Handbook/School Bus Policy

I understand that the Chattanooga Student Handbook is located on the school’s website.
(www.chatty.k12.ok.us)

I have received a copy of the Chattanooga School Bus Policy.

Cell Phones

Cell phones, pagers and any other electronic devices are not allowed to be used by students during the school day from the hours of 8:15 a.m. - 3:20 p.m. Cell phones should be silenced during the school day. Students will check their phone in before each class and will check it out when class is dismissed. Students observed using a cell phone during school hours will have their phone confiscated and given to the principal. The confiscated phone will be returned to the student at the end of the school day.

There will be no photographing or videotaping of any person in any dressing room, restroom, or anywhere there is a “reasonable expectation of privacy.”

Disciplinary action for use of cell phone during the school day will be Saturday School.

Corporal Punishment

Corporal punishment is a disciplinary action used at the Chattanooga Public Schools. Please fill out the portion below in order for us to meet your expectations in regards to this matter.

I will allow corporal punishment to be used as a disciplinary measure.

I will allow corporal punishment to be used as a disciplinary measure, but only if contacted prior to administering.

I will not allow corporal punishment to be used as a disciplinary measure for my child.

Student’s Signature ________________________________ Date ________

Signature (Parent/Legal Guardian) ________________________________ Date ________
CHATTANOOGA PUBLIC SCHOOL STUDENT NETWORK USE AGREEMENT

Each student of Chattanooga Public School will be assigned an individual account on the district's File Server ("Server") and will comply with the following rules:

I understand that my personal storage folder on the Server (my "H: Drive") is accessible by school administrators and teachers. These individuals have the right to inspect my H: Drive at any time. The district will make a good faith effort to ensure my H: Drive is not accessible by any other student.

I understand that I will not be allowed to save music, videos or program files to my H: Drive unless special circumstances can be demonstrated to my principal.

I understand that my H: Drive will only be used for school-related purposes such as classroom activities, career development, and to conduct research.

I understand sharing my network password with any other student will result in the termination of my network privileges for a period of time to be determined by my principal.

I understand that I will not be allowed to gain unauthorized access to any computer system or go beyond my authorized access. This includes attempting to log in through another person’s account or access another person’s files.

I understand that any attempt to disable the internet filtering software will result in the termination of my network privileges for a period of time to be determined by my principal.

I understand that I will not be allowed to use the computer for electronic correspondence. This includes, but is not limited to, email, instant messaging, chat rooms or any websites such as Facebook.

I understand that I will not be allowed to plagiarize words that I find on the Internet. Plagiarism is taking the ideas or writings of others and presenting them as if they were your own.

I will respect the rights of copyright owners. I will not reproduce a work that is protected by a copyright. If a work contains language that specifies appropriate use of that work, I will follow the expressed requirements.

[______________________________ (print name)] have read the Chattanooga Public School Student Network Use Agreement and understand that a violation of any of the mentioned items can result in the termination of my network privileges for a period of time to be determined by my principal. I also understand that the termination of my network privileges could have a negative affect on computer related class work.

Student Signature ___________________________ Date ____________ Grade ____________
# Home Language Survey for Pre-K-12 School Districts

## Student Information

Name of Student: __________________________ Last Name: __________
First Name: _______ Middle Name: _______
Grade: __________

Date of Birth: _______ School: __________ Student ID #: __________

Gender: Male _______ Female _______ MM/DD/YYYY

Is the student of Hispanic or Latino culture or origin? Yes ______ No ______

Select one or more of the following races:
- African American/Black
- American Indian/Alaskan Native
- Asian
- Native Hawaiian/Pacific Islander
- Caucasian/White

1. What is the dominant language **most often** spoken by the student?

2. What is the language **routinely** spoken at home, regardless of the language spoken by the student?

3. What language was **first** learned by the student?

4. Does the parent/guardian need interpretation services? Yes ______ No ______ If so, what language?

5. Does the parent/guardian need translated materials? Yes ______ No ______ If so, what language?

6. What was the date the student first enrolled in a school in the United States? MM/YYYY

**Date (MM/DD/YYYY)**

**Parent / Guardian Signature**

---

### SCHOOL USE ONLY

- Please have test score documentation available for the Regional Accreditation Office to review.

- **Other language than English indicated TWO OR MORE times on questions 1 – 3 above.** The student is classified as “more often” and automatically qualifies as bilingual on the accreditation report.

- **Other language than English indicated ONLY ONCE on questions 1 – 3 above.** The student is classified as “less often” and only qualifies as bilingual on the accreditation report if the student meets one of the following (any selection below requires appropriate documentation):

  - 1. Designated English Learner on one of the Oklahoma English language proficiency assessments: ACCESS for ELLs 2.0, Alternate ACCESS for ELLs, WIDA Screener, WIDA MODEL, K-WAPT, W-AFT or Oklahoma Pre-K Language Screening Tool (PKST).
  - 2. Scored Basic or Below Basic in ELA on the Oklahoma State Testing Program (OSTP).
  - 3. Scored at or below the 35th percentile (or equivalent) composite reading score on a state approved norm-referenced test (NRT).

