/> Group Therapy | <input type="checkbox"/> IEP (Individual Education Plan) | <input type="checkbox"/> IHP (Individual Health Plan) |
| <input type="checkbox"/> 504 Accommodations | | |

To ensure that faculty and staff at school are adequately informed and prepared for emergencies at school, Emergency Action Plans will be developed for any child who may have an emergency with the following conditions:

Asthma

1. When was your child's last asthma episode? _____
2. Has your child been hospitalized for asthma? No Yes *When was the last hospitalization?* _____
3. Does your child take asthma medication? No Yes *List* _____
4. Does your child carry a rescue inhaler with him/her? No Yes *(Self-carried Medication Form required)*

Diabetes* (*include "pre-diabetes", "metabolic syndrome", hypoglycemia or low blood sugar)

1. Date of diagnosis _____
2. Has your child been hospitalized for diabetes*? No Yes *When was the last hospitalization?* _____
3. Does your child take medication for diabetes*? No Yes *List* _____

If you do not wish for the school to coordinate diabetes care, you must sign a "Deferment of Diabetes Care Plan" Form.

Severe (Life Threatening) Allergies (Not seasonal allergies)

1. What is your child's life threatening allergen Bees Latex Nuts Food: _____ Other _____
2. Describe allergic reaction: _____
3. Has your child been hospitalized for this allergy? No Yes *When was the last hospitalization?* _____
4. Does your child have an Epi-pen & know how to use it? No Yes *(Self-carried Medication Form required)*

Seizures

1. When was your child's last seizure? _____ Please describe _____
2. How long do the seizures last? _____ Does your child lose consciousness? No Yes
3. Are you aware of any specific triggers? No Yes *List* _____
4. Does your child take seizure medication? No Yes *List* _____

Other Serious Health Conditions that may require Emergency treatment

Please describe: _____

Medications

******All Medications should be given before or after school whenever possible.******

Does your child currently take any medications (including over-the-counter)? No Yes: Please list below.

Medication: _____ Dose: _____ How often: _____ Home School Both

Medication: _____ Dose: _____ How often: _____ Home School Both

Medication: _____ Dose: _____ How often: _____ Home School Both

May use separate paper as needed

"I acknowledge that all of the information included here is true to the best of my knowledge. I have read and understand the medication policy and will discuss this with my son or daughter if appropriate. I will inform the school if my child has any changes in their medical condition or develops any new conditions that will impact their success at school."

Parent/Guardian Signature _____ Date _____

Phone 1: _____ Phone 2: _____

Phone 3: _____ Other Contact: _____

Madison Middle School
Amended Student Device User Agreement, 2020-2021

Students will be responsible for safely transporting their devices between school and home this school year.

Equipment. Upon execution and return of this Student Device User Agreement ("Agreement"), the Madison Middle School (MMS) will assign one (1) Lenovo ThinkPad Yoga 11e device and related hardware and software (collectively "Equipment") to the student listed herein. MMS provides the Equipment so that the student has access to similar technology that can be managed by Madison County Schools. The Equipment is issued to the student and s/he is the only authorized user of that Equipment. Although the student and the student's Parent/Guardian accept responsibility for the care and use of the Equipment, the Equipment remains the sole property of Madison County Board of Education ("Board"). The student has no expectation of privacy while using the Equipment and MMS may ask the Equipment to be returned at any time. In the event of the student's withdrawal or dismissal from MMS for any reason, the student must immediately return the Equipment to MMS in good condition.

Insurance. There is no up-front fee associated with the issuance to the student of the Equipment. To offset a portion of the costs associated with insuring and repairing the Equipment against accidental damage, third-party vandalism and theft, and to insure that the Equipment is properly maintained, there will be a twenty-five dollar (\$25) deductible charged per incident for repair. **At the discretion of the MMS administration, the deductible may be waived based on financial hardship. If the Equipment is stolen, a police report will be required before the equipment is replaced.** There is no incident limit; however, multiple incidents may result in usage restrictions as deemed appropriate by MMS administration.

