



Calhoun County Middle/High School
50 Underwood Circle
Mt. Zion, WV 26151
304-354-6148 304-354-7382 fax

REQUEST FOR INFORMATION
AUTHORIZED STATEMENT OF RELEASE

Student Name _____ Birthdate _____

Date _____

Name of school/agency _____

Address of school/agency _____

Phone number _____ Fax _____

I grant permission for the above mentioned person/agency to disclose information about my child as follows:

- educational records, including discipline records,
- psychological records
- medical records
- other necessary information concerning the above named student.

Parent/Guardian Signature _____ Date _____

I grant permission for Calhoun County Schools to disclose information about my child as follows:

- educational records, including discipline records,
- psychological records
- medical records
- other necessary information concerning the above named student.

Parent/Guardian Signature _____ Date _____

Release is valid for one calendar year.

I understand that I have the right to revoke this authorization at any time. I understand that in order to revoke this authorization, I must do so in writing and present my written revocation to a representative of Calhoun County Schools. I understand that this revocation will not apply to information that has already been disclosed in response to this authorization. I understand that if disclosed the released information may no longer be protected by federal or state laws protecting its confidentiality.

REGISTRATION STATEMENT REQUIRED BY
WEST VIRGINIA CODE §18-5-15f
(PUPIL NOT CURRENT UNDER SUSPENSION OR EXPULSION)

I, _____, do hereby swear/affirm that
(pupil's parent, guardian or custodian)

_____ is not, at this time, under
(name of pupil)
suspension or expulsion from attendance at a private or public school in West Virginia
or any other state.

Pupil's Parent, Guardian or Custodian

STATE OF WEST VIRGINIA

COUNTY OF CALHOUN, to wit:

The foregoing instrument was acknowledged before me this _____ day of

_____, 20____, by _____

My commission expires September 5, 2016.

Notary Public

(SEAL)

STUDENT DATA FORM

Name: _____
Last
First
Middle

Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birthdate:	Birthplace:
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Grade:	Social Security Number:
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If transferred from another school, give name and address of previous school:

Home Phone Number:	Unlisted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Ethnic Group (check one):	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Black
	<input type="checkbox"/> Asian/Pacific Island	<input type="checkbox"/> Indian (American)/Alaskan	
Language spoken in home if other than English:		Transported (check one):	
		<input type="checkbox"/> Bus	<input type="checkbox"/> Non-Bus

Mailing Address:
City, State, Zip:

Primary Contact: <i>Parent/Guardian</i>			
	<i>Last</i>	<i>First</i>	<i>MI</i> <i>Relationship</i>
Mailing Address:			
City, State, Zip:			
Home Phone Number:			
Employer:		Work Phone Number:	
Occupation:		Cell Phone Number:	
E-Mail:		Pager #:	

Secondary Contact: <i>Parent/Guardian</i>			
	<i>Last</i>	<i>First</i>	<i>MI</i> <i>Relationship</i>
Mailing Address:			
City, State, Zip:			
Home Phone Number:			
Employer:		Work Phone Number:	
Occupation:		Cell Phone Number:	
E-Mail:		Pager #:	

List any health problems or allergies (describe reactions):

Date Enrolled	
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2020-2021

**CALHOUN COUNTY SCHOOLS
ELECTRONIC RESOURCES, TECHNOLOGY AND THE INTERNET
ACCEPTABLE STUDENT USE CONCEPT AND WAIVER APPLICATION**

I understand my responsibility for using the technology resources; therefore,

- I will limit my use of telecommunications in school to the educational objectives authorized and supervised by a teacher in the school;
- I will follow the rules of network etiquette, which include the use of appropriate language and polite responses;
- I will not share personal information about myself or others while online. This information includes, but is not limited to, home address, telephone number, and age;
- *I will not access another person's account, nor will I disclose my password to anyone;*
- I will not use online access for any illegal, unethical, immoral, harassing, or unacceptable purpose;
- I will only use the West Virginia access account email address; Office 365.
- I must receive specific permission from my teacher to enter a chat room.