### Documentation of a Test Result for Students Marked Less Often

<table>
<thead>
<tr>
<th>Date(s) of Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS Test</th>
<th>Score(s) on Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS Test</th>
<th>Date of WIDA Screener, K-WAPT, or WIDA MODEL</th>
<th>Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Composite / Overall Score</td>
<td>1.</td>
<td>Composite / Overall Score</td>
<td>1.</td>
</tr>
<tr>
<td>1.</td>
<td>1.</td>
<td>1.</td>
<td>1.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date(s) of ELA OSTP</th>
<th>Score(s) on ELA OSTP</th>
<th>Date of the Oklahoma Pre-K Language Screening Tool</th>
<th>Score on Pre-K Language Screening Tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below Basic</td>
<td>Basic</td>
<td>Proficient</td>
<td>Advanced</td>
</tr>
<tr>
<td>Below Basic</td>
<td>Basic</td>
<td>Proficient</td>
<td>Advanced</td>
</tr>
<tr>
<td>Below Basic</td>
<td>Basic</td>
<td>Proficient</td>
<td>Advanced</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date(s) Norm Reference Test (NRT)</th>
<th>Name of the NRT</th>
<th>Composite / Percentile Score(s)</th>
</tr>
</thead>
</table>

**Question 1:** Reference WAVE code 1036
**Question 2:** Reference WAVE code 1037
**Question 3:** Reference WAVE code 1039
BUS TRANSPORTATION
STUDENT CONDUCT RULES AND REGULATIONS

To: Parents of Transported Students
From: Chattanooga Board of Education

The school bus driver has a great responsibility. Each day he carries a “precious cargo” and his only concern should be to see that all of his passengers are transported to and from school safely. Unfortunately, there are times when children (young and old) do things that cause the driver to be distracted from his job. This is dangerous and cannot be allowed. It is necessary; therefore, that Student Conduct Rules and Regulations be in force and that they be followed without question. Each parent must see that their child understands the importance of good behavior while riding a bus.

Riding a school bus is not a right but a privilege granted to those who are eligible and are able to abide by the rules and regulations. It is not right that a student be allowed to ride a school bus when he continues to jeopardize the safety of others. The Board of Education realizes that a hardship may result in having to take your child to and from school but it is sometimes necessary.

Therefore, the Chattanooga School System must have the parent sign an agreement that their child will abide by the rules and regulations. If the rules are broken appropriate punishment will be administered. Punishment could be in the form of:

1. Student barred from riding the bus (this could be temporary or permanent).
2. Students placed in detention.
3. Students could face other punishments benefiting the offense (for example, writing on bus seats will result in having to clean the bus seats).

This applies only to students in 5th through 12th grades. There will be no counseling with them. They have read the rules and you have gone over it with them. Punishment will be immediate, and by the administrator of their respective school. If a student shows an uncontrolled malicious disregard for the safety and well-being of the passengers and driver, it is possible that immediate suspension will occur.

The bus driver accepts the responsibility of getting your child to and from school safely, therefore, what he observes and reports to the administrator is final. The driver is not there to determine the right or wrong of one student in a dispute with another, but is there to report any misconduct or behavior that might keep him from properly doing this job.

For students in Pre-K through 4th grades, a counseling process will be administered for controlling discipline and conduct problems with occasionally some punishment assessed after counseling fails. Only in very rare cases is it necessary to deny riding privileges to students Pre-K through 4th.

Any student who is involved in damage to a school bus will be required to pay for the damage. All students will be assigned to a seat and they will be expected to remain in that seat. Students will not move from their seat to other seats without permission from the administrator, unless some situation exists where the driver’s discretion will be called upon. These incidents will be reported to the administrator.

Riding a bus is a privilege and the privilege may be removed for not abiding by the bus rider rules.
PREVIOUS TO LOADING, students should:

1. Be on time at the designated school bus stops—keep the bus on schedule.
2. Stay off the road at all times while waiting for the bus.
3. Not move toward the bus at the school loading zone until the bus has been brought to a complete stop.
4. Respect people and their property while waiting on the bus.
5. Receive proper school official authorization to be discharged at places other than the regular bus stop.

WHILE ON THE BUS, students should:

1. Keep all parts of the body inside the bus.
2. Refrain from eating and drinking on the bus.
3. Refrain from the use of any form of tobacco, alcohol, or drugs.
4. Assist in keeping the bus safe and clean at all times.
5. Remember that loud talking and laughing or unnecessary confusion diverts the driver’s attention and may result in a serious accident. (The life you save may be your own.)
6. Treat bus equipment as you would valuable furniture in your own home. Damage to seats, etc. must be paid for by the offender.
7. Never tamper with the bus or any of its equipment.
8. Maintain possession of books, lunches or other articles and keep the isle clear.
9. Help look after the safety and comfort of small children.
10. Do not throw objects in or out of the bus.
11. Remain in their seats while the bus is in motion.
12. Refrain from horseplay and fighting on the school bus.
13. Be courteous to fellow pupils and the bus driver. Name calling and profanity will not be tolerated.
14. Remain quiet when approaching a railroad crossing stop.
15. Remain in the bus during road emergencies except when it may be hazardous to your safety.

