

JASPER SCHOOL DISTRICT

Encourage, Develop, Succeed

P.O. Box 446 Jasper, AR 72641

(870) 446-2223 Fax (870) 446-5549

<http://jasper.k12.ar.us>



Three Schools ~ One District ~ One Mission ~

August 14, 2017

Dear Parents and Students,

Welcome to the 2017-18 school year. We are very proud of our great schools, growing students, dedicated staff, excellent parents and supporting communities. Our goal each year is to help our students to grow academically, emotionally, and socially. Each year we see the students striving to becoming one step closer to being productive and contributing members of our global society.

We encourage you to seek all opportunities to visit the campuses and be involved in your child's education. Statistics show that when a child sees a parent at school, their learning increases. We are pleased that you have chosen this district for your child's education.

We hope you will be excited as we are about the changes on each campus to help your child to become more responsible and productive with all aspects of his /her life.

Each year we ask you to fill out numerous forms. The school forms are mandatory; however, the medical and dental forms are optional if you do not plan to use the School Based Health Center (SBHC) on the Jasper Campus. **Boston Mountain Rural Health Center** is still the provider this year for wellness and dental. The advantage to using the SBHC is that a child is not counted absent when he/she uses this facility for medical and dental care. It is considered a school function.

Please take the time needed to thoroughly review the Jasper School District Student Handbook and sign the "**Acknowledge of Receipt**" on the next page. All students are expected to comply with the policies and procedures found herein. Except for headings, **text that is in bold, black print is new to the handbook**. We look forward to the opportunity to work with your child and to be a partner with you to bring his/her education to life.

Thank You,
District Handbook Committee

Jasper School District Handbook Committee for 2017-18
Mr. Jeff Cantrell: Superintendent of Jasper School District

Mr. David Dunlap: Jasper Elementary Principal
Mrs. Marsha Shaver: Kingston K-12 Principal
Mrs. Melissa Parks: Federal Programs

Mr. Jeff Lewis: Jasper High School Principal
Mr. Chad Harp: Oark K-12 Principal
Ms. Margie Rutledge: Technology Coordinator

Students: Jasper, Kingston, and Oark Student Councils
Parents: Sony Sanders, Kingston Student Council Parent, Sherry Smith, Jennifer Lewis
Teachers: Mike Parker, Tresa Yarbrough, Alice Cooper, Todd Parker, Sandra Allen, Tina South

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August 14, 2017

TO: All Jasper School District Students and Parents
FROM: Jeff Cantrell, Superintendent
RE: Receipt of Jasper School District Handbook and Discipline Policies

Arkansas Code § 6-18-502 requires that school districts adopt written discipline policies that follow Arkansas Department of Education guidelines. The Arkansas Standards for Accreditation also require that the school shall have on file statements signed by parents and students that confirm they have received an electronic and/or written copy of the school discipline policies.

I understand that the student handbook is online and that it contains the Jasper School District Discipline Policies. A paper copy will be provided to me if I request one in the space below. I understand and consent to the responsibilities as outlined in handbook at school and at school sponsored travel and events, regardless of time and location. I also understand that any student who violates the student handbook shall be subject to disciplinary action.

STUDENTS AND PARENTS ARE REQUIRED TO SIGN THIS “ACKNOWLEDGEMENT OF RECEIPT” AND TURN IT IN IMMEDIATELY.

This is to confirm that I have access on-line or request a copy of the Jasper School District Student Handbook by initialing below.

_____ **I have access to the Jasper School District Student Handbook online.**

_____ **I request a *Paper copy* of the Jasper School District Student Handbook.**

Print Student Name

Student Signature

Print Parent Name

Parent Signature

JASPER SCHOOL DISTRICT

Parent-Student-Teacher-Administration Compact

I understand the importance of my participation in my child's educational progress. AS A PARENT, I WILL:

- Attend school events, meetings and conferences.
- Listen to or read with my child regularly.
- Provide a quiet place and materials needed for my child to study.
- Encourage my child to complete his/her homework.
- Check the parent/student grade portal(eschool HAC) and school website www.jasper.k12.ar.us regularly.
- Make sure my child gets an adequate night's sleep and a healthy diet.
- Have my child attend school regularly and on time.
- Clear absences within 3 days by sending a note or calling the front office.

