

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](http://www.chatty.k12.ok.us))

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

**Cell Phones/Smartwatches**

Cell phones, smartwatches, 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 and smartwatches should be in student's locker, backpack, or car during the school day. Students observed using a cell phone or smartwatch during school hours will have their phone/smartwatch confiscated and given to the principal. The confiscated phone/smartwatch 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/smartwatch 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 \_\_\_\_\_



507 4<sup>th</sup> Street • PO Box 129  
Chattanooga, OK 73528  
High School: 580.597.3347  
Elementary: 580.597.6638  
Fax: 580.597.3344

## INTERNET AND TECHNOLOGY ACCESS CONDUCT AGREEMENT

Chattanooga Public School authorizes students to use technology owned or otherwise provided by the district as necessary for instructional purposes. The use of district technology is a privilege permitted at the district's discretion and is subject to the conditions and restrictions set forth in applicable Board policies, administrative regulations, and this Acceptable Use Agreement. The district reserves the right to suspend access at any time, without notice, for any reason.

The district expects all students to use technology responsibly in order to avoid potential problems and liability. The district has filters in place to help guard against exposure to inappropriate materials

Each student who is authorized to use district technology and his/her parent/guardian shall sign this Acceptable Use Agreement as an indication that they have read and understand the agreement. A student who submits to the school, a properly signed policy and follows the policy to which she or he has agreed will have computer network and Internet access during the course of the school year only. Students will be asked to sign a new policy each year during which they are students in the school district before they are given an access account.

For the purpose of this agreement, technology includes, but is not limited to: computers, the District's network (including servers and Wi-Fi), the Internet, e-mail, USB drives, laptops, tablets, phones, and any other electronic device.

### **Student Obligations and Responsibilities**

Students are expected to use district technology safely, responsibly, and for **educational purposes only**. The student in whose name district technology is issued is responsible for its proper use at all times. Students shall not share their assigned online services account information, passwords, or other information used for identification and authorization purposes, and shall use the system only under the account to which they have been assigned.

Students are prohibited from using district technology for improper purposes, including, but not limited to, use of district technology to:

1. Access, post, display, or otherwise use material that is discriminatory, libelous, defamatory, obscene, sexually explicit, or disruptive.
2. Disclose, use, or disseminate personal identification information (such as name, address, telephone number, Social Security number, or other personal information) of another student, staff member, or other person with the intent to threaten, intimidate, harass, or ridicule that person.
3. Infringe on copyright, license, trademark, patent, or other intellectual property rights.
4. Intentionally disrupt or harm district technology or other district operations (such as destroying district equipment, placing a virus on district computers, adding or removing a computer program without permission from a teacher or other district personnel, changing settings on shared computers).
5. Install unauthorized software.
6. "Hack" into the system to manipulate data of the district or other users.
7. Engage in or promote any practice that is unethical or violates any law or Board policy, administrative regulation, or district practice.
8. Cyber Bullying – Cyber bullying is when one or more people intentionally harm, harass, intimidate, or reject another person using technology. This includes but is not limited to the following:
  - a. Sending mean or threatening messages via email, IM (instant messaging), or text messages.
  - b. Spreading rumors about others through email, IM, or text messages.
  - c. Creating a Web site or other social-networking account that targets another student or other person(s).
  - d. Sharing fake or embarrassing photos or videos of someone with others via a cell phone or the Web.
  - e. Stealing another person's login and password to send mean or embarrassing messages from his or her account.

### **Personally Owned Devices**

If a student uses a personally owned device to access district technology, he/she shall abide by all applicable Board policies, administrative regulations, and this Acceptable Use Agreement. Any such use of a personally owned device may subject the contents of the device and any communications sent or received on the device to disclosure pursuant to a lawful subpoena or public records request.

**Privacy**

Since the use of district technology is intended for educational purposes, students shall not have any expectation of privacy in any use of district technology.

The district reserves the right to monitor and record all use of district technology, including, but not limited to, access to the Internet or social media, communications sent or received from district technology, or other uses. Such monitoring/recording may occur at any time without prior notice for any legal purposes including, but not limited to, record retention and distribution and/or investigation of improper, illegal, or prohibited activity. Students should be aware that, in most instances, their use of district technology (such as web searches and emails) cannot be erased or deleted.