AFTER LEAVING THE BUS, students should:

1. Go at least ten (10) feet in front of the bus, stop, check traffic, wait for bus drivers signal, then cross road.
2. Go home immediately staying clear of traffic.
3. Help look after the safety and comfort of small children.

EXTRACURRICULAR TRIPS:

1. The above rules and regulations should apply to all trips under school sponsorship.
2. Sponsors should be appointed by the school officials.
PLEASE COMPLETE THE FORM BELOW

IN ORDER TO RIDE THE SCHOOL BUS, THIS FORM MUST BE RETURNED WITHIN THE FIRST TWO WEEKS OF SCHOOL.

(The form can be returned to teachers, bus drivers or the office.)

We have read and discussed with our children the school bus policy and rules. We agree with the Chattanooga School System that these rules should be enforced and that any student who cannot abide by these simple rules should be disciplined and/or counseled according to the stated policy. As parents, we ask that the school contact us by telephone or written letter each time our children are involved in incidents so that we might further counsel our children on proper bus conduct.

_________________________________________  ______________  _______________________
Parent's Signature                      Date                       Phone Number

Please write in the names and grade of each child in your family that will ride the school bus. This statement will be in effect for the current school year.

_________________________________________  _______________________
Grade

_________________________________________  _______________________
Grade

_________________________________________  _______________________
Grade

_________________________________________  _______________________
Grade

_________________________________________  _______________________
Grade

_________________________________________  _______________________
Grade

_________________________________________  _______________________
Grade
Dear Parent/Guardian:

Children need healthy meals to learn. Chattanooga Public School offers healthy meals every school day. Breakfast costs $1.00; lunch costs $2.00. Your children may qualify for free meals or for reduced-price meals. Reduced-price is $0.20 for breakfast and $0.40 for lunch. This packet includes an application for free or reduced-price meal benefits and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED-PRICE MEALS?
   - All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance for Needy Families (TANF) are eligible for free meals.
   - Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.
   - Children participating in their school’s Head Start program are eligible for free meals.
   - Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
   - Children may receive free or reduced-price meals if your household’s income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and have not been told your children will get free meals, please call or e-mail Superintendent’s office 580-597-3347.

3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Use one Free and Reduced-Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Superintendent’s office, P.O. Box 129, Chattanooga, OK 75528.

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Superintendent’s office 580-597-3347 immediately.

---

**FEDERAL ELIGIBILITY INCOME CHART for School Year: 2020**

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Yearly</th>
<th>Monthly</th>
<th>Twice Per Month</th>
<th>Every Two Weeks</th>
<th>Weekly</th>
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<tbody>
<tr>
<td>1</td>
<td>23,107</td>
<td>1,926</td>
<td>963</td>
<td>889</td>
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<tr>
<td>2</td>
<td>31,204</td>
<td>2,607</td>
<td>1,304</td>
<td>1,204</td>
<td>602</td>
</tr>
<tr>
<td>3</td>
<td>39,461</td>
<td>3,289</td>
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<td>1,518</td>
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</tr>
<tr>
<td>4</td>
<td>47,638</td>
<td>3,970</td>
<td>1,985</td>
<td>1,833</td>
<td>917</td>
</tr>
<tr>
<td>5</td>
<td>55,815</td>
<td>4,652</td>
<td>2,326</td>
<td>2,147</td>
<td>1,074</td>
</tr>
<tr>
<td>6</td>
<td>63,992</td>
<td>5,333</td>
<td>2,667</td>
<td>2,462</td>
<td>1,231</td>
</tr>
<tr>
<td>7</td>
<td>72,169</td>
<td>6,015</td>
<td>3,008</td>
<td>2,776</td>
<td>1,388</td>
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<tr>
<td>8</td>
<td>80,346</td>
<td>6,696</td>
<td>3,348</td>
<td>3,091</td>
<td>1,546</td>
</tr>
<tr>
<td>Each additional person</td>
<td>8,177</td>
<td>682</td>
<td>341</td>
<td>315</td>
<td>158</td>
</tr>
</tbody>
</table>
5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Contact Superintendent's office, P.O. Box 129, Chattanooga, OK 73528 if you have any questions about the online application.

6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year, through September 1. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.

7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC MAY be eligible for free or reduced-price meals. Please send in an application.

8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.

9. IF I DO NOT QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.

10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: Superintendent's office 580-597-3347.

11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A UNITED STATES (U.S.) CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.

12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you NORMALLY receive. For example, if you normally make $1000 each month but you missed some work last month and made only $900, put down that you made $1000 per month. If you normally get overtime, include it; do not include it if you work overtime only sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will ALSO be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you MEANT to do so.

14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

15. WHAT IF THERE IS NOT ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper and attach it to your application. Contact Superintendent's office, P.O. Box 129, Chattanooga, OK 73528 to receive a second application.

16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP or other assistance benefits, contact your local assistance office or call 1-866-411-1877.

If you have other questions or need help, call 580-597-3347.

Sincerely,

Jerry Brown
# HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in [School District]. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact [School/school district contact here; phone and email preferred].

**PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.**

## STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

**Who should I list here?** When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household’s income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending [school/school system here], regardless of age;
- A) List each child’s name. Print each child’s name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

- B) Is the child a student at [name of school/school system here]? Mark Yes or No under the column titled “Student” to tell us which children attend [name of school/school district here]. If you marked Yes, write the grade level of the student in the [name of school/school system here] column to the right.

- C) Do you have any foster children? If any children listed are foster children, mark the “Foster Child” box next to the child’s name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4.

- D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the “Homeless, Migrant, Runaway” box next to the child’s name and complete all steps of the application.

## STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- The Food Distribution Program on Indian Reservations (FDPIR)

- A) If no one in your household participates in any of the above listed programs:
  - Leave STEP 2 blank and go to STEP 3.

- B) If anyone in your household participates in any of the above listed programs:
  - Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number if you participate in one of these programs and do not know your case number, contact your caseworker.
  - Go to STEP 4.
**STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS**

**How do I report my income?**
- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
  - Gross income is the total income received before taxes.
  - Many people think of income as the amount they “take home” and not the total, “gross” amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a “0” in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write ‘0’ or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

**3.A. REPORT INCOME EARNED BY CHILDREN**

A). Report all income earned or received by children: Report the combined gross income for all children listed in STEP 1 in your household. In the Box marked “child income,” only count foster children’s income if you are applying for them together with the rest of your household.

**What is Child Income?** Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

**3.B REPORT INCOME EARNED BY ADULTS**

Who should I list here?
- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- Do NOT include:
  - People who live with you but are not supported by your household’s income AND do not contribute income to your household.
  - Infants, children, and students already listed in STEP 1.

| B) List adult household members' names: Print the name of each household member in the box marked "Names of Adult Household Members (First and Last)": Do not list any household members you listed in STEP 1 if a child listed in STEP 1 has income, follow the instructions in STEP 3, part A. | C) Report earnings from work: Report all income from work in the "Earnings from Work" field on the application: This is usually the money received from working at jobs. If you are a self-employed businessman or farm owner, you will report your net income. What if I am self-employed? Report income from that work as a net amount, this is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue. D) Report income from public assistance/child support/aliimny: Report all income in the "Public Assistance/Child Support/Aliimny" field on the application: Do not report the cash value of any public assistance benefits. If income is received from child support or alimony, only report court ordered payments. Informal or regular payments should be reported as "other" income in the next line. E) Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/All Other Income" field on the application. F) Report total household size: Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number must be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members as the size of your household affects your eligibility for free and reduced price meals. G) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of her Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave the space blank and mark the box to the right labeled "check box if SSN." |
**STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE**

*All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.*

<table>
<thead>
<tr>
<th>A) Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.</th>
</tr>
</thead>
<tbody>
<tr>
<td>B) Print and sign your name and write today’s date. Print the name of the adult signing the application and that person signs in the box “signature of adult.”</td>
</tr>
<tr>
<td>C) Mail Completed Form to: Insert School/District address here</td>
</tr>
<tr>
<td>D) Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children’s race and ethnicity. This is also optional and does not affect your children’s eligibility for free or reduced-price school meals.</td>
</tr>
</tbody>
</table>
**2019-2020 Household Application for Free and Reduced Price School Meals**

Complete one application per household. Please use a pen (not a pencil).

**STEP 1**

<table>
<thead>
<tr>
<th>Definition of Household Member</th>
<th>MI</th>
<th>Child's Last Name</th>
<th>DOB</th>
<th>School Name</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anyone who is living with you and shares income and expenses, even if not related.</td>
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<tr>
<td>Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free Meals for more information.</td>
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</tbody>
</table>

**STEP 2**

If NO > Go to STEP 3, If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

**STEP 3**

### A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

<table>
<thead>
<tr>
<th>Name of Adult Household Member (First and Last)</th>
<th>Earnings from Work</th>
<th>How often?</th>
<th>Public Assistance/Child Support/Alimony</th>
<th>How often?</th>
<th>How often?</th>
<th>How often?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Weekly</td>
<td>Bi-Weekly</td>
<td>2x Month</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Bi-Weekly</td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**STEP 4**

**Certifications:**

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

**Street Address (if available):**

**Apt #:**

**City:**

**State:**

**Zip:**

**Daytime Phone and Email (optional):**

**Printed name of adult signing the form:**

**Signature of adult:**

**Today's date:**
### Sources of Income for Adults

<table>
<thead>
<tr>
<th>Earnings from Work</th>
<th>Public Assistance / Allotments / Child Support</th>
<th>Pensions / Retirement / All Other Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Salary, wages, cash bonuses</td>
<td>- Unemployment benefits</td>
<td>- Social Security (including railroad</td>
</tr>
<tr>
<td>- Net income from self-employment (farm or business)</td>
<td>- Worker's compensation</td>
<td>retirement and black lung benefits)</td>
</tr>
<tr>
<td>- Cash assistance from State or local government</td>
<td>- Supplemental Security Income (SSI)</td>
<td>- Private pensions or disability benefits</td>
</tr>
<tr>
<td>If you are in the U.S. Military:</td>
<td>- Cash assistance from State or local government</td>
<td></td>
</tr>
<tr>
<td>- Basic pay and cash bonuses (do not include combat pay, FLSA or privatized housing</td>
<td>- Allotments</td>
<td>- Regular income from trusts or estates</td>
</tr>
<tr>
<td>allowance)</td>
<td>- Child support payments</td>
<td>- Annuities</td>
</tr>
<tr>
<td>- Per diem</td>
<td>- Veteran's benefits</td>
<td>- Investment income</td>
</tr>
<tr>
<td>- Allotments for off-base housing, food, and clothing</td>
<td>- Stricken benefits</td>
<td>- Earned Interest</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Rental Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Regular cash payments from outside</td>
</tr>
<tr>
<td></td>
<td></td>
<td>household</td>
</tr>
</tbody>
</table>