Parent Signature: _____ Date: _____

As a student I understand that education is important to me, and I am responsible for my own success. AS A STUDENT, I WILL:

- Believe that I can and will learn.
- Arrive to school on time and be prepared to do my best.
- Follow all school and classroom rules.
- Return all homework completed and on time and do my work in class.
- Find out what I missed if I am absent.
- Check my grades on the student grade portal (eschool HAC) weekly and ask my teachers how I can improve.
- Spend time at home reading and studying.
- Respect my school, classmates, staff and family.
- Take home school calendar and school notes and turn in all forms and notes from parents to school.
- Realize that I am in control of my actions and behaviors 24 hours a day, 7 days a week.

Student Signature: _____ Date: _____

As as teacher I understand that education is important to every student's life. AS A TEACHER, I WILL:

- Teach grade level standards, skills, strategies, and address the individual needs and of all students.
- Assign appropriate homework with clear instructions.
- Correct and return appropriate work in a timely manner.
- Keep my gradebook and webpage updated weekly.
- Help students follow the school and classroom rules.
- Assist parents with how to help their student at home.
- Participate in professional development opportunities that improve teaching and learning and support the formation of partnerships with families and our community.
- Provide parents with frequent reports on their student's progress.
- Provide assistance to families on what they can do to support their student's learning.
- Hold parent-school conferences to discuss this compact as it relates to the individual student's achievement for at-risk students.
- Provide parents opportunities to volunteer and participate in school activities (as published in school announcements, informational mailings and school newsletter).

Teacher Signature: _____ Date: _____

As a building administration I understand the importance of student learning, teacher effectiveness, parent involvement, and community support. AS AN ADMINISTRATOR, I WILL

- assist teachers in providing high-quality curriculum and classroom instruction.
- continue to build a safe learning environment and conduct safety drills.
- assist with providing high quality professional development for all staff
- assist in supporting your student academically, emotionally, and socially.

Building Administrators' Signatures: David Dunlap, Jasper Elementary

Jeff Lewis, Jasper High School

Marsha Shaver, K-12 Kingston

Chad Harp, K-12 Oark

August 14, 2017

JASPER SCHOOL DISTRICT

EMERGENCY FORM/CALL CARD

To Parent or Guardian: To serve your child in case of an accident or sudden illness, it is necessary that you furnish the following information: This form will go with sponsors on school activities. This form is to be kept in the school office for various sponsors to pick up before a trip and return after a trip.

Student's Full Name: _____

Parent/Guardian Name(s): _____

Student's Birthday: _____ Blood Type if known: _____

Language Spoken in your home: _____

Home Address: _____

Home Phone: _____

Cell Phone: (MOTHER) _____ (DAD) _____

Work Phone: _____ / _____

Hospital 1st Choice: _____ Phone Number: _____

Physician's Name and Phone Number: _____

Hospital 2nd Choice: _____ Phone Number: _____

Health Information: List any health conditions such as heart disease, diabetes, epilepsy, severe allergies, medication allergic reactions, etc:

I, the undersigned, do hereby authorize officials of Jasper School District to directly contact the persons named in this letter and do authorize the named physician/hospital to render treatment as may be deemed necessary in an emergency for the health of said child. If the parents, physicians, or other persons named in this form cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in his/her judgment for the health of my child. I will not hold the Jasper School District financially responsible for the emergency care and transportation of my child.

