

August 26, 2019

Hello Crestdale Families,

Welcome to the 2019-2020 school year! We are excited to begin this school year with you and want to take care of a few items as we kick off the year.

At the beginning of each academic year, Charlotte Mecklenburg Schools is required, pursuant to federal regulations and state law, to provide students and their parents with certain annual notices. These notices, along with more detailed information, may be found in the 2019-2020 Parent-Student Handbook under the Parent link on the CMS website.

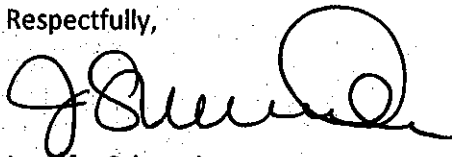
In this envelope, you will find a variety of student forms for the 2019-2020 school year. Please read each carefully, complete those that apply for your child, and have your child return them in the envelope to their homeroom teacher. Please also be sure that the sticker on the front of the envelope has been completed, and that all forms returned are completed in their entirety. All back to school forms are due to homeroom teachers no later than **September 6th**.

In addition, all students will be responsible for paying a \$25 student fee. All student fees will pay for their agenda and student ID, which is required for all students, as well as instructional tools that they will use throughout the school year. Student fees are to be paid online using the **Online Student Payment (OSP) link**. After you use our OSP link to pay your child's student fees, we ask that you print out the online receipt and keep a copy for your records. The final deadline for student fees to be paid is **September 6th**. Any families having difficulty paying their fee may contact their grade level administrator, contact information can be found on our school's website.

All Crestdale students are required to have a PE uniform for their Physical Education classes. If your child does not have a uniform, they may purchase one on the **OSP link** for \$20. Once payment is made, their PE teacher will get their uniform to them in class.

Thank you for all of your continued support; we are looking forward to an amazing school year! If you have any questions, feel free to contact your child's homeroom teacher.

Respectfully,



Jennifer Schroeder
Principal
Crestdale Middle School



2019 – 2020 Student Forms

Please read this full booklet, fill out and return the applicable forms to your child’s school. The complete 2019-2020 Student Forms Booklet can be found on the CMS website: www.cms.k12.nc.us.

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Charlotte-Mecklenburg Schools administers all education programs, employment activities and admissions without discrimination on the basis of gender, race, color, religion, national origin, age or disability, in compliance with federal law. Inquiries regarding compliance with Title IX, which prohibits discrimination on the basis of gender in education programs or activities, may be referred to the district's Title IX coordinator at titleixcoordinator@cms.k12.nc.us or to the Office for Civil Rights, U.S. Department of Education

Charlotte-Mecklenburg Schools also provides accessibility as required by the Americans with Disabilities Act (ADA). If auxiliary aids for communication are necessary for participation in a CMS program or service, please notify the district's ADA coordinator at least one week before the program or service begins. Call 980-343-6661 or email accessibility@cms.k12.nc.us.

TEXTBOOK AND TECHNOLOGY ACCOUNTABILITY STANDARDS

Agreement for Students Enrolled in CMS

Charlotte-Mecklenburg Schools teachers and administrators are committed to providing students with textbooks/technology devices during the first 10 days of school. We are committed to working together to promote a sound and positive teaching and learning experience for each student. This contract is an agreement to work in partnership to ensure the successful attainment of our mutual goal.

As a **student**, I pledge to

- use textbooks/technology devices appropriately
- avoid damaging and losing textbooks/technology devices
- pay for textbooks/technology devices that I damage or lose

Student signature: _____ Date: _____

As a **parent/guardian** of _____, I pledge to

- encourage appropriate use of textbooks/technology devices and monitor the textbooks/technology devices my child brings home from school
- support the school staff in their efforts to provide my child with the textbooks/technology devices needed for learning
- monitor the textbooks/technology devices my child brings home from school
- encourage my child to be responsible for the proper use of the textbooks/technology devices
- return textbooks/technology devices at the end of the year, or if my child moves to another school within or outside the district
- pay for textbooks/technology devices that are damaged or lost

Parent/Guardian signature: _____ Date: _____

As a **teacher**, I pledge to

- explain my expectations and instructional goals to students and parents during orientation and throughout the year
- assign textbooks/technology devices to students being careful to evaluate the book/device before issuing it to the student
- provide a challenging, caring, learning environment, using the textbook/technology as a teaching tool to support the *North Carolina Standard Course of Study*
- maintain accurate records on textbooks/technology devices
- collect and issue a receipt for lost and/or damaged textbooks/technology devices

Homeroom Teacher signature: _____ Date: _____

The principal, as the instructional leader of the school, is committed to providing your child with the textbooks needed to support the *North Carolina Standard Course of Study*. Parental involvement is essential as we work to give your child the best educational experiences possible.