Vandalism/Loss. Lost Equipment or Equipment that is intentionally vandalized by the student for which it is assigned, as determined by MMS administration, is not covered by insurance. Therefore, the student's Parent/Guardian shall be required, and expressly agrees herein, to cover the full replacement cost below:

Lost or First-Party Vandalism Replacement	\$425.00
Lost or Damaged Power Supply	\$48.15
Accidental Damage (Deductible)	\$25

Maintenance and Repair. The Board owns the Equipment and shall manage all hardware repairs and system software updates. The student will be responsible for maintaining the Equipment in good operating condition and in the event of damage to the Equipment beyond reasonable wear and tear, the student must notify school personnel immediately, or if the damage occurs off campus, immediately upon returning to campus. **The student and/or the student's Parent/Guardian shall not attempt to repair damaged Equipment. Such attempts shall be considered vandalism. For damages or repair questions, please email Amy Campbell (acampbell@madisonk12.net) or Sarah Rathbone (srathbone@madisonk12.net)**

Software Installation. Madison County Schools ("MCS") Technology Services shall install initial corporate volume license applications onto the Equipment or make volume license applications available for download

and self-install via the Microsoft System "Software Center" application. Students will not have administrative rights to install software outside of applications allowed by MCS Mobile Device Management (System Center/Intune/AirWatch) and Remote Content Filtering (Zscaler). **Parent/Guardian should closely monitor their student's online accounts and device access as more and more applications are browser based.** The Parent/Guardian hereby indemnifies, releases and agrees to hold harmless the Board and its members, officers, employees and agents from any liable and damages associated for any applications, videos, pictures, music or any other programs or information purchased or stored by the student on the Equipment and/or if the Equipment is hacked, lost, vandalized, stolen and/or if hard drive storage capacity is exceeded.

Care and Operation. The Equipment is intended to be used only by the student to whom it is issued and may only be used and operated in a careful and proper manner and in accordance with the MCS Policies. The student shall comply with all laws, ordinances and Board policies relating to the possession, use or maintenance of the Equipment.

Student Responsibilities:

- Keep the device with you and/or in a secure location at all times.
- Do not apply stickers to, alter the appearance of, or otherwise modify the device.
- Only clean the screen with a soft anti-static cloth.
- Adhere to MCS policies: *Technology Use - 3225/4312/7320 and Internet Safety - 3226/4205*
- Always transport the device inside a backpack or sleeve.

Restricted Use. While CIPA (Child Internet Protection Act) compliant filtering of the Internet is provided twenty-four (24) hours per day via MCS Remote Content Filtering (Zscaler), MMS urges all parents and/or guardians to monitor activities as well as the condition of the Equipment frequently, including restricting access to appropriate hours and limiting opportunities for unsupervised access. No Technology Protection Measure (content filtering) is one hundred percent effective and parents and/or guardians assume risk inherent in any use of the Internet.

Using the Equipment for any illegal, obscene, offensive, defamatory, libelous, tortious, objectionable purposes in violation of MCS *Policies* or neglecting *Student Responsibilities* could cause a student's access to be restricted and could result in disciplinary action. MMS has the right to monitor and/or inspect the Equipment at any time during the time period that the student has the Equipment and the student has no expectation of privacy when using the Equipment. MMS has the right to collect and store devices over the summer, extended breaks, or anytime as needed for upgrades, maintenance, repair or for any reason, including discipline, as necessary.

The Parent/Guardian has read this Agreement and understands the contents herein and signified such by signing below. When the Agreement is returned, the student can be issued the Equipment.

The Parent/Guardian has read this Agreement and understands the contents herein and signified such by signing below. When the Agreement is returned, the student can be issued the Equipment.

_____ I verify that I have read and agree to this Agreement.
(Initial)

Sign this form and return it to Madison Middle School Office or Media Center.

Parent/Guardian Printed Name: _____

Parent/Guardian (Signature) Date: _____

Student's Printed Name: _____

Student's Signature: _____

Grade: _____

-----OFFICE USE ONLY-----

Computer and Equipment Issued

Date Returned: _____

Condition Returned: G ___ F ___ D ___

Issues: _____

Cord Returned: Y ___ N ___

Fines: _____

Paid: _____

Owes: _____

Madison Middle School

95 Upper Brush Creek Road
Marshall, NC 28753

Phone: 828.649.2269 Fax: 828.649.9015

Principal: Jessica Chandler Assistant Principal: Eric Blackman



Permission to Release Photos - As a parent of a student at Madison Middle School I give the school permission to publish my child's photo in the local newspaper(s) or on FaceBook as part of athletics, arts, and academic programs. I also understand that my child's picture may appear in the paper as a result of a photographer from local newspapers reporting on a school event and publish a photo without school knowledge. I also understand my child's picture may be published on school announcements and on www.madisonk12.net/mms. You may see administration if you have concerns about your child being photographed.