Parent Signature **Date:** _____

JASPER SCHOOL DISTRICT

INCLEMENT WEATHER SHEET/BUS FORM

Dear Parent,

In order to update transportation records on each child for the new school year, we ask that you complete the information below and return it to school by August 19, 2017. This form **MUST** be on file with the Arkansas Department of Transportation in order for your child(ren) to ride the bus during the 2017-18 school year. Please discuss an inclement weather plan with your child in case school has to be dismissed early. Remember the school phones may be busy. The school or district will send a message using the school messenger phone system. It is very important to develop a plan ahead of time and keep the school informed of phone number changes.

Thank you for your cooperation,

**Jeff Cantrell
Superintendent**

STUDENT NAME (S):

NAME OF BUS DRIVER: _____

HOME PHONE NUMBER: _____

PARENT CELL NUMBER: _____

PARENT WORK NUMBER: _____

EMERGENCY NUMBER: _____

In case of inclement weather my child will:

_____ Ride the bus as normal

_____ Be Picked Up

Ride the bus to: _____ / phone number: _____

Parent Signature

Date:

JASPER SCHOOL DISTRICT

Student Health Form

August 14, 2017

Dear Parent,

As part of our health program at school, we need you to take a few minutes and provide the information requested below. Completion of this form will enable us in providing the fastest and best possible care for your child.

MEDICATIONS:

The following over the counter preparations will be used as part of our first aid program. Please cross out any that you DO NOT want used for your child. If your child is ill, feverish or vomiting, you will be asked to come pick him/her up.

Tylenol/Children's Tylenol

Maalox

Hydrogen Peroxide

Cepacol Lozenges for sore throat/cough

Alcohol

Anbesol for tooth ache or canker sore

Robitussin

Visine

Sudafed

Vaseline

Calamine Lotion

Burn Ointment

Foille Spray (sunburn)

Bacitracin Ointment (Contains No Penicillin)

Tums

Betadine (Contains Iodine)

Benadryl

Advil/Ibuprofen

ALLERGIES:

Please list any allergies or allergic reactions your child has:

Medicine: _____

Insect bites/stings: _____

Food: _____

Other: _____

MEDICAL CONDITIONS:

Please list or explain any present or prior medical conditions that we need to know about your child's health.

Medications currently being taken: _____

Student's Name: _____

Date of Birth: _____ Grade: _____

Parent's Signature _____

Insurance Information: _____

ALL TYPES OF MEDICINE SENT TO SCHOOL FOR YOUR CHILD TO USE ARE TO GO TO THE SCHOOL NURSE'S OFFICE.

Thank you for your help,

Jasper School District Nurses

Delia Bowen-Kingston, Tina James-Jasper, Angela Kitchen-Oark

JASPER SCHOOL DISTRICT

PARENTAL MEDICAL CONSENT to RELEASE Personal Identifiable Information

Grade _____

Student name (printed)

Primary Care Physician Name

_____ I give *permission* to Jasper School District to access Medicaid/AR Kids to receive reimbursement for healthcare services, (*Speech, Occupational Therapy, Physical Therapy, or Hearing/Vision Screening, and Flu Clinic*) delivered to my child in the school. The local education agency can release education records each time that they access Medicaid for the purpose(s) of determining eligibility, billing for services, and/or completing audit/review requests. **There is NO cost to parents.**

If checked yes, please fill in the following:

Is your child covered by:

Medicaid _____ Number _____

AR Kids A _____ Number _____

AR Kids B _____ Number _____

_____ I do *NOT* give permission to Jasper School District to access Medicaid/AR Kids for healthcare services delivered to my child in the school.

Under the Family Education Rights and Privacy Act (FERPA), parental permission is required in order to release student personal identifiable information to agencies not identified in the Act. This permission grants Jasper School District the ability to release these records for the purposes of billing Medicaid. The information that may be released includes: Student's name, student's date of birth, student's social security, student's evaluation and referral information, IEP goals, and progress notes. The parent has the right to revoke this permission at any time.