FOR SCHOOL USE ONLY

Issued Textbooks for the _____ - _____ School Year

Subject	Course #	Title	Book #	Condition	Cost	Teacher #
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Technology Devices will be assigned to the student in the district inventory system.



STUDENT LOCKER ASSIGNMENT (GRADES 6-12)

Lockers are the property of the district. They should only contain supplies needed for school and are subject to authorized searches at any time, including sniff inspections done by specially trained dogs, as permitted by CMS Board Policy JIHD.

Student signature: _____

Parent/Guardian signature: _____

School: _____ No. of locker assigned: _____

Date assigned: _____ Date: _____

Assigned by: _____ Locker combination: _____



PARTICIPATION IN PHYSICAL EDUCATION (GRADES K-12)

All students shall participate in physical education. No student shall be permitted to waive or substitute other classes for the physical education requirement except as follows: Suitably adapted physical education shall be included as part of the Individualized Education Program for students with a chronic health problem, other disabling conditions, or other special needs that preclude following the Physical Education portion of the Essential Standards: <http://goo.gl/mHNCOR>. (IDEA: <http://goo.gl/1Tuike>).

Name of student: _____

Teacher: _____ Grade: _____

School: _____

Please Check One:

- My child is able to fully participate in physical education
- I would like the physical education teacher to be aware of the following health concerns (e.g., diabetes, allergic reactions, asthma, heart conditions) that may require modifications or a specially designed physical education program:

Parent/Guardian signature: _____ Date: _____

PHOTO AND VIDEO RELEASE FORM

I grant Charlotte-Mecklenburg Schools the unlimited right to use and/or reproduce photographs*, likenesses or the voice of my child in any legal manner and for the internal or external promotional and informational activities of Charlotte-Mecklenburg Schools. I also agree to allow my child to be interviewed and/or photographed* by representatives of the external news media, school staff and CMS Communications Services in relation to any and all coverage of Charlotte-Mecklenburg Schools in which he/she is involved. I also agree to allow my child's work and/or photograph* to be published in any CMS communication, including web and intranet sites, social and broadcast media channels and print and electronic publications. I further understand that by signing this release, I waive any and all present or future compensation rights to the use of the above stated material(s) including, print, electronic and online media.

School name: _____

Student's name: _____ Homeroom teacher: _____

Parent/Guardian signature: _____ Date: _____

Parent/Guardian name (Print): _____

Parent/Guardian address: _____

** "Photograph" in this Release Form is intended to only refer to photos and videos of your child alone. Group photographs and videos (two or more children), with no additional identifying information, are considered Directory Information. Please review the FERPA information sheet in the Parent-Student Handbook.*

This information to be completed by school officials only.

Your Name: _____ Date: _____

Type of Material

- Photograph
- Slide
- Videotape
- Other (please specify) _____

Use of Material

(Please provide additional information such as name of news outlet, brochure, purpose of presentation, etc.)

- News outlet _____
- CMS website/Intranet site _____
- Brochure _____
- PowerPoint presentation _____

MUSICAL INSTRUMENT DISCLAIMER FORM

Students enrolled in instrumental music (band or strings) must complete this form.

Instrument Storage Areas

If necessary, individual schools may provide storage areas where instruments may be kept overnight. These storage areas are not individual lockers, but open shelving areas. Since students have access to these areas as well as other areas of campus, the Charlotte-Mecklenburg Board of Education assumes no responsibility for any loss or damage to any instrument stored at these locations, on buses or at bus stops.

School-Owned Instruments

Before a school owned instrument can be assigned to the student, parents or guardians must complete a **Music Instrument Loan Form**, stating students are *financially responsible for the instrument beyond normal wear and tear*. This form can be obtained from the instrumental music teacher.

Instrument Changes

All changes of instruments are at the discretion of the music director.

Instrument Repair

If a student-owned instrument needs repair, it should be taken to an instrument repair shop in a timely manner. Please provide a written note with the name of the repair shop, the date the instrument was taken in and when it is expected to be returned so that your child's grade will not be affected. School-owned instruments needing repair should be brought directly to the music director.