**I understand that I must adhere to the mandates of West Virginia's Board of Education Policy 2460--
Acceptable Use of Electronic Resources, Technologies and the Internet; therefore,**

- I will not access the Internet in school until I have completed Acceptable Use Training, and my teacher, parents or guardian (where applicable), and I have signed the Calhoun County Schools Acceptable Use form;
- I understand my use of Internet-related applications must be authorized by my teacher(s);
- Intentional damage to equipment or another's data is considered vandalism and subject to the student code of conduct and restitution of total replacement cost.
- Note: A complete copy of the West Virginia Policy 2460 may be obtained from the school's office, or from the WVDE website <http://apps.sos.wv.gov/adlaw/csr/readfile.aspx?DocId=23479&Format=PDF>

I understand my responsibility for using software legally; therefore,

- I will not give, lend, sell, or copy any software found on school computers or retrieved online, unless I have written printed permission from the copyright owner(s);
- I will not use shareware beyond the trial period specified by the program, unless I purchase it;
- I will not bring any disks to school unless I have specific permission from my teacher;
- I will not install any unauthorized software on school computers;
- I will be responsible for utilizing all software according to its licensing agreement.

I understand the importance of using both print or non-print information in a lawful manner; therefore,

- I will not plagiarize information received in any form;
- I will accurately cite all sources of information;
- I will not copy and/or download copyrighted materials without permission from the owner of the materials.

I understand that the use of computer resources and networks is a privilege, not a right; therefore,

- I will not attempt to bypass the security built into the system;
- I will not interfere with or disrupt network users, services or equipment. Disruptions include, but are not limited to, distribution of unsolicited advertising, propagation of computer viruses, or unauthorized access to system programs;
- I will not invade the privacy of others by attempting to learn their passwords or by copying, changing, reading or using their personal files.

Internet/Network Safety Curriculum. All students will be involved with ongoing internet/network safety curriculum provided by Calhoun County Schools and the WVDE, covering all telecommunication devices and networks. Calhoun County Schools will educate all students about the appropriate online behavior, including interacting with other individuals on social networking websites and in chat rooms and cyberbullying awareness and response. In accordance with WVBE Policy 2460 and federal Erate laws.

Supervision and Monitoring. School and network administrators and their authorized employees monitor the use of information technology resources/equipment to help ensure that uses are secure and in conformity with this policy. Use of monitoring devices and software will be utilized. Administrators reserve the right to examine, use, and disclose any data found on the school's information networks in order to further the health, safety, discipline, or security of any student or other person, or to protect property. They may also use this information in disciplinary actions, and will furnish evidence of crime to law enforcement.

Student Name _____ Student ID # _____

STUDENT CODE OF CONDUCT CONTRACT

I hereby affirm that I have read and/or have had read to me, Calhoun County Board of Education Student Code of Conduct Policy *, or a summary thereof, and have been given a copy for my own personal use and reference. I understand the terms set forth in the Student Code of Conduct, including the consequences for violating the provisions set forth therein. I have discussed these terms with my student and hereby agree to cooperate in his/her compliance with these terms.

*Policy is in the Calhoun Middle/High School Student Handbook or on <http://boe.calh.k12.wv.us>

Parents/Guardian's Signature Date

Fund Raising - Parental Consent

I, authorize my child(ren) _____, to accept items to sell as fund raising projects by the various sub-organizations of the Calhoun County Board of Education, of which he/she may be part (school, clubs, extra-curricular group, class, etc). The monies raised will be used for such expenses as transportation, equipment, uniforms, for student and/or staff rewards and incentives during the school year.

In doing so I realize that unsold item(s) and/or money from sales must be returned and that I accept financial responsibility for the fund raising items given to my child.

Parents/Guardian's Signature Date

Pesticide Application Notification Request

Calhoun Middle High School adheres to an Integrated Pest Management Plan in accordance with Title 61, Series 12J rules of the WV Dept. of Agriculture. Pests are controlled primarily through preventive measures. When pesticides are required, the least hazardous materials will be used.