Please Sign Below

Parent/Guardian Signature

Date

Student name (printed)

Grade _____

(Appropriate Arkansas Department of Health consent forms will be provided for your consideration prior to the FLU CLINIC).

JASPER SCHOOL DISTRICT

DRUG TESTING POLICY GENERAL AUTHORIZATION FORM

I understand that my performance as a participant or a driver and the reputation of my school are dependent, in part, on my conduct as an individual. I have read and understand the contents of the Jasper School District Drug Testing Policy. I hereby agree to accept and abide by the policies, standards, rules and regulations set forth by Jasper School District Board and the sponsors for the activity in which I participate. I also authorize Jasper School District to conduct breathscan or a urinalysis to test for drugs and/or alcohol use. I also authorize Jasper School District to conduct random tests during the current school year. I authorize the release of information concerning the results of such a test to the Jasper School District and to the parents and/or guardians of the student. This shall be deemed a consent pursuant to the Family Education Right to Privacy Act for the release of above information to the parties named above.

The student will check all of the clubs, activities, and athletic activities that he/she will participate in THIS school year.

Student Clubs and Activities

Driving to School

Art Club
 Band/Choir
 Senior BETA
 Chess Club
 Student Council
 Drama Club
 FBLA
 FCCLA
 FFA Organization
 First Responders
 Fire Marshal
 other _____

History Club
 Jazz Band
 Junior BETA
 Key Club
 Library Club
 Math Club
 Photography Club
 Quiz Bowl
 Science Club
 Shooting
 Skills USA VISA
 SWAT
 Yearbook
 G/T

Athletic Activities

Baseball
 Basketball
 Cheerleading
 Cross Country
 Football
 Golf
 Soccer
 Softball
 Track
 Volleyball
 Archery

Student Name (Printed)

Student Signature

Date

Custodial Parent/Legal Guardian Signature/ Date

JASPER SCHOOL DISTRICT

PERMISSIONS FORM

Please review items with your student and initial the following areas as they apply, sign and return this form to the school.

School Teacher/Grade (print student's name)

Please READ, Initial EACH item, and sign below.

_____**STUDENT RECORDS** (Directory Information 4.13F)

I understand that certain information is considered directory information, such as student name, telephone number, address, date and place of birth, *participation* in officially recognized activities and sports, weight and height members of athletic teams, date of attendance, awards received in school, most recent previous school attended, military recruiters, postsecondary education institutions, potential employers, and other similar information and **unless I object within 10 days of the time this handbook was issued to my child, this information about my child may be released.**

_____**PUBLIC INFORMATION RELEASE** (4.13F)

Students who attend school in the Jasper School District may be photographed or filmed in relation to instructional programs and/or other school related activities, and their names may be listed publicly in relation to such programs or activities. The pictures, films, and/or names may be published in public newspapers, school newspapers, school yearbooks, slides, brochures, videos, CD's, and/or posted on the Jasper School District's website or other media. The following list includes situations or activities where students may be photographed, filmed, and/or have their names published: 1) *Classroom Observations*; 2) *Academic Achievements*; 3) *Honor Roll Lists*; 4) *Athletic activities*; 5) *Music activities*; 6) *Contest participation*; 7) *Program participation*; 8) *Organization participation*; 9) *other miscellaneous events* (please just initial **one**)

____ I hereby *grant* permission for photographs(s), film(s), and/or the name of my student to be published publicly in relation to instructional and/or other events of the Jasper School District.

____ I hereby *deny* permission for photographs(s), film(s), and/or the name of my student to be published publicly in relation to instructional and/or other events of the Jasper School District. **This will include yearbook.**

_____**INTERNET USE AGREEMENT** (4.29F)

The Electronic Device and the Internet Policy is found in the student handbook in Chapter 8. By our initials below, we indicate that we have read the policy and agree to be bound by the terms and conditions.