Name of school: _____
(Please print)

Student name: _____
(Please print)

Parent/Guardian signature: _____ Date: _____

MEDICATION AUTHORIZATION FOR CMS STUDENTS

School Name	School Phone #	For School Use Only
If submitting by fax: 704-432-2079 (School Health)		Date Received/Receiver's Signature:
Student's Name (Please print.)	Student's Date of Birth	Medication Received? <input type="checkbox"/> yes <input type="checkbox"/> no
		Date Approved/Nurse's Signature
		Entered in EHR? <input type="checkbox"/> yes <input type="checkbox"/> no

Written parent/guardian consent and an order from a healthcare provider licensed in North Carolina are required for administering prescription and over-the-counter medications at school (CMS Policy JLCD/Regulation JLCD-R). Contact the school nurse for help if relocating from another state with orders from an out-of-state provider. Some medications may not be suitable for a school setting. Additional documentation may be required for some medications (examples: research medications, medications with potential for immediate serious side effects). Contact the school nurse if you have questions.

SECTION 1: LICENSED HEALTHCARE PROVIDER AUTHORIZATION	
<ul style="list-style-type: none"> When possible, medications should be taken before or after school. Administration of non-prescription medications at school is discouraged. CMS action plans for asthma, diabetes, seizure disorders and severe allergies may be used instead of this form. See CMS Coordinated School Health webpage. When using this form, complete a separate form for each medication; write legibly; use lay terms. Complete Section 3 for students who will self-carry and/or self-medicate. 	
Medication: (Generic/Brand)	Controlled Substance? <input type="checkbox"/> yes <input type="checkbox"/> no
Dose/Dosing Instructions:	Route:
Administration Time: Relationship to meals: <input type="checkbox"/> Not applicable <input type="checkbox"/> With meals <input type="checkbox"/> With snacks <input type="checkbox"/> Other:	<input type="checkbox"/> PRN (specify time interval):
Purpose:	Check here if this medication is to be used for emergencies only. <input type="checkbox"/>
Side Effects/Adverse Reactions:	
Anticipated length of treatment: <input type="checkbox"/> School Year <input type="checkbox"/> Months <input type="checkbox"/> Weeks <input type="checkbox"/> Days	Other Instructions (including emergency situations):

In my professional opinion, it is medically necessary for this student to receive this medication during school hours.

Signature of Healthcare Provider: _____

Date: _____

Stamp, Print or Type Healthcare Provider's Name & Address	Office Phone
	Office Fax

SECTION 2: PARENT / LEGAL GUARDIAN CONSENT

- I understand: No medication will be given at school until this authorization has been approved by a school nurse. New authorization forms are required at the beginning of every school year, when the dose or directions change, and when a new medication is prescribed. It is my responsibility to supply the medication. Each medication must be in the original labeled container from the pharmacy or healthcare provider's office. Some pharmacies will provide an extra container for school use. Information about this medication and my child's health may be shared with school staff or agents of the school to help assure my child's safety and success at school. The school nurse may contact the healthcare provider who prescribed the medication and the pharmacy where the prescription was filled to discuss this medication and my child's health. Medications are given by a nurse or trained CMS staff.
- I give permission for my child to receive the medication described above during school hours. I give permission for the healthcare provider, pharmacist and their staff to provide information to the school nurse about this medication and my child's health.
- On behalf of my child, I release the Charlotte-Mecklenburg Board of Education, their agents and employees from any and all liability whatsoever that may result from my child taking this medication at school.

Parent/Legal Guardian Signature:	Date:	Phone Numbers (mobile, work, home):
Parent/Legal Guardian (Print Name):		

Please complete form and return to your student's school.

MEDICATION AUTHORIZATION FOR CMS STUDENTS, CONTINUED

SECTION 3: AUTHORIZATION FOR SELF-MEDICATION BY CMS STUDENTS

Student's Name	Student's Date of Birth
Name of Medication	Purpose of Medication

CMS ELIGIBILITY REQUIREMENTS FOR SELF-MEDICATION

Students with chronic conditions such as asthma, diabetes, severe allergies and those who require frequent doses of non-prescription products, may be eligible to self-medicate. Self-administration of a controlled substance will be considered in rare instances where potentially harmful medical episodes may occur. For self-medication, students: 1) must be mentally, emotionally, and physically capable of self-administering medication, 2) must have been instructed in proper use and safe-keeping of their medications, 3) must demonstrate mature and responsible behavior using their medication 4) must keep their medication secure on their own person or in some other manner agreed upon with the school nurse and the school administration, and 5) must not share medication with or display to other students. The privilege of being allowed to self-medicate may be taken away if there is any just cause. Failure to follow CMS policies and regulations may result in disciplinary actions as noted in the Student Code of Conduct. The CMS Board of Education, its designees and agents, do not assume responsibility for self-medication by students. Additional details are noted in CMS Policy JLCD/Regulation JLCD-R.