Yes _____ No _____ Parent's Signature: _____ Date: _____

Internet Usage Policy – I am familiar with and acknowledge the guidelines for Internet usage that is available on the school website or in the student handbook. A copy of this policy will be available in the main office. I understand the conditions of the MCS Acceptable Use and Internet Safety Policy (Policy 3225/7320) and guidelines and grant my child permission to use/access the Internet.

Yes _____ No _____ Parent's Signature: _____ Date: _____

Student Signature _____ Date _____

Parent Signature _____ Date _____

Thank you for this important information!

Madison Middle School

Jessica Chandler
Principal
Eric Blackman
Assistant Principal

Phone: 828.649.2269
Fax: 828.649.9015
www.mms.madisonk12.net



Electronic Device Policy Student Contract

I, _____, (student's name) understand that possession of a cell phone and/or electronic device on school campus is a privilege, and that it may be revoked at any time by the administration for violating this school policy, which I have been provided with on the first day of school and I clearly understand the cell phone and electronic device policy. By signing this contract, I am agreeing to follow this policy and accept the consequences should I violate the policy.

1. Cell phones and other electronic devices are to be stored in backpacks during the instructional day and only used during class changes. This also applies to smart watches and other audio players.
2. Upon first violation, the teacher may keep the device until the end of the school day. The second violation will result in the device being sent to the office and may be picked up at the end of the day. The third violation will result in the device being sent to the office and the device must be picked up by a parent. With a fourth violation, the device will remain in the office for remainder of the year.

Student Signature: _____ Date: _____

Madison Middle School ATTENDANCE POLICY:

This policy allows each student eight (8) absences per semester before any make up sessions are required. Once the student is absent from school for five or more days in a semester, the principal or a committee established by the principal shall consider whether the student's grades should be reduced because of the absences. The principal or the attendance committee shall review other measures of academic achievement, the circumstances of the absences, the number of absences, and the extent to which the student completed missed work. Once the student has missed the 9th day of the same semester, he or she will be required to attend summer school sessions to make up the absence(s).

Please note that school sponsored activities do not count as an absence. Documented medical illness, quarantine, death in the family, medical or dental appointments, court proceedings, religious observances, family emergencies, out of school suspension and educational opportunities (must be approved by the attendance committee prior to missing school) are excusable reasons and will count as an excused absence. **Notes for illness/injury/sickness must be submitted within 5 days of the absence to be considered as an excused absence.** Please note; when a student exceeds the 8 allowed absences, the parent/guardian will be invited to meet with the attendance committee and will be asked to provide documentation for the excessive absences.

Tardies and early dismissals will be handled on an individual basis and should be for excused reasons only, after-school make up sessions could be required based on accumulation of tardies and early dismissals. Students who are excessively tardy to school or class may be suspended for up to two days for such offenses.

We understand that students will have to miss school occasionally for medical appointments. Please consider staggering those in both the mornings and afternoons so your child isn't missing the same class period.

Parents will be notified when students have accumulated three (3) unexcused absences and six (6) unexcused absences within a school year by a letter home from school. When a student reaches ten (10) unexcused absences (absences without documented reason) in a school year, they may be in violation of the Compulsory Attendance Law (G.S. 115C-378). This law provides that the student and/or parent may be charged with truancy and taken to a court of law. Failure to comply with the NC Compulsory Attendance Law could result in:

1. The parent/guardian and student will be asked to meet with the School Attendance Committee to discuss the student's absences.
2. The parent/guardian and student may be asked to attend a meeting with the Madison County Truancy Board which consists of members from the School System, Health Department, DSS and the Department of Juvenile Justice.
3. Court petition filed for truancy.
4. Possible DSS referral.

