

Name of Student _____ Grade _____

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.

I _____ (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

20 18 - 20 19

HOME LANGUAGE SURVEY FOR PRE-K-12 SCHOOL DISTRICTS



STUDENT INFORMATION

Name of Student: _____ Grade: _____
 Last Name First Name Middle Name

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 in the 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 Officer 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 he or she 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-APT or Oklahoma Pre-K Language Screening Tool.
 - 2. Scored unsatisfactory or limited knowledge in Reading on the Oklahoma State Testing Program (OSTP).
 - 3. Scored at or below the 35th percentile (or equivalent) composite reading score from spring of the previous school year on a state approved norm-referenced test (NRT).

DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN

Date(s) of Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS Test	Score(s) on Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS		Date(s) of WIDA Screener or K-WAPT/WAPT or WIDA MODEL	Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL	
	Composite Score	Literacy Score		Composite Score	Literacy Score
	1.	2.		1.	2.
	1.	2.			

Date(s) of Reading OSTP	Score(s) on Reading OSTP			
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced

Date of the Oklahoma Pre-K Language Screening Tool	Score on Pre-K Language Screening Tool
	%

Date(s) Norm Reference Test (NRT)	Name of the NRT	Reading Total Composite Score(s) %

From Above:
 Question 1: Reference WAVE code 1036
 Question 2: Reference WAVE code 1037
 Question 3: Reference WAVE code 1038

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 _____

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED-PRICE SCHOOL MEALS

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.

FEDERAL ELIGIBILITY INCOME CHART for School Year: 2019					
Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	22,459	1,872	936	864	432
2	30,451	2,538	1,269	1,172	586
3	38,443	3,204	1,602	1,479	740
4	46,435	3,870	1,935	1,786	893
5	54,427	4,536	2,268	2,094	1,047
6	62,419	5,202	2,601	2,401	1,201
7	70,411	5,868	2,934	2,709	1,355
8	78,403	6,534	3,267	3,016	1,508
Each additional person:	7,992	666	333	308	154

- 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 73528**.
- 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.

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, 580-597-3347 |** 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's 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 call or writing to: **| Superintendent's office 580-597-3347 |**
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A UNITED (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 **| (Name, Address, Phone Number, E-mail) |** 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 |

INSTRUCTIONS Sources of Income

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

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business)	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household
If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing		

OPTIONAL Children's Racial and Ethnic Identities

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 Alaskan 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 you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR 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, audits for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law 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.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410
 fax: (202) 690-7442, or
 email: program.intake@usda.gov
 This institution is an equal opportunity provider.

Do not fill out for school use only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

Total Income How often? Weekly Bi-weekly 2x Month Monthly Household Size Categorical Eligibility

Determining Official's Signature Date Confirming Official's Signature Date Verifying Official's Signature Date

Eligibility: Free Reduced Denied

SHARING INFORMATION WITH MEDICAID/SOONERCARE

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.)

No! 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.

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.

Dear Parents,

Keeping you informed is a top priority at Chattanooga Public Schools. We will use **Blackboard Connect** to send you a telephone or text message providing you important information about school events or emergencies. We will use this system to notify you of school delays or cancellations due to inclement weather, as well as remind you about various school related activities.

The successful delivery of information is dependent upon accurate contact information for each student, so please make certain that we have your most current phone numbers. If this information changes during the year, please let us know.

Please return the bottom portion of this letter to Chattanooga Public School. The primary phone number will always be called. The secondary numbers will only be called in an emergency.

Thank you for your cooperation and if you have any questions, please don't hesitate to contact us.

Sincerely,

Jerry Brown
Superintendent

Name of Student _____ Grade _____

	Phone Number	Whose Number
Primary Phone Number		
Secondary Phone Number		
Secondary Phone Number		