### Sources of Income for Children

<table>
<thead>
<tr>
<th>Sources of Child Income</th>
<th>Example(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Earnings from work</td>
<td>- A child has a regular full or part-time job where they earn a salary or wages</td>
</tr>
<tr>
<td>- Social Security</td>
<td>- A child is blind or disabled and receives Social Security benefits</td>
</tr>
<tr>
<td>- Disability Payments</td>
<td>- A child is disabled, retarded, or deceased, and their child receives Social Security benefits</td>
</tr>
<tr>
<td>- Survivor’s Benefits</td>
<td></td>
</tr>
<tr>
<td>-Income from person outside the household</td>
<td>- A friend or extended family member regularly gives a child spending money</td>
</tr>
<tr>
<td>-Income from any other source</td>
<td>- A child receives regular income from a private pension fund, annuity, or trust</td>
</tr>
</tbody>
</table>

### OPCIONA

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): [ ] Hispanic or Latino [ ] Not Hispanic or Latino

Race (check one or more): [ ] American Indian or Alaska Native [ ] Asian [ ] Black or African American [ ] Native Hawaiian or Other Pacific Islander [ ] White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or on a child who is receiving Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other DFPRI identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

### Annual Income Conversion

Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

### Determining Official's Signature

<table>
<thead>
<tr>
<th>Total Income</th>
<th>Household Size</th>
<th>Categorical Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Eligibility:

<table>
<thead>
<tr>
<th>Free</th>
<th>Reduced</th>
<th>Denied</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Verifying Official's Signature</th>
</tr>
</thead>
</table>

Date
Dear Parent/Guardian:

If your children get free or reduced-price school meals, they *MAY* also be able to get free or low-cost health insurance through Medicaid or SoonerCare. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children’s well-being, *the law allows us to tell Medicaid and SoonerCare that your children are eligible for free and reduced-price school meals unless you tell us not to.* Medicaid and SoonerCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Application for Free and Reduced-Price Meals does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SoonerCare, fill out the form below and send in. (Sending in this form will not change whether your children get free or reduced-price school meals.)

☐ *I DO NOT* want information from my Application for Free and Reduced-Price School Meals shared with Medicaid or SoonerCare.

If you checked *No,* fill out the form below to ensure that your information is *NOT* shared for the child(ren) listed below:

Child’s Name: ____________________________  |  School: ____________________________  |

Child’s Name: ____________________________  |  School: ____________________________  |

Child’s Name: ____________________________  |  School: ____________________________  |

Child’s Name: ____________________________  |  School: ____________________________  |

Signature of Parent/Guardian: ____________________________  Date: ____________

Printed Name: ____________________________

Address: ______________________________________

For more information, you may call your child’s school.
INCOME-ELIGIBILITY GUIDELINES FOR SCHOOL YEAR 2020 
FOR FREE AND REDUCED-PRICE MEALS 

This is the income scale used by Chattanooga Public School 
(School Food Authority) 
to determine eligibility for free meals. 

(The Free Scale Should Not Be Distributed to Families)

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Annual</td>
</tr>
<tr>
<td>1</td>
<td>16,237</td>
</tr>
<tr>
<td>2</td>
<td>21,983</td>
</tr>
<tr>
<td>3</td>
<td>27,729</td>
</tr>
<tr>
<td>4</td>
<td>33,475</td>
</tr>
<tr>
<td>5</td>
<td>39,221</td>
</tr>
<tr>
<td>6</td>
<td>44,967</td>
</tr>
<tr>
<td>7</td>
<td>50,713</td>
</tr>
<tr>
<td>8</td>
<td>56,459</td>
</tr>
<tr>
<td>For each additional family member, add:</td>
<td>5,746</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Annual</td>
</tr>
<tr>
<td>1</td>
<td>23,107</td>
</tr>
<tr>
<td>2</td>
<td>31,284</td>
</tr>
<tr>
<td>3</td>
<td>39,461</td>
</tr>
<tr>
<td>4</td>
<td>47,638</td>
</tr>
<tr>
<td>5</td>
<td>55,815</td>
</tr>
<tr>
<td>6</td>
<td>63,992</td>
</tr>
<tr>
<td>7</td>
<td>72,169</td>
</tr>
<tr>
<td>8</td>
<td>80,346</td>
</tr>
<tr>
<td>For each additional family member, add:</td>
<td>8,177</td>
</tr>
</tbody>
</table>
CHATTANOOGA SCHOOL MEDICAL ALERT FORM