**Reporting**

If a student becomes aware of any security problem (such as any compromise of the confidentiality of any login or account information) or misuse of district technology, he/she shall immediately report such information to the teacher or other district personnel.

**Consequences for Violation**

Violations of the law, Board policy, of this agreement may result in revocation of a student's access to district technology and/or discipline, up to and including suspension or expulsion. In addition, violations of the law, Board policy, or this agreement may be reported to law enforcement agencies as appropriate.

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***Every student, regardless of age, must read and sign below:***

**Student Acknowledgment**

I have read, understand, and agree to abide by the terms of the foregoing Acceptable Use and Internet Safety Policy. Should I commit any violation or in any way misuse my access to the school district's computer network and the Internet, I understand and agree that my access privilege may be revoked and school disciplinary action may be taken against me. I understand I have no expectation of privacy with regard to my use of the school district's technology.

Student's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Please print clearly)

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

**Parent or Legal Guardian Acknowledgment**

If the student is under 18 years of age, a parent/guardian must also read and sign the agreement.

As the parent or legal guardian of the above student, I have read, understand and agree that my child or ward shall comply with the terms of the school district's Acceptable Use and Internet Safety Policy for the Student's access to the school district's computer network and the Internet. I understand that access is being provided to the students for educational purposes only. However, I also understand that it is impossible for the school to restrict access to all offensive and controversial materials and understand my child's or ward's responsibility for abiding by the policy. I am, therefore, signing this policy and agree to indemnify and hold harmless the school, the school district, and the Data Acquisition Site that provides the opportunity to the school district for computer network and Internet access against all claims, damages, losses, and costs, of whatever kind that my result from my child's or ward's use of his or her access to such networks and/or his or her violation of the foregoing policy. Further, I accept full responsibility for supervision of my child's or ward's use of his or her access account if and when such access is not in the school setting. I hereby give permission for my child or ward to use the building-approved account to access the school district's computer network and the Internet.

Parent or Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Please print clearly)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

**This agreement is valid for the \_\_\_\_\_ school year only.**

# 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.

## **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 5<sup>th</sup> through 12<sup>th</sup> 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 4<sup>th</sup> 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 4<sup>th</sup>.

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:**

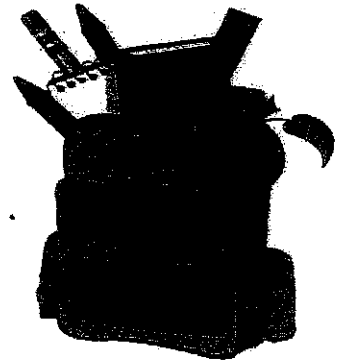
1. The above rules and regulations should apply to all trips under school sponsorship.
2. Sponsors should be appointed by the school officials.



Chattanooga Parent/Guardians,

Please make sure you fill out the 2022-23 lunch application. School meals will not be free this year unless you qualify. We need one completed application per family. Our federal money and grant applications are based off of our free/reduced percentage. These are VERY IMPORTANT to our school. If you have any questions or need assistance filling out the forms, please call Tina at 580-597-3347.

**BACK to SCHOOL**





**2022-2023 Application for Free and Reduced-Price School Meals Complete one application per household. Please use a pen (not a pencil).**

Apply online at \_\_\_\_\_

**STEP 1: Fill in ALL household members who are infants, children, and students, up to and including Grade 12. Fill more spaces as required for additional names; attach another sheet of paper if needed.**

Child's First Name	M I	Child's Last Name	School Name	Grade	Birth Date	Student?	Foster Child	Homeless, Migrant, Runaway
						Yes No	Check all that apply	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**STEP 2: Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or EDPBR?**

**If No, go to STEP 3. If Yes, write a case number here, then go to STEP 4. (Do not complete STEP 3.)** Case Number: \_\_\_\_\_  
 Write only one case number in this space.

**STEP 3: Report income for ALL household members (Skip this step if you answered YES to STEP 2.)**

**A. Child Income**  
 Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children in the household listed in STEP 1 here.