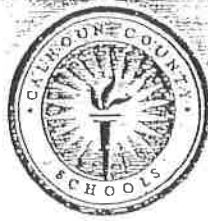
Pest management methods are classified as Levels 1 - 4, depending upon their toxicity and the degree of hazard associated with their application.

Level 1 - Non-Chemical (preventive) Level 2 - Least hazardous Level 3 - EPA Caution Level 4 - EPA Warning or Danger

As a parent or guardian, you have the right to be notified if and when Levels 3 or 4 pesticides are to be applied. Levels 3 -4 pesticides will NOT be applied when students are in the areas being treated

Parents/Guardian's Signature Home Phone # Work Phone #

Address City State Zip Code



540 Alan B. Mollohan Drive
Mount Zion, WV 26151
304-354-7011
304-354-7420 (fax)

Home Language Survey

The Civil Rights Law of 1964, Title VI requires that school districts identify limited English proficient (LEP) students. This Home Language Survey is the method for the identification. Federal and State laws require the following information to be collected about the primary and home language of every student upon enrollment in the school district. Please complete a survey for each child you are enrolling in the school district.

Student Name _____ Date _____

School _____ Grade _____

1. What was the student's first language? _____
2. Does the student speak a language other than English? _____
If yes, specify language _____ (Do not include language learned at school)
3. What language(s) is/are spoken in your home? _____

Person completing this form (if other than parent/guardian): _____

Parent/Guardian signature _____

* The school district has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district may conduct screenings or ask for related information about students who are already enrolled in the district as well as from students who enroll in the school district in the future.

CALHOUN COUNTY SCHOOLS

Student Residency

By completing this questionnaire, you help the county comply with the McKinney-Vento Act, Title X, Part C of the ESSA Act. Your truthful and accurate answers help the county identify services that the student may be eligible to receive.

School: _____ Last School Attended: _____
Student Name: _____ [] Male [] Female Age: _____ Grade: _____
Student WVEIS Number: _____ Date of Birth: _____
Parent(s)/Legal Guardian(s) Name: _____
Telephone: Work: _____ Home: _____ Cell: _____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

- 1. Is your current address a temporary living arrangement? _____ YES _____ NO
2. Is this temporary living arrangement due to loss of housing or economic hardship? _____ YES _____ NO

If you answered YES to Question #2, please complete the remainder of this form. If you answered NO, you may stop here.

3. The student lives with: [] 1 parent [] 2 parents [] 1 parent & another adult [] a relative, friend(s), or other

4. Where is the student living now? (Check one box)

- [] In a shelter [] In a motel/hotel [] In a car [] In a camper or campsite
[] With more than one family in a house or apartment
[] With friends or family members (other than parent/guardian)
[] A public or private place not ordinarily used as a regular sleeping accommodation.
[] None of the above

5. Do you need help obtaining any of the following records:

- [] Birth Certificate [] Immunization/Medical Records [] Academic Records
[] Guardianship Records (If applicable) [] Evaluation for Special Services/Programs

6. Services received at "Last School Attended" (Check all that apply)

- [] Title I [] Free Lunch [] Social Services [] Special Education

7. List the student's siblings who also attending Calhoun County Schools below: (if applicable)

Sibling Name: _____ School Attending: _____
Sibling Name: _____ School Attending: _____
Sibling Name: _____ School Attending: _____

Parent/Legal Guardian's Signature: _____ Date: _____

Michael Fitzwater, COO for Administrative Services /Attendance Director

Calhoun County Board of Education

540 Alan B. Mollohan Drive

Mt. Zion. WV. 26147

2020-21
CALHOUN COUNTY STUDENT EMERGENCY MEDICAL FORM

(This form will be kept on file by the school nurse)

STUDENT NAME _____
Last First Middle

BIRTHDATE ____/____/____ AGE ____ GRADE ____

SCHOOL _____ TEACHER _____

MAILING ADDRESS _____ CITY _____ ZIP _____

PLEASE DESCRIBE THE LOCATION OF YOUR HOUSE _____

TELEPHONE (home) _____ (cell phone) _____

PARENT/GUARDIAN NAME _____ Email _____
EMPLOYER _____ WORK PHONE _____

PARENT/GUARDIAN NAME _____ Email _____
EMPLOYER _____ WORK PHONE _____

STUDENT LIVES WITH: Both parents ___ Father ___ Mother ___ Stepfather/Stepmother ___
Other ___ (Please explain) _____