Student Name ___________________________ Grade __________________

Parent Name ___________________________ Phone __________________

Address ___________________________________________________________________

Primary Physician ___________________________ Phone __________________

Business Information for Father: Address ___________________________ Phone ______________

Business Information for Mother: Address ___________________________ Phone ______________

Relative or Neighbor to call in case of Emergency
Name: ___________________________ Phone __________________

Name: ___________________________ Phone __________________

PLEASE CHECK THE FOLLOWING CONDITION(S) THAT APPLY TO THIS STUDENT:

__ Asthma ___________________________ __ Diabetic: Type ___________________________

__ Seizures: Type ___________________________ __ Heart Condition: Diagnosis ___________________________

__ Pulmonary: Diagnosis ___________________________ __ Attention Deficit Hyperactivity Disorder ___________________________

__ Allergies: Type ___________________________ __ Neurological: Diagnosis ___________________________

__ Other: Diagnosis ___________________________

Current Medications: ____________________________________________________________

Presenting Symptoms: __________________________________________________________

The following steps are to be followed when my child is ill:

1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________

IN CASE OF AN EMERGENCY THE FOLLOWING STEPS ARE TO BE TAKEN:

1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________

__ YES ___ NO  I hereby authorize the school principal, or a designated school employee to administer prescription medication to my child as listed above

__ YES ___ NO  I hereby authorize the school principal, or a designated employee to administer non-prescription, symptomatic medication (Tylenol) or medicine I have sent with a note to my child, as listed above

Signed (Parent or Guardian) ___________________________ Date ______________

*Authorization will be valid until parent or guardian notifies school of any changes.
STUDENT EXTRACURRICULAR ACTIVITIES CONTRACT

Statement of Purpose and Intent

Participation in school-sponsored extracurricular activities at the Chattanooga school district is a privilege and not a right. Such privilege is governed by the district policy on Student Possession or Use of Alcohol and Illegal Drugs and Participation in Extracurricular Activities (policy FNCFD). Alcohol and illegal drugs are used of any kind is incompatible with participation in extracurricular activities on behalf of the Chattanooga Public Schools. Students who participate in these activities are required to respect the student body and are expected to hold themselves as good examples of conduct, sportsmanship, and training. Accordingly, student participants in extracurricular activities carry responsibility to themselves, their fellow students, their parents, and their school to set the highest possible examples of conduct, which includes avoiding the use or possession of alcohol or illegal drugs.

Participation in Extracurricular Activities

For the safety, health, and well-being of the students of the Chattanooga Public Schools district, the district has adopted the attached policy on Student Possession or Use of Alcohol and Illegal Drugs and Participation in Extracurricular Activities (policy FNCFD) and this Student Extracurricular Activities Contract, which shall be read, signed, and dated by the student participant, parent or custodial guardian, and coach/sponsor before such participant shall be eligible to practice or participate in any extracurricular activity. No student shall be allowed to practice or participate in any extracurricular activity unless the student has returned the properly signed Student Extracurricular Activities Contract.

Student's Last Name ___________________________ First Name ___________________________ Middle Initial ______

I understand, after having read the policy on Student Possession or Use of Alcohol and Illegal Drugs and Participation in Extracurricular Activities and this Student Extracurricular Activity Contract, that, for my safety and health, the Chattanooga school district enforces the rules applying to the consumption or possession of alcohol and/or illegal drugs. As a member of a Chattanooga Public Schools organization, I realize that the personal decisions that I make daily in regard to the consumption or possession of alcohol and/or illegal drugs may affect my health and well-being as well as the possible endangerment of those around me and reflect upon any organization with which I am associated. If I choose to violate school policy regarding the use or possession of alcohol and/or illegal drugs any time during the school year, I understand, upon determination of that violation, I will be subject to the restriction of my participation as outlined in the policy.

Signature of Student ___________________________________________ Date ______________

We have read and understand the policy on Student Possession or Use of Alcohol and Illegal Drugs and Participation in Extracurricular Activities and this Student Extracurricular Activities Contract. We desire that the student named above participate in the extracurricular activity programs of the Chattanooga Public Schools and we hereby agree to abide by all provisions of the policy.
STUDENT EXTRACURRICULAR ACTIVITIES CONTRACT (Cont.)

PLEASE OBTAIN THE SIGNATURES OF ALL COACHES/SPONSORS FOR EXTRACURRICULAR ACTIVITIES, TEAMS, OR ORGANIZATIONS IN WHICH THE STUDENT IS INVOLVED:

<table>
<thead>
<tr>
<th>Signature of Sponsor or Coach</th>
<th>Activity/Team/Organization</th>
</tr>
</thead>
<tbody>
<tr>
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</table>
STUDENT DRUG TESTING PROGRAM
EXTRACURRICULAR ACTIVITIES

The Chattanooga Board of Education, in an effort to protect the health and safety of its students from illegal and/or performance-enhancing drug use and abuse, thereby setting an example for all other students of the Chattanooga Public School District, has adopted the following policy for drug testing of students participating in extracurricular activities.