Child Income \$ \_\_\_\_\_

How Often	
Weekly	Bi-weekly
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**B. All Adult Household Members (Including Yourself)**  
 List all household members not listed in STEP 1 (including yourself), even if they do not receive income. For each household member listed, if he/she does receive income, report gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write 0. If you enter 0 or leave any fields blank, you are certifying (promising) that there is no income to report.

Earnings From Work	How Often		Public Assistance/Child Support/Alimony	How Often		Pension/Retirement/All Other Income	How Often	
	Weekly	Bi-weekly		Weekly	Bi-weekly		Weekly	Bi-weekly
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

Total Household Members (Children and Adults)   Last Four Digits of Social Security Number (SSN)         Check if No SSN

**STEP 4: Contact information and adult signature**

**Mail Completed Form to: Insert Your School District Mailing Address Here**

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) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Daytime Phone and E-Mail (Optional) \_\_\_\_\_  
 Signature of Adult \_\_\_\_\_ Today's Date \_\_\_\_\_

**INSTRUCTIONS Sources of Income**

Sources of Child Income	
Sources of Child Income	Example(s)
• Earnings from work	• A child has a regular full- or part-time job where he/she earns 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 his/her child receives social security benefits
• Income from persons <b>OUTSIDE</b> the household	• A friend or extended family member <b>REGULARLY</b> gives a child spending money
• Income from any other source	• A child receives 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
<ul style="list-style-type: none"> <li>• Salary, wages, cash bonuses</li> <li>• <b>NET</b> income from self-employment (farm or business)</li> <li>• If you are in the U.S. Military:                             <ul style="list-style-type: none"> <li>• Basic pay and cash bonuses</li> <li>• <b>(do NOT include combat pay, FSSA, or privatized housing allowances)</b></li> <li>• Allowances for off-base housing, food, and clothing</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Unemployment benefits</li> <li>• Worker's compensation</li> <li>• Supplemental Security Income (SSI)</li> <li>• Cash assistance from state or local government</li> <li>• Alimony payments</li> <li>• Child support payments</li> <li>• Veteran's benefits</li> <li>• Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Social Security (including railroad retirement and black lung benefits)</li> <li>• Private pensions or disability benefits</li> <li>• Regular income from trusts or estates</li> <li>• Annuities</li> <li>• Investment income</li> <li>• Earned interest</li> <li>• Rental income</li> <li>• <b>REGULAR</b> cash payments from outside household</li> </ul>

**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  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, auditors for program reviews, and law enforcement officials to help them look into violations of

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or fax: (833) 256-1665 or (202) 690-7442; or email: [program.intake@usda.gov](mailto: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?	Household Size	Eligibility:
Determining Official's Signature	Annually <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2 x Month <input type="checkbox"/> Monthly <input type="checkbox"/>	Confirming Official's Signature	Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/>
Date	Date	Verifying Official's Signature	Date

## SHARING INFORMATION WITH MEDICAID/SOONERCARE

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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 Sooner Care. 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 Sooner Care that your children are eligible for free or reduced-price school meals unless you tell us not to.* Medicaid and Sooner Care 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 School Meals does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or Sooner Care, 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.)

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*No! I DO NOT* want information from my Application for Free and Reduced-Price School Meals shared with Medicaid or Sooner Care.

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: \_\_\_\_\_

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For more information, you may call your child's school.

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## 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 drug use of any kind is incompatible with participation in extracurricular activities on behalf of the Chattanooga Public Schools. Students who participate in these activities are respected by the student body and are expected to hold themselves as good examples of conduct, sportsmanship, and training. Accordingly, student participants 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 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, out of care 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.

Signature of Parent or Custodial Guardian \_\_\_\_\_ Date \_\_\_\_\_

**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:

Signature of Sponsor or Coach \_\_\_\_\_ Activity/Team/Organization \_\_\_\_\_

Signature of Sponsor or Coach \_\_\_\_\_ Activity/Team/Organization \_\_\_\_\_

Signature of Sponsor or Coach \_\_\_\_\_ Activity/Team/Organization \_\_\_\_\_

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