LIST FIRST AND LAST NAMES OF OTHER SCHOOL -AGE CHILDREN IN YOUR HOUSEHOLD
(Please indicate the school and grade of each)

STUDENT RIDES BUS TO SCHOOL: YES ___ NO ___ BUS # (morning) ___ (evening) _____

If your child is new to Calhoun County Schools this year, where did he/she attend school previously? _____

IN CASE YOUR CHILD IS HURT OR BECOMES ILL DURING SCHOOL HOURS, **LIST TWO ADULTS OTHER THAN THOSE ABOVE WHO ARE ABLE TO COME AND PICK UP YOUR CHILD IF YOU CANNOT BE REACHED.**

NAME _____ RELATIONSHIP (to student) _____
PHONE _____ ADDRESS _____
NAME _____ RELATIONSHIP (to student) _____
PHONE _____ ADDRESS _____
PHYSICIAN'S NAME _____ PHONE _____

CURRENT HEALTH CONDITION AS DIAGNOSED BY A DOCTOR:

Check if any of the following conditions apply to your child:

- | | | |
|--|---|--|
| 1. <input type="checkbox"/> Anorexia / Bulimia | 9. <input type="checkbox"/> Emotional Disorder | 17. <input type="checkbox"/> Prosthesis |
| 2. <input type="checkbox"/> Arthritis | 10. <input type="checkbox"/> Heart Problem | 18. <input type="checkbox"/> Renal Problem |
| 3. <input type="checkbox"/> Asthma** | 11. <input type="checkbox"/> Hearing Problem | 19. <input type="checkbox"/> Scoliosis |
| 4. <input type="checkbox"/> Bleeding Disorder | 12. <input type="checkbox"/> ADHD / ADD | 20. <input type="checkbox"/> Seizures |
| 5. <input type="checkbox"/> Cancer | 13. <input type="checkbox"/> Intestinal Problem | 21. <input type="checkbox"/> Spina Bifida |
| 6. <input type="checkbox"/> Cerebral Palsy | 14. <input type="checkbox"/> Leukemia | 22. <input type="checkbox"/> Stomach Problem |
| 7. <input type="checkbox"/> Cystic Fibrosis | 15. <input type="checkbox"/> Muscular Dystrophy | 23. <input type="checkbox"/> Tourette's Syndrome |
| 8. <input type="checkbox"/> Diabetes | 16. <input type="checkbox"/> Orthopedic Problem | 24. <input type="checkbox"/> Urinary Tract Problem |

25. VISION: Glasses Contacts Color Blind Other (please explain) _____

26. ALLERGIES: None Seasonal Food Medication) _____
Please explain: _____

27. INSECT STING: Does your child have a **SEVERE** reaction with breathing difficulties requiring an immediate injection of medication? Yes No
(If yes, a Doctor's note with directions must be sent to school along with a Bee Sting Kit.)

Is oral medication for insect sting required? Yes No
(If yes, a Doctor's note with directions must be sent to school along with the medication)

28. Describe further, any other health problems _____

29.** If you listed Asthma, is this a current health problem? (YES or NO) and does your child require a rescue inhaler at school? (YES or NO) If so please provide us with a medication form and the inhaler. ASAP.

30. List any activity restrictions _____

31. List daily medications (long term, including inhalers) _____

32. Will student need to take this medication at school? Yes No

33. Will student need any other special medical treatment at school? Yes No
(If yes, please explain) _____

34. When was your child's last dental exam? _____ Dentist _____

NOTE: A doctor's written permission is required for your child to take medication, or to carry medication with them, while they are to school. This includes, but is not limited to, inhalers, over-the-counter medications, epi-pens and antibiotics. If student has an emergency medication required for school. The medication and order must be provided in order for the student to attend school to ensure the safety of your student.