Purpose and Intent

It is the desire of the board of education, administration, and staff that every student in the Chattanooga Public School District refrain from using or possessing illegal drugs. The administration and board of education realize that their power to restrict the possession or use of illegal drugs is limited. The sanctions of this policy relate solely to limiting the opportunity of any student determined to be in violation of this policy to participate in extracurricular activities. This policy is intended to complement all other policies, rules, and regulations of the Chattanooga Public School District regarding possession or use of illegal drugs.

Participation in school-sponsored extracurricular activities such as interscholastic athletics at the Chattanooga Public School District is a privilege. Students who participate in extracurricular activities are respected by the student body and are expected to hold themselves as good examples of conduct, sportsmanship, and training. Accordingly, students in extracurricular activities carry a responsibility to themselves, their fellow students, their parents, and their school to set the highest possible examples of conduct, which includes avoiding the use or possession of illegal drugs. Additionally, this school district is contracted to follow the rules and regulations of the OSSAA whose rules specifically state: A student under a discipline plan or whose conduct or character outside the school is such as to reflect discredit upon the school shall be ineligible until reinstated.

The purposes of this policy are to prevent illegal drug use, to educate students as to the serious physical, mental, and emotional harm caused by illegal drug use; to alert students with possible substance abuse problems to the potential harms of illegal drug use; to help students avoid drugs; to help students get off drugs; to prevent injury, illness, and harm as a result of illegal drug use; and to strive within this school district for an environment free of illegal drug use and abuse. This policy is not intended to be disciplinary or punitive in nature. The sanctions of this policy relate solely to limiting the opportunity of any student found to be in violation of the policy to participate in any extracurricular activities. There will be no academic sanction for violation of this policy.

Illegal drug use of any kind is incompatible with participation in any extracurricular activities on behalf of the school district. For the safety, health, and well-being of the students of the district, this policy has been adopted for use by all participant students in grades 7-12.

Definitions

1. Student athlete or athlete means a member of the middle school or high school district-sponsored interscholastic sports team. This includes athletes and cheerleaders.

2. Extracurricular means those activities that take place outside the regular course of study in school and participants are those students involved in those activities.
3. **Drug use test** means a scientifically substantiated method to test for the presence of illegal or performance-enhancing drug or the metabolites thereof in a person's urine.

**STUDENT DRUG TESTING PROGRAM, EXTRACURRICULAR ACTIVITIES (Cont.)**

4. **Random tests** are given quarterly to participants from the pool.

5. **Random selection basis** means a mechanism for selecting students for drug testing that:
   
   A. Results in an equal probability that any student from a group of students subject to the selection mechanism will be selected, and
   
   B. Does not give the school district discretion to waive the selection of any student athlete or extracurricular activities participant selected under the mechanism.

6. **Follow up tests** can be weekly, at random, or any time a student who has tested positive may be under suspicion of being under the influence.

7. **Illegal drugs** means any substance that an individual may not sell, possess, use, distribute, or purchase under federal or state law. Illegal drugs include, but is not limited to, all scheduled drugs as defined by the Oklahoma Uniform Controlled Dangerous Substance Act, all prescription drugs obtained without authorization, and all prescribed and over-the-counter drugs being used for an abusive purpose.

8. **Performance-enhancing drugs** include anabolic steroids and any other natural or synthetic substance used to increase muscle mass, strength, endurance, speed, or other athletic ability. The term "performance-enhancing drugs" does not include dietary or nutritional supplements such as vitamins, minerals, and proteins that can be lawfully purchased in over-the-counter transactions.

9. **Positive**, when referring to a drug use test administered under this policy, means a toxicological test result which is considered to demonstrate the presence of an illegal or a performance-enhancing drug or the metabolites thereof using the standards customarily established by the testing laboratory administering the drug use test.

10. **Reasonable suspicion** means a suspicion based on specific personal observations concerning the appearance, speech, or behavior of a student athlete or extracurricular participant, and reasonable inferences drawn from those observations in the light of experience. Information provided by a reliable source, if based on personal knowledge, shall constitute reasonable suspicion. In the context of performance-enhancing drugs, reasonable suspicion specifically includes unusual increases in size, strength, weight, or other athletic abilities.

11. **Self-referral** is when a participant believes he/she will test positive for illegal or performance-enhancing drugs, prior to submission for a drug test under this policy, so notifies the principal, athletic director, coach, or sponsor of such belief.

Student participants in extracurricular activities shall be provided with a copy of this policy and an extracurricular activities student drug testing program consent form that must be read, signed, and dated by...
the student, parent or custodial guardian, and coach/sponsor before a participant student shall be eligible
to practice in any extracurricular activity. The consent shall provide a urine sample as chosen by the
random selection basis; and (c) at any time requested based on reasonable suspicion to be tested for
illegal or performance-enhancing drugs. No student shall be allowed to practice or participate in any
extracurricular activity unless the student has returned the properly signed consent form.

STUDENT DRUG TESTING PROGRAM, EXTRACURRICULAR
ACTIVITIES (Cont.)

All extracurricular activities participants shall be required to provide a urine sample for drug use testing for
illegal drugs and/or performance enhancing drugs. Extracurricular participants who move into the district
after the school year begins will have to undergo a drug test before they will be eligible for participation.