HEALTHCARE PROVIDER

The student named above meets the CMS eligibility requirements for self-medication. This student is capable of, has been instructed on the procedures for and has demonstrated the skill to self-administer this medication as directed in Section 1 of this form. This student will not require adult supervision while taking this medication.

Is this medication a controlled substance? yes no

Check applicable items below:

- Please allow this student to self-administer this medication while at school during school hours.
- This student should carry this medication with him/her at all times during the school day, while at school-sponsored events, or while in transit to or from school or school-sponsored activities.

Healthcare Provider Signature:	Date:
Healthcare Provider (Print Name):	

PARENT/LEGAL GUARDIAN

My child is capable of self-medicating and meets the CMS eligibility requirements. I give consent to the Charlotte-Mecklenburg Schools to allow my child to self-administer this medication at school. I understand that my child and I assume responsibility for the proper use and safekeeping of this medication. If this medication is for a life-threatening emergency such as anaphylaxis or asthma, I agree to provide a backup supply of the medication to be kept at school in a location to which my child has immediate access to assure the medication is available if needed. I release the Charlotte-Mecklenburg Board of Education, their agents and employees from any and all liability whatsoever that may result from my child carrying or taking this medication at school. I understand that information about this medication and my child's health may be shared with other school staff and agents of the school to help assure my child's safety and success at school. The school nurse may contact the healthcare provider who prescribed the medication and the pharmacy where the prescription was filled to discuss this medication and my child's health.

Parent/Legal Guardian Signature:	Date:
Parent/Legal Guardian (Print Name):	

STUDENT

I am capable of taking this medication on my own. I agree to take this medication as ordered. I will keep it safe and out of the sight of others when I am not using it. I will not let others hold or use my medication or medical supplies. I understand that I will be disciplined under the CMS Student Code of Conduct if I abuse the privilege of being allowed to self-medicate while at school or school sponsored activities. I understand that I may lose the privilege of self-administering my medication if I do not follow these rules.

Student Signature:	Date:
Student (Print Name):	

SCHOOL NURSE

I have reviewed this request and acknowledge that this student has demonstrated the skill level to self-administer this medication. I have informed this student that he or she must tell an appropriate staff member whenever he or she has used the medication at school.

Nurse Signature:	Date:
Nurse (Print Name):	

PRINCIPAL / DESIGNEE

I have reviewed this request and approve this student for self-administering this medication.

Principal/Designee Signature:	Date:
Principal/Designee (Print Name):	



Medical Statement for Students with Unique Mealtime Needs for School Meals

Return completed form to: CMS School Nutrition Services PO Box 668847 Charlotte, NC 28266 Phone (980) 343-6041 Fax (980) 343-6045 specialdiets@cms.k12.nc.us

DO NOT WRITE IN THIS AREA

0542247318

PART A Parent / Guardian: Complete Items 1-15 (Padre/madre/tutor: complete la información en los espacios 1 al 15)

Parent/Guardian: It is REQUIRED that this completed form be returned to CMS School Nutrition Services. This form must be completed by a state licensed healthcare professional each time student's diagnosis or change of treatment is indicated. This written statement will remain in effect until the parent or legal guardian revokes such statement.

* Monthly menus with carbohydrate content in grams and major food allergens are posted at http://cms.nutrislice.com. A completed Diet Order Form is not required if nutrislice information is sufficient for parent/guardian to manage a student's diet at school.

(El menú mensual, con la información sobre los gramos de carbohidratos y los principales alérgenos de los alimentos se encuentra en http://cms.nutrislice.com. No es necesario completar esta planilla si la información mencionada en nutrislice es suficiente para que los padres/tutores supervisen la dieta del estudiante en la escuela)

1) Student's Power School #(N° de estudiante) 2) Student's Last Name (Apellido del estudiante) 3) Student's First Name (Nombre del estudiante) 4) Date of Birth (Fecha de nacimiento)

5) Request Type (Solicitud) 6) School (Escuela) 7) Grade (Grado) 8) Meals Eaten at School (Los alimentos que su niño(a) consumirá en la escuela)
Initial Diet Order (nueva) Reversion to Diet Order (revisión) Breakfast (Desayuno) Lunch (Almuerzo) Snack (Merienda) None (Nada)

Parent/Guardian Contact Information (Información del padre/madre/tutor)

9) Name (Nombre) 10) Phone Number (Teléfono) 11) Mailing Address, City, State, Zip (Dirección postal, ciudad, estado, código postal)

12) E-mail Address (We will use this to send acknowledgement and details of your child's menu plan. PRINT NEATLY) Dirección electrónica (será usada para mandarle la confirmación de recibo y los detalles sobre el menú de su niño(a). IMPRIMA)

13) Does the student have an identified disability (IEP or 504 Plan)? Describe concerns you have about your student's nutritional needs and ability to safely participate in meal time at school

14) Request for fluid milk substitution and cultural/personal preferences do not require medical approval. If you request a substitute for fluid milk, state the medical or dietary need that restricts the student's diet.