IN THE EVENT OF SERIOUS ACCIDENT OR ILLNESS, EMERGENCY MEDICAL SERVICES WILL BE CALLED. THE STUDENT WILL BE TRANSPORTED TO THE NEAREST HOSPITAL.

I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY MEDICAL EXPENSES THAT MAY OCCUR AND I GIVE THE SCHOOL PERSONNEL, PHYSICIAN, AND HOSPITAL MY PERMISSION TO RENDER SUCH TREATMENT, TO MY CHILD, AS MAY BE DEEMED NECESSARY IN AN EMERGENCY.

I UNDERSTAND THAT THIS MEDICAL INFORMATION WILL BE SHARED WITH THOSE STAFF MEMBERS RESPONSIBLE FOR THE CARE OF MY CHILD DURING THE SCHOOL DAY.

Signature of Parent / Guardian _____ Date _____

Welcome Back To School!

I would like to welcome each and every one of you back to a new school year. I have a few reminders regarding your child's health.



Medication- In order for your child to be given medication at school, a county form must be completed by a physician and turned into the school. The medication needs to be brought to the school by the parent/guardian. This needs to be completed ASAP at the start of the school year.



If your child has an emergency medication, you need to have it as well as the documentation from the provider on the first day of school. This is to ensure the safety of your student at school. (Ex. Inhaler, Epi Pen, and seizure medication)



Please make sure that you notify the school of any allergies including any known food allergies. It is important for us to be aware of these issues. This also needs to be documented on the child's emergency form. If there is a food allergy there are special dietary forms that need to be completed by your health care provider and returned to the school.



Immunizations are required to be up to date when your child enters school. This includes the requirements for 7th and 12th graders. All new enterers, K, 2nd, 7th and 12th graders should submit a well child check as well as a dental screen at the start of the new school year.



With school starting unfortunately so will the incidence of head lice. Students found to have live lice will be sent home. Students may return to school after they have been treated.



Keep your child home from school if he/she is ill. Don't expose other students and staff. Here are some "rules of thumb":

- Vomiting, diarrhea
- A fever over 100 in the last 24 hours
- Red eyes with matting in the eyelashes/eye drainage
- Uncontrollable cough and/or lots of nasal drainage
- A rash of an unknown cause
- Live Head lice

*** Please review the county attendance policy as well



Encourage good hand washing at home. Teach your child to wash their hands before eating, after blowing their nose and using the restroom as well as any other time their hands become soiled. Good hand washing is the number one way to help prevent the spread of infection.



During Flu season please discuss vaccination needs with your health care provider.

My job is to help keep your children healthy and in school, It is proven that

HEALTHY CHILDREN LEARN BETTER!

If you have any questions or concerns please feel free to contact me at any time.

Trudi Anderson RN BSN CSN

t.m.anderson@k12.wv.us

Annual
Enrollee
Update



MHHS SCHOOL BASED HEALTH ANNUAL UPDATE FORM

Dear Parent/Guardian,

Please complete the following form so that we can update your child's current chart. If your child is not already enrolled with us complete this form and we will send you an enrollment packet. You may contact us with any questions at:

- Calhoun SBH 304-354-9732 or text 304-602-2263
- Gilmer SBH 304-462-3415 or 304-462-7338, or text 304-602-4481

STUDENTS NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

PHONE: _____ ok to leave message

Father: _____ Phone (H): _____ (W) _____ (C) _____

Mother: _____ Phone (H): _____ (W) _____ (C) _____

Guardian/Relationship: _____ Phone (H): _____ (W) _____ (C) _____

Emergency Contact: _____ Phone (H): _____ (W) _____ (C) _____

CURRENT SCHOOL: () Arnoldsburg Elementary () Gilmer County Elementary () Pleasant Hill Elementary
 () Calhoun County Middle/High School () Gilmer County HS/Middle School
 () Little Kanawha Valley Christian () Normantown Christian School