Drug use testing for extracurricular participants will also be chosen on a quarterly selection basis from a list
of all extracurricular participants in off-season or in-season activities. The school district will determine a
quarterly number of students’ names to be drawn at random to provide a urine sample for drug use testing
for illegal or performance-enhancing drugs.

In addition to the drug test required above, any extracurricular participant may be required to submit to a
drug use test for illegal drugs or performance-enhancing drugs or the metabolites thereof at any time upon
reasonable suspicion by the athletic director, principal, sponsor, or coach of the student.

The school district will determine any necessary fees to be collected from students who are drug tested and
when those fees will be collected. The cost of subsequent tests will be borne by the school district or
appropriate activity fund.

Any drug use test required by the school district under the terms of this policy will be administered by or at
the direction of a professional laboratory chosen by the school district that uses scientifically validated
toxicological methods. The professional laboratory shall be required to have detailed, written specifications
to assure chain of custody of the specimens, proper laboratory control, and scientific testing.

All aspects of the drug use testing program, including the taking of specimens, will be conducted to
safeguard the personal and privacy rights of students to a maximum degree possible. The test specimen
shall be obtained in a manner designed to minimize intrusiveness of the procedure. In particular, the
specimen must be collected in a restroom or other private facility with an enclosed stall or stalls. The
athletic director/sponsor shall designate a coach or other school employee of the same sex as the student
to accompany the student to a restroom or other private facility. The monitor shall not observe the student
while the specimen is being produced, but the monitor shall be present outside the stall to listen for the
normal sounds of urination in order to guard against tampered specimens and to ensure an accurate chain
of custody. The monitor shall verify the normal warmth and appearance of the specimen. If at any time
during the testing procedure the monitor has reason to believe or suspect that a student is tampering with
the specimen, the monitor may stop the procedure and inform the athletic director/sponsor who will then
determine if a new sample should be obtained. The monitor shall give each student a form on which the
student may list any medications he/she has taken or is taking or any other legitimate reasons for having
been in contact with illegal drugs or performance-enhancing drugs in the preceding 30 days. The parent
or legal guardian shall be able to confirm the medication list submitted by their child during the 24 hours
following any drug test. The medication list shall be submitted to the lab in a sealed and confidential
envelope.
If the initial drug use test is positive, the initial test result will be subject to confirmation by a second and different test of the same specimen. The second test will use the gas chromatography/mass spectrometry technique. A specimen shall not be reported positive unless the second test utilizing the gas chromatography/mass spectrometry procedure is positive for the presence of an illegal drug or the metabolites thereof. The unused portion of a specimen that tested positive shall be preserved by the laboratory for a period of six months or to the end of the school year, whichever is shorter. Student records will be retained until the end of the school year.
STUDENT DRUG TESTING PROGRAM, EXTRACURRICULAR ACTIVITIES (Cont.)

Confidentiality

If the drug test for any student has a positive result, the laboratory will contact the athletic director or designee with the results. Procedures for maintaining confidentiality will be practiced. The athletic director or designee will contact the principal, the student, the head coach/sponsor, and the parent or custodial guardian of the student and schedule a conference. At the conference, the student will be given the opportunity to submit additional information to the athletic director or to the lab. The school district will rely on the opinion of the laboratory that performed the test in determining whether the positive test result was produced by other than consumption of an illegal drug or performance-enhancing drug. Under no circumstance will results from a drug test under this policy be turned over to any law enforcement officer or agency.

Appeal

A student who has been determined by the athletic director or designee to be in violation of this policy shall have the right to appeal the decision to the superintendent or the superintendent’s designee(s). Such appeal must be lodged within five business days of notice of the initial report of the offense as stated in this policy, during which time the student will remain eligible to participate in all extracurricular activities. The superintendent or designee(s) shall then determine whether the original finding was justified. There is no further appeal right from the superintendent’s decision and the decision shall be conclusive in all respects. Any necessary interpretation or application of this policy shall be the sole and exclusive judgment and discretion of the superintendent, which shall be final and nonappealable.

Consequences

1. First positive test. The student will be suspended from participation in all extracurricular activities for two weeks. The student and parent/guardian must attend counseling two times during the suspension period and one follow-up session. Counseling will consist of a session with the Chattanooga Public Schools counselor and a session with a counseling service provided by the school. Follow-up sessions may be with one or both counselors.

2. Second positive retest. The student will be suspended from participation in any extracurricular activity for the remainder of the semester.

3. Third positive retest. The student will be suspended from participation in any extracurricular activity for 180 school days.

4. Self Referral. A student who self-refers to the athletic director, principal, coach, or sponsor before being notified to submit to a drug test will be allowed to remain active in all extracurricular activities. However, the student will be considered to have committed his/her first offense under this policy, and will be required to retest as would a student who has tested positive.

5. Refusal to submit to a drug test. If a participant student refuses to submit to a drug test under this policy, such student shall not be eligible to participate in any extracurricular activity, including all meetings, practices, performances, and competition for 180 school days, upon completion of which, the participating student shall again be subject to this policy.