Fluid Milk Substitution: Available options to substitute Lactaid Milk Additional beverages: 100% Fruit Juice Water
Medical or dietary need for this request (condición médica o dietética para esta solicitud)

15) I consent to the exchange of information between the Healthcare Provider and district/school personnel, as needed.

Parent / Guardian Signature (required for processing) Date (Fecha)

PART B COMPLETED BY THE PHYSICIAN ONLY: Complete Items 16-20 (Esta sección para ser completada por el médico solamente.)

16) Does the student have a disability, medical condition, or severe food allergy warranting a special diet? If "YES", specify disability below.

Disability (specify) Describe major life activities affected Eating Learning Digestion Other (specify)

Student Diagnosis or Condition: For the following diagnosis, section 17 below must be completed to identify which foods must be omitted due to the identified condition:

17) Please check all food(s) to omit from the child's meals while at school due to the above noted disability:

DAIRY: Fluid Milk, Cheese, Ice Cream, Yogurt, Recipes with any dairy listed as an ingredient
EGG: Whole eggs, All food items with egg listed as an ingredient
WHEAT / GLUTEN: Recipes with wheat, Recipes with Gluten
PEANUTS OR TREE NUTS: Peanuts, Tree nuts
CORN: Whole corn, Recipes with corn listed as an ingredient
SOY: Soy Lecithin, Soy Protein
FISH OR SHELLFISH: Fish, Shellfish
OTHER: Other, specify if it is a cooked ingredient or when consumed fresh

18) Food Texture Modifications: If needed check ONE: Pureed Ground Chopped

19) Other Nutrition Requirements due to documented disability in Section #16: Please specify:

20) Healthcare Provider Information Form will be returned to parent / guardian and NO accommodations will be made if this section is not filled in its entirety.
Healthcare Provider Signature Date Medical Office Stamp (required for processing)
Healthcare Provider Printed Name



TITLE VI ED INDIAN STUDENT ELIGIBILITY CERTIFICATION

U.S. DEPARTMENT OF EDUCATION OFFICE OF INDIAN EDUCATION

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. This form should be kept on file and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Definition: Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Name of Child _____ Date of Birth _____
(As shown on school enrollment records) PLEASE NOTE: A separate form is required for each Indian child that is enrolled.

School Name _____ Grade _____

TRIBAL ENROLLMENT

Name of individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: ___ Child ___ Child's Parent ___ Child's Grandparent ___ Child's Guardian

Name of tribe or band for which individual above claims membership: _____

Tribe or Band is (select only one):

- Federally Recognized State Recognized Terminated Tribe (Documentation required. Must attach to form)
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by the tribe or band is:

A. Membership or enrollment number (if readily available) _____ OR

B. Other Evidence of Membership in the tribe listed above (describe and match) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zipcode _____

ATTESTATION STATEMENT: I verify that the information provided above is accurate:

Name Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zipcode _____

Email Address _____ Date _____

NOTICE: Public Reporting Burden Notice on next page.
Contact information for Title VI Indian Education program is also provided.

OMB Number: 1810-0021

Expiration Date: 02/29/2020

Please complete form and return to your student's school.

Charlotte-Mecklenburg Schools
2019 - 2020
Student Rights, Responsibilities and Character Development Handbook

CODE OF STUDENT CONDUCT

Student and Parent Acknowledgement and Pledge

The *Code of Student Conduct* has been developed to help your child receive quality instruction in an orderly educational environment. The school needs your cooperation in this effort. Therefore, please (1) review and discuss the *Code of Student Conduct* with your child and (2) sign and return this sheet to your child's school. Should you have any questions when reviewing the *Code of Student Conduct*, please contact your child's school principal. You may access an electronic copy of the handbook on the CMS website: www.cms.k12.nc.us. You may also access a paper copy at your child's school.