The number of times that a student misses class for school sponsored activities should be kept to an absolute minimum. When a student misses class work, they are expected to make up the work that has been missed. Teachers may use their own discretion on how long completion of makeup work is needed. All class work assigned during after school sessions must be academically related. *As soon as a parent anticipates a student's extended absence because of a severe, prolonged or chronic illness under a physician's care, the parent shall notify the principal immediately. Homebound instruction will not be considered without a doctor's written statement. Homebound forms can be obtained from your child's principal. The principal shall make arrangements for homebound/hospital bound or other appropriate instruction. Should unique situations arise that are not specifically addressed by this policy, the Superintendent, upon written recommendation from the school principal, may authorize alternatives to the policy to achieve fairness to the student without compromising the effectiveness of this policy.*



Jessica Chandler, Principal
Eric Blackman, Assistant Principal

Student's Name _____ Grade ____ Homeroom Teacher _____

Mother's Name:

Residential Address:

Mailing Address: (if different from Residential)

Home Phone Number _____ Work Phone Number _____

Cell Phone Number _____ Email Address: _____

Father's Name:

Residential Address (if different from mother): _____

Mailing Address: (if different from above)

Home Phone Number _____ Work Phone Number _____

Cell Phone Number _____ Email Address: _____

Student Release Information – The concern for the safety of our students is very important. Please list the people to whom your child IS and IS NOT permitted to leave our campus. Students can only ride a different bus when they have a signed note from the office. Notes must include a phone number where the adult responsible can be reached during school time.

People who my child can be released with:

People who cannot take my child:

Emergency Medical Information – Please provide the following information regarding your child's health. Based on your responses, an Emergency Action Plan may need to be developed and Student Services will contact you and schedule a meeting. In some cases, doctor's notes may need to be provided.

Madison Middle School



Madison Middle School
95 Upper Brush Creek Road
Marshall, NC 28753
828.649.2269

Mission: "Exploring, Serving and Creating"

Jessica Chandler, Principal
Eric Blackman, Assistant Principal

Emergency Contact Name (other than parents) and number:

Allergies or Health Conditions:

Medical Information school should know:

Does your child need to take medication during school hours? If so what:

Signature of Person Completing

Form _____ **Date** _____

Please contact the school to update when a change of address or phone numbers occurs.

MADISON COUNTY SCHOOLS

STUDENT INFORMATION SHEET

Teacher Assignment: _____

School Year: 20____/20____

Entry Date: _____ {to be filled out by office}

SCHOOL NAME:
{CIRCLE ONE}

Brush Creek	Hot Springs	Laurel	Mars Hill	Grade:	Pre-K	K	1	2	3	4	5
Madison Middle	Grade:	6	7	8	Madison High	Grade:	9	10	11	12	
Madison Early College High School	Grade:	9	10	11	12						

BASIC INFORMATION:

Student Name: First: _____ Middle: _____ Last: _____ Nickname: _____

Date of Birth: _____ / _____ / _____ Home Phone: _____ Cell Phone: _____

Race {circle one}: American Indian Asian Black White Hispanic Multi-Racial

Address: PO Box #: _____ 911 House #: _____ Apartment #: _____

Road/Street Name: _____ City: _____

***List student's address if different from parent/guardian: _____

FAMILY INFORMATION: Parent's Email Address: _____

Student Resides With: Mother & Father Mother & Stepfather Father & Stepmother Mother Only Father Only Legal Guardian Other

*Mother/Stepmother's Name: _____ Home Phone: _____ Cell Number: _____
Employer's Name: _____ Work Phone: _____ Extension: _____

*Father's/Stepfather's Name: _____ Home Phone: _____ Cell Number: _____
Employer's Name: _____ Work Phone: _____ Extension: _____

*Guardian/Other's Name: _____ Home Phone: _____ Cell Number: _____
Employer's Name: _____ Work Phone: _____ Extension: _____

Relationship to Student: _____ Legal Custody: _____ yes _____ no Is there current custody issues? _____ yes _____ no

*Please note a currently copy of custody papers must be attached or turned into the child's school * Legal custody is with: _____

Other Children in home by name: 1) _____ 2) _____ 3) _____ 4) _____
Age: _____ Age: _____ Age: _____ Age: _____

EMERGENCY ACTION PLAN and MEDICAL INFORMATION:

Name of Family Doctor: _____ Office Phone: _____

Note ANY physical disabilities/allergies: _____

Does this child need to take prescription medication during the school day? _____ Yes _____ No _____ At home _____ At School _____

Medication for usual treatment: _____

Signs of emergency: _____

Actions for school personnel to take: _____

In case of an emergency, when parent or guardian cannot be reached, contact:

Name: _____ Phone: _____ Relationship to student: _____

Name: _____ Phone: _____ Relationship to student: _____

I give my permission for the exchange of medical information regarding my child, between school personnel and the listed physician(s).