____ Parent Initial ____ Student Initial

_____**REGISTERING ELECTRONIC DEVICES--BRING YOUR OWN DEVICE POLICY**

____ I hereby *grant* permission for my child to register their personal electronic device on the school's internet. I understand even though this is a personal device that my child will be governed by the school rules of the following handbook policies:

Cell Phone Bring Your Own Device Electronic Device and Internet Use Policies

____ I hereby *deny* permission for my child to register their personal electronic device on the school's internet.

By initialing above, we indicate that we have read the policy and agree to be bound by the terms and conditions.

_____**PERMISSION TO PLACE STUDENT PICTURE ON WEBSITE** (5.20F1)

The Jasper School District strives to maintain an up-to-date and informative website. Sometimes there are pictures of activities and events involving students that the district wishes to post to the website; however, the district also wants to respect the wishes and privacy of parents that do NOT want their child's picture posted on the internet. Please check the option below that serves your wishes concerning your child's picture on the Jasper School District Website: (please initial **one**)

____ I **give** permission for the Jasper School District to post my child's picture to the district website anytime during the current school year

____ I **DO NOT** give permission for the Jasper School District to post my child's picture to the website anytime during the current school year.

JASPER SCHOOL DISTRICT

PARTICIPATION IN SURVEYS, ANALYSIS, OR EVALUATIONS (5.23F1) (please just initial one)

_____ I **OBJECT to (Do Not Want)** my student to participate in surveys, analysis or evaluations.

_____ I **DO NOT** have an **OBJECTION** for my student to participate in surveys, analysis or evaluations.

CORPORAL PUNISHMENT WAIVER (please just initial one only)

_____ I **give** my permission for my child to receive corporal punishment according to the student handbook guidelines. **A) Parents will be notified of the decision of corporal punishment.** *B) The student shall be advised of the rule infraction for which he/she is being punished. If the student claims innocence, the student will be permitted to state his/her position which will be considered prior to punishment.* **C) Corporal punishment will be administered by the building principal, dean of students, or superintendent in the presence of a licensed staff member.** *D) Corporal punishment shall not be excessive or unduly severe nor shall it be administered in a spirit of malice or anger.* **E) Corporal punishment shall not be administered in the presence of the class.** *F) Refusal to take corporal punishment will result in automatic suspension.* **G) A written report will be filed with the principal's office when corporal punishment is administered.** The report will include (1) the rule violation, (2) the witness signature, (3) the signature of the person administering the punishment and (4) other methods used to solve this behavior.

_____ I **DO NOT** give permission for my child to receive corporal punishment according student handbook guidelines. *H) Parents, who choose not to have corporal punishment administered to their child, must have on file in the principal's office at the beginning of each school year a denial of permission. If a situation warrants corporal punishment, in this case, the student WILL receive out of school suspension*

BUS BEHAVIOR (Chapter 6 in Student Handbook)

_____ I have received the bus rules and consequences found in the student handbook. I understand that my child will be governed by these rules.

OBJECTION TO PHYSICAL EXAMINATIONS OR SCREENINGS (4.41F)

If I have an **OBJECTION to (Do Not Want)** physical examination or screening I am indicating by initialing the screenings that I do not want my student participating.

_____ I object to **Vision test,**

_____ I object to **Scoliosis test**

_____ I object to **Hearing test**

_____ I object to **BMI test (Body Mass Index Height/Weight Comparison)**

MEDICATION (4.35F, 4.35F2, 4.35F3, 4.35F4)

_____ I have read the medication policy in the student handbook. I understand that parents must take any medication (prescription or over-the-counter) to the nurse and complete the proper paperwork before it can be administered at school.

FIELD TRIP PERMISSION

_____ I give permission for my child to attend all school field trips pertaining to him/her that are chaperoned by school officials/employees and have students transported in a school bus.

_____ I **DO NOT** give permission for my child to attend all school field trips pertaining to him/her that are chaperoned by school officials/employees and have students transported in a school bus.

_____ Student Signature _____ Date

_____ Parent/Guardian Signature _____ Date