NOTE: FAILURE TO RETURN THIS ACKNOWLEDGEMENT AND PLEDGE WILL NOT RELIEVE A STUDENT OR THE PARENT/GUARDIAN FROM BEING RESPONSIBLE FOR KNOWING OR COMPLYING WITH THE RULES CONTAINED WITHIN THE CODE OF STUDENT CONDUCT.

I have reviewed the *Code of Student Conduct*, and I understand the rights and responsibilities contained therein.

Parent: _____

To help keep my school safe, I pledge to show good character, work to the best of my ability and adhere to the guidelines established within the *Code of Student Conduct*.

Student: _____

Date: _____

Charlotte Mecklenburg Schools EMERGENCY LOCATION AND HEALTH SURVEY FORM

Student's Last Name _____ First Name _____ Middle Name _____

Grade Level _____ Homeroom Teacher _____ Date of Birth _____

Student's Home Address _____ City, State, Zip Code _____ Home Phone Number _____

Father/Male Guardian Name _____ Place of Business/Work _____ Cell/Day Phone _____ Work Phone _____

Father/Male Guardian Primary Email Address: _____

Mother/Female Guardian Name _____ Place of Business/Work _____ Cell/Day Phone _____ Work Phone _____

Mother/Female Guardian Primary Email Address: _____

****if one parent/guardian is to be contacted first or second, please put a #1 and #2 in the left column next to their name.****

In case of illness or emergency, the following person(s) may be contacted if the parents/guardians cannot be located:

Name	Relationship to Student	Phone Number(s)

Name	Relationship to Student	Phone Number(s)

Preferred Hospital/Phone Number: _____

If my child is in an accident or becomes sick and cannot remain in school, I understand that the parent/guardian will be notified immediately. If they cannot be contacted, the emergency contact listed on this card will be contacted. If the accident or illness is not an emergency and emergency contacts are unable to pick up the child, then he/she will remain at school until the parent/guardian can be contacted. I further understand that if the child is too ill to ride the bus that the parent must make arrangements to get the child home.

In the event that it becomes apparent that the child needs immediate medical attention and the parents or emergency contact cannot be reached, the school principal (or designee) has my permission to send the child to an emergency room by EMS. I understand that I will bear the financial responsibility for transportation and treatment. Medical information may be shared with school personnel who need to know in order to provide for the health and care for my child.

Signature of Parent/Guardian: _____ **Date:** _____

Emergency Dismissal Instructions: In the event of an emergency, the Superintendent of CMS may suspend the operation of the school day. In the event that school is dismissed early for any reason, my child is to:

_____ Ride the bus, as usual, bus number: _____ _____ Ride in a car, as usual

_____ Alternative Plan, explain: _____

For your child's safety, medical information may be shared with appropriate school staff on a need to know basis in your child's school. Does your child have any of these conditions listed below? If so, please place a check mark next to any health condition your child has.

Food Allergy	ADD/ADHD	Cancer	Bowel Problems	Asthma (please check below)
Insect Allergy	Bone/Muscle Problem	Sickle Cell Disease	Seizures	Daily Meds for Asthma
Seasonal Allergy	Diabetes	Hearing Loss	Bladder/Urinary Problems	Inhaler at School
Other Allergy	Hemophilia	Heart Trouble	Kidney Disease	Last Asthma Episode (date):
Vision Trouble	Activity Restrictions	High Blood Pressure		

Other, please specify: _____

Has your child had any overnight hospital stays in the past 12 months? If yes, please explain: _____

ER visits in the past 12 months? If yes, please explain: _____

Describe special needs the student has that are associated with physical, emotional, mental, or behavioral conditions (ex: needs frequent restroom breaks, carries Epi-Pen, etc.): _____

Regarding Medications at School: A medication authorization form must be completed by the doctor and parent in order for any medications to be given at school. This includes prescription OR over the counter medication such as Tylenol, cold medicines, or ointments. The completed medication authorization form is also required for any student who desires to carry their medication while at school. Authorization forms may be obtained at Crestdale Middle School, or on the CMS website. Our school's nurse may be contacted through our Main Office if additional information is needed.