I agree to accept fully responsibility for the payment of all ambulance, hospital, and physician bills and charges for any services rendered should my child need to be transported from the school. My preference of medical facility is:

_____ Hot Springs Medical Center _____ Laurel Medical Center _____ Mashburn Medical Center

_____ Mars Hill Medical Center _____ Mission Hospitals

Parent/Guardian Signature: _____ Date: _____

OTHER INFORMATION:

Has this student been enrolled in another school this year? No _____ Yes _____

If yes, please name the school and address: _____

Are parents/guardians employed in temporary agriculture work: No _____ Yes _____ Where: _____

Do you want to apply for a free/reduced lunch: Yes _____ No _____

Have you applied for or received free/reduced lunch for this child before? Yes _____ No _____ {Received: _____ Free _____ Reduced _____ Not Qualified}

HOME LANGUAGE SURVEY:

1. Is this student's first-learned or home language anything other than English? _____ No _____ Yes _____
If yes, please answer the questions below.

2. Which language did your son/daughter learn when he/she first began to speak? _____

3. What language does your son/daughter most frequently use at home? _____

4. What is the language most frequently spoken at home? _____

**If any of the above is a language other than English, this student will be evaluated to see if he/she needs English language assistance.*

Does this child ride a bus? _____ No _____ Yes _____ Most of the Time Bus #: _____ or Driver: _____

Please write directions from home to school: _____

MADISON COUNTY SCHOOLS

Internet Use Agreement

My child and I have read the Internet Policy below and agree to participate under these given guidelines. As a parent/guardian, I recognize that it is impossible for the school to restrict access to all controversial materials and I will not hold the school or faculty responsible for materials or ideas acquired on the network. However, I understand that ALL internet use by faculty, staff, and students will be related to curriculum goals and objectives.

I further understand that any violations of the regulations that are unethical, may constitute a criminal offense, and may result in the loss of privilege. If school behavior codes are involved or laws are broken, school disciplinary and/or appropriate legal action may be taken.

Any violation by this child of these rules will be dealt with by either restriction of privileges and/or disciplinary actions dependent on the nature of the information. An Internet Use Agreement must be signed and filed at the location of the Internet Use.

Disclaimers:

Madison County Schools/or any individual school, will not be responsible for any damages suffered, including loss of data resulting from delays, non-deliveries, service interruptions, or inaccurate or controversial information obtained through use of the internet. The user accepts personal responsibility for any information obtained via the internet.

This form will be placed in your child's permanent record and will remain until his/her education is completed in Madison County Schools. Upon signing this agreement, it would be required for you to complete a new form if you wish to make changes during the school year(s).

ID #: _____ Student Name: _____ Student Signature: _____
Parent/Guardian Name: _____ Parent/Guardian Signature: _____
Address: _____
Telephone Number(s): Home: _____ Work: _____ Cell: _____ Other: _____
Classroom/Homeroom Teacher: _____ Grade: _____ Date: _____

Madison Middle School

Jessica Chandler Phone: 828.649.2269
Principal Fax: 828.649.9015
Eric Blackman www.madisonk12.net/mms
Assistant Principal



Information about MMS Child Nutrition Program

Please visit the website www.k12paymentcenter.com to access your child's lunch account. Here you can put money into their account and also even see what your child is purchasing. This is a good way to keep your child from having to handle money to the cafeteria and a good way to put money on your child's account if you forget to give it to them.

We also encourage everyone to fill out the "free and reduced lunch application" if you may be eligible. **This has to be done every year, it doesn't carry over from year to year.** Your child will stay on the same status as they ended last year for 30 days. The application is online this year, you will find a link under quick links on the MMS webpage. Visit www.madisonk12.net/mms and you will see the application under quick links.

Students who owe cafeteria charges cannot get extras until all debts are paid in full. They may get a regular meal, but no extras.

Our cafeteria provides a variety of foods to pick from. Each student must take at least 3 items and can have all the fruits and vegetables they want, within reason.

Don't forget, we also serve breakfast each day!

Thanks,

Reta Boone, MMS Cafeteria Director

Jessica Chandler, Principal