GRADE/HOMEROOM TEACHER: _____

MEDICAL/SURGICAL/DENTAL HISTORY: _____

CURRENT MEDICATIONS: _____

ALLERGIES: _____

PRIMARY PHYSICIAN: _____ PHARMACY: _____

DENTIST: _____ ORTHODONTIST: _____

BEHAVIORAL HEALTH THERAPIST/COUNSELOR: _____

_____ I would like my child to receive his/her WELL CHILD CHECK at School Based Health.
Initial

_____ I would like my child to receive a behavioral health evaluation within 30 days at School Based Health.
Initial

_____ I would like my child to receive dental services (**Calhoun Only**) at School Based Health.
Initial

- Preventative Dental Services ONLY (Exam, X-ray, cleaning, Fluoride Treatment, Sealants)
- **All Dental Services** including preventive and restorative services (Fillings, Extractions, Local anesthetic)

New
Enrollments
Only



Minnie Hamilton Health System

SCHOOL BASED HEALTH CENTER (SBHC) ENROLLMENT AND CONSENT FORM

(304) 354-9732 (Calhoun SBHC)
(304) 354-9244 (After School)

(304) 462-3415 (Gilmer SBHC)
(304) 462-7322 (After School)

STUDENT INFORMATION *

Student Name: _____ Student SS #: _____
 Address: _____ Email Address: _____
 City/State/Zip: _____
 Cell: _____ Grade: _____ Birth date: _____
 Gender: *Female or Male* Race: *White, Black, Hispanic or Other if so list:* _____
 School: () CMHS () Arnoldsburg Elementary () Pleasant Hill Elementary
 () GCHS/Middle School () Gilmer County Elementary
 () Little Kanawha Valley Christian () Normantown Christian School

PARENT / GUARDIAN INFORMATION

Father: _____ Phone (H) _____ (W) _____ (C) _____ E-mail _____
 Mother: _____ Phone (H) _____ (W) _____ (C) _____ E-mail _____
 Guardian: _____ Phone (H) _____ (W) _____ (C) _____ E-mail _____
 Emergency Contact: _____ Phone (H) _____ (W) _____ (C) _____ E-mail _____

CONSENT FOR SBHC (School Based Health Center) SERVICES

I, the parent/guardian of said student, give consent for my child to receive Medical treatment including immunizations and procedures as deemed necessary, Dental and Behavioral Health services at the School Based Health Care facility. I understand this consent will remain in effect until my child leaves/graduates school or until I provide the School Based Health Center staff with written documentation revoking the consent.

All healthcare information is confidential. By signing the consent form you are giving the SBHC, school nurse and your child's regular primary care provider permission to communicate and share medical information regarding your child's medical condition on an as needed basis with the understanding this information will continue to be treated in a confidential manner. No student will be denied access to health care services due to inability to pay. As in any health center, there may be a charge depending on the service provided. When available, insurance or Medicaid will be billed. The health center may release information regarding treatment to third party payors for billing purposes. All co-pays and deductibles shall remain the responsibility of the patient guarantor.

Confidentiality between the student, parents and the health center is assured. By law, some information requires the student's signed consent prior to disclosure to anyone, including parents/guardians. The staff will encourage every student to involve his/her parent/guardian in health care decisions. I am the legal guardian of the above named child. I understand if guardianship changes a new consent must be signed by the legal guardian. I also understand that by providing an alternative contact, if I cannot be reached, medical information regarding the above named child will be shared between the medical provider and the alternative contact.

With my consent, Minnie Hamilton Health System and its providers have the ability to view my child's external prescription history via SureScripts for the purpose of his/her care and treatment. I understand that my child's medication history obtained from other medical providers, insurance companies, and pharmacy benefit managers may be viewable and that granting this permission will allow my child's providers to better coordinate his/her care and to maximize the effectiveness and safety of his/her treatment plan.

I understand that when I provide my email address or designate an alternate email address for a delegate of my choosing, this will allow access to my child's electronic protected health information through the secure patient portal.