Student Required Use and Internet Safety Procedures for District Owned Technology

Purpose: to provide expectations for student use and outline Internet safety requirements

The student:

- Will adhere to these guidelines each time the Internet is used at home and school.
- Will make available for inspection by an administrator or teacher upon request any Internet pages visited, messages or files sent or received at any Internet location.
- Understands that files stored and information accessed, downloaded or transferred on district-owned technology devices are not private.
- Will use appropriate language in all communications avoiding profanity, obscenity and offensive or inflammatory speech. Cyber Bullying such as personal attacks and/or threats on/against anyone made while using district owned technology to access the Internet or local school networks are to be reported to responsible school personnel. Rules of netiquette should be followed conducting oneself in a responsible, ethical and polite manner.
- Will follow copyright laws and should only download/import music or other files to a district owned technology that he/she is authorized or legally permitted to reproduce, or for which he/she has the copyright.
- Will never reveal identifying information, files or communications to others through email or post to the Internet.
- Will not attempt access to networks and other technologies beyond the point of authorized access. This includes attempts to use another person's account and/or password.
- Will not share passwords or attempt to discover passwords. Sharing a password could make a student liable if problems arise with the respective user ID. Disciplinary action could result.
- Will not download and/or install any programs, files, or games from the Internet or other sources onto any district owned technology. This includes the intentional introduction of computer viruses and other malicious software.
- Will not tamper with computer hardware or software, unauthorized entry into computers, and vandalism or destruction of the computer or computer files. Damage to computers may result in criminal charges.

¹ Adapted from: "MOORESVILLE GRADED SCHOOL DISTRICT STUDENT ..." 2012. 25 Aug. 2014
<<http://www.walton.k12.ga.us/Portals/0/Documents/CurrInst/StudentDevices/RUPPDF.pdf>>

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Student Required Use and Internet Safety Procedures for District Owned Technology

- Will not attempt to override, bypass or otherwise change the Internet filtering software or other network configurations.
- Will use technology for school-related purposes while refraining from use related to commercial, political or other private purposes.
- Will not make use of materials or attempt to locate materials that are unacceptable in a school setting. This includes, but is not limited to pornographic, obscene, graphically violent, or vulgar images, sounds, music, language, video or other materials. The criteria for acceptability is demonstrated in the types of material made available to students by administrators, teachers, and the school media center. Specifically, all district owned technologies should be free at all times of any pornographic, obscene, graphically violent, or vulgar images, sounds, music, language, video or other materials (files).
- Will keep devices secure and damage free.
- Will be responsible for damage or loss of items due to negligence.
- Students are responsible for complying with all policies in the CMS Board Policy LNDB and Regulation LNDB-R.

Connection of personal devices such as iPods, smartphones, PDAs and printers is permitted but not supported by CMS technical staff. Home Internet use and cost is the responsibility of the student both in cost and configuration. Dial-up is not an option as device configurations do not include modems.

Will back up data and other important files regularly. CMS will at times provide maintenance to devices by imaging. All files not backed up to server storage space or other storage media will be deleted during these processes. Students are ultimately responsible for backing up all personal files on their own storage media.

Students are expected to follow these guidelines:

Do not loan devices, chargers or cords.

Do not leave devices unattended.

Do not eat or drink while using the computer or have food or drinks in close proximity.

Do not place the computer on the floor or in sitting areas such as couches or chairs.

Do not leave the computer near table or desk edges.

Do not stack objects on top of your computer.

Do not leave the computer outside or use near water such as a pool

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Student Required Use and Internet Safety Procedures for District Owned Technology

As the parent/guardian, my signature indicates I have read and understand this Required Use Policy, and give my permission for my child to have access to the described electronic resources.

Parent/Guardian (please print):

Parent/Guardian Signature:

Date: _____

As the student, my signature indicates I have read and understand this Required Use Policy, and accept responsibility for abiding by the terms and conditions outlined and using these resources for educational purposes.

Student (please print):

Student ID Number:

Student Signature:

Date: _____

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CRESTDALE Middle School Athletic Booster Club 2019-2020 Membership Form

Middle School sports play an important role, providing an opportunity for middle school students to develop skills in a sport, strengthen their leadership abilities and provide an incentive for academic performance. Middle school sports budgets continue to be reduced year after year and are dependent on the support of families to:

- Upgrade and maintain athletic equipment to ensure student safety
- Replace Uniforms as necessary
- Maintain athletic fields and facilities
- Recognize student athletes at award banquets

Many of the funded items benefit not just athletes, but all students. Your support of the booster club directly impacts the success of this important program and the lives of all the student athletes.

Membership Levels

- Silver Member \$25.00
- Gold Member \$50.00
- Platinum Member \$100.00

Please submit your payment at: www.pay4schoolstuff.com or

Check payable to Crestdale Athletic Booster Club/ check # _____. Please turn into front office attn: Crestdale Athletic Booster Club

Parent Name	
Email	
Phone	
Student Name	
Grade/Homeroom Teacher	

Are you interested in getting involved in the booster club or in a corporate sponsorship?