Signature of Parent / Legal Guardian

Date

PLEASE SEE OTHER SIDE

MINNIE HAMILTON HEALTH SYSTEM

186 HOSPITAL DRIVE, GRANTSVILLE, WV 26147

**CALHOUN COUNTY SCHOOLS
ADULT VOLUNTEER COMMITMENT/AGREEMENT**

This commitment/agreement, made and entered into this _____ day of _____, 20 ____, by and between the Calhoun County Board of Education, State of West Virginia and _____
(Volunteer's Name)

_____ I have previously been approved as a volunteer of Calhoun County Schools.

I wish to volunteer at (√) the locations that apply: _____ Arnoldsburg School _____ Pleasant Hill School
_____ Calhoun M/H School _____ other _____
(Please List)

I agree to the following:

- To enter into this agreement mutually with the board before rendering services.
- This agreement may be dissolved completely at any time by the initiative of either party.
- To confer with the principal/supervisor or his designee about each party's expectations of the other prior to the rendering of services.
- To attend training provided by Administrator or Designee prior to board approval.
- To refrain from services which are reserved for certain personnel by law or board policy.
- To comply with personal department expectations of the board's employees.
- To maintain confidentiality.
- To refrain from accessing the Internet through school computers.
- To refrain from sole supervision of students.
- To request directions, instruction and/or clarifications from the appropriate supervising employee as needed.
- To exempt the board totally and completely from any payment for any said services and to hold the board harmless from any claims arising from the same.

The board agrees to the following:

- This agreement may be dissolved completely at any time by the initiative of either party.
- To require the administrator or his designee to confer with the volunteer about each party's expectations of the other prior to the rendering of services on a yearly basis.
- To cause direction and instruction to be provided the volunteer by school officials relative to his/her tasks.
- To cause to be provided warranted information to the volunteer upon request relative to his/her tasks.
- To provide training within two weeks of initiation of services.

WHEREAS, the volunteer has read this instrument and mutually agrees with the board to enter into the same.

Board action date and signatures of all concerned parties confirms the approval, effecting the agreement as of the date written above.

Volunteer

Principal

Superintendent

President, Calhoun County Board of Education

(CENTRAL OFFICE USE ONLY)
Notes: _____ _____
Drug Free Verification Form: _____
Board Action Date: _____

**CALHOUN COUNTY SCHOOLS
DRUG-FREE WORKPLACE VERIFICATION STATEMENT**

NAME: _____

SOCIAL SECURITY NUMBER: XXX-XX-_____
(Last Four Digits)

MAILING ADDRESS: _____

TELEPHONE: _____

I, _____, certify that I have received a copy of the Calhoun County Board of Education Drug-Free Workplace Policy.

As an employee of the Board of Education of the County of Calhoun, I agree to abide by the Drug-Free Workplace Policy which states that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance and/or alcohol is prohibited in the workplace. Additionally, no employee shall report to work while under the influence of any illegal drug, (Section 3.11 of the Policy), alcohol, or controlled substance, (Section 3.3 of the Policy), except if prescribed for the employee and taken as prescribed.

For purposes of this policy, "employee" shall be defined to include any person who works or provides or performs services, full-time, part-time, as a volunteer or under contract, without regard to whether the person receives or is promised any form of compensation from the Calhoun County Board of Education, including temporary staff or personnel.

The "workplace" shall be defined as any place, location, or worksite where work is performed in connection with the employee's Board of Education employment. The workplace shall include, but not limited to, all facilities, property, buildings, offices, workstations, desks, bathrooms, lockers, supply areas, structures, automobiles, trucks, trailers, other vehicles, and parking areas, whether owned, occupied, or leased by the Calhoun County Board of Education.

The policy is applicable while employees are engaged in any work-related activity, which includes performance of agency business at any time, including, but not limited to, regularly scheduled work days, meal breaks, and/or occasions having a connection with the job or the agency.

In addition, I understand that under federal law and as a condition of employment, if I am convicted of any violation of a state or federal Criminal Drug Statute for any offense committed in the workplace, I must report this conviction to the Superintendent of Calhoun County Schools within five (5) days of the conviction.

Volunteer/Employee's Signature

Date