Please contact us at crestdaleathleticbooster@gmail.com to get involved with the Crestdale Athletic Booster Club including volunteering at concessions, end of season celebration events, fundraising and sponsorships. We'd love your help!!!

Using Pay4SchoolStuff.com

Questions: Contact Gina Qasim at ginagasim@yahoo.com

First Time User:

(Please note: This is for 1st time users only...if you used P4SS while your child was in elementary school, or used it last year at Crestdale, you can use your current account. See right column for Returning User.)

1. Go to www.Pay4SchoolStuff.com. In the upper left hand corner, click **Login**

Marketplace | Blog | Contact | **LOGIN**

PAY4
STUFF



2. Select **Create Parent Account**

3. **Complete all necessary fields.**

4. Click Sign Up

5. A **confirmation email** has been sent to your email address. Click on the link in the email to activate your account.

6. Login to your account and **Add a Student** to Your Account screen, complete all fields. Click Submit. Repeat this step to add additional students to your account.

Shopping / Returning User:

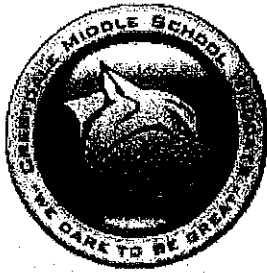
1. Go to www.Pay4SchoolStuff.com and Login with your email.
2. **Select the student.** You will be prompted to update their grade and teacher (homeroom).

3. **Select the item and complete the requested information. Add to Cart.**
4. Continue shopping, Pay for another student or Pay Now. **NOTE: You will need to pay required fees for EACH student.** It will prompt you that it is a duplicate item, click Yes. Please add it to the cart separately and **do not change the quantity = 2.** This will allow us to track it for each child.
5. When you're done shopping, click **Pay Now** in your Shopping Cart.

Notes:

Visa, MasterCard, American Express and Discover credit and debit cards are accepted. You have the option to save your payment information.

You'll receive email receipts from the system, and have 24/7 access to online reporting. If you do not receive an email receipt, check your spam folder and add info@pay4schoolstuff.com to your safe sender list.



WELCOME PARENTS!

The Crestdale PTO welcomes you as we begin the 2019-20 school year! We have an exciting year ahead with many volunteer opportunities, dynamic programs and events to benefit our children. The PTO is here to help you in many different ways! You'll find more information about the PTO on our website: <https://sites.google.com/view/crestdalemiddlepto>.

All communications from Crestdale are handled through the information that you provide in your Power School parent account. Please make sure that your contact information (email and phone number) are updated and current so that you will receive any Connect-Ed announcements, grade level communication emails and the Wildcat Weekly. If you are not receiving these emails/messages and your information in Power School is correct, please contact Crestdale's Registrar, Christy King christy1.king@cms.k12.nc.us.

The PTO collects general classroom supplies that are needed for **ALL** students and teachers. If your student did not bring in their grade level supplies during Open House, please have them drop supplies in the "supply collection zone" in the school's front hallway during the first week of school. Members of our PTO will be there to greet your student(s). These items are NOT to go directly to the classrooms. Please send in items based on your child's grade:

- 6th Grade: 1 box of tissues
- 7th Grade: disinfectant wipes
- 8th Grade: hand sanitizer

IMPORTANT NEWS!

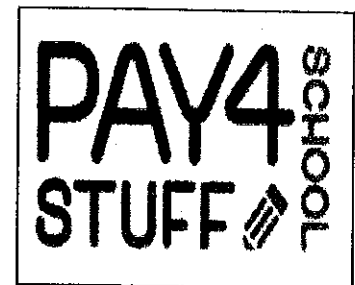
Crestdale will continue its efforts to "go green" by using Pay 4 School Stuff for PTO and other school purchases. You may access your payment account at www.Pay4SchoolStuff.com.

*Your student fees and PE uniforms can be paid for on Online School Payments

<https://osp.osmsinc.com/CMS/Default.aspx>

You may use P4SS to:

- Join and pay for PTO membership
- Register for volunteer opportunities
- Order your Crestdale Magnet
- Register your Harris Teeter VIC card
- Make a tax deductible contribution to the PTO
- Find information on *The Presidential Volunteer Service Award*
- Make purchases for Art, Athletic and Band Boosters



Please note: The deadline for PTO Membership enrollment is September 6, 2019.

Thank you in advance for your support of the Crestdale PTO. *This* is going to be a great year!

Traci Fuller, President

Leslee Black, Vice President

Nicole Holden, Secretary

Beth Brown, Treasurer

Please refer to account instructions for P4SS on the back of this page