

2024 – 2025 ~ Scott County Schools ~ Enrollment Form ~ Pre-K

Date of Enrollment ___/___/___ School Enrolling: _____ Gender: ___ Male ___ Female
(Must match Birth Certificate)

Student Name _____ *Date of Birth ___/___/___ Grade Level _____
Last Name First Name Middle Name Suffix

*Social Security Number ___/___/___ *Immunization Records Attached ___ Yes ___ No

Ethnicity - ___ Not Hispanic or Latino ___ Hispanic or Latino Year Entered Ninth Grade _____

Race (Circle only one) American Indian/Alaskan Native, Asian, Black/African American, Pacific Islander/Native Hawaiian, White

Is this student in Foster Care ___ Yes ___ No (High School only)
 Year Entered Ninth Grade _____

INFORMATION REQUIRED BY THE STATE

Student's Mother's Maiden Last Name: _____ Student's City of Birth: _____
 Student's County of Birth: _____ Student's State of Birth: _____ Student's Country of Birth: _____

**These Numbers will receive Automated School Broadcasts

Parent/Guardian Names _____ Phone ** _____ Relation to Student _____
 Father's Place of Work _____ Dad Cell ** _____ Work Phone _____
 Mother's Place of Work _____ Mom Cell ** _____ Work Phone _____
 Another Emergency Contact _____ Relation to Student _____ Phone (____) _____ - _____

Physical/911 Address: _____
Street Address City State Zip Code

Mailing Address: _____
Street/Mailing Address City State Zip Code

Type of transportation: (Circle one) Bus Car Walk Bus Number _____ Miles from Home _____

EMERGENCY CONTACTS

Name	Relationship to Student	Home Phone	Cell Phone	May Pick Up Student	
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No

Name of last school attended _____ State _____ Date of Last Attendance ___/___/___
Month Year

Do you have a computer at home? ___ Yes ___ No Parent E-mail _____

Where does your child stay at night? (Please Check One) ___ Home/Apartment owned or rented by the parent/guardian
 ___ With a relative/friend (family does not have a resident) ___ In a Shelter ___ In a Motel ___ In an Automobile
 ___ A Campsite ___ In housing that is inadequate (no electricity, running water, etc) ___ Other Housing _____

Please List Other brothers or sisters (living in the same household) that are enrolled in a Scott County School

Name	Grade	Name	Grade
_____	_____	_____	_____
_____	_____	_____	_____

Legal Alert ===== Important

List all persons who this student **CANNOT** leave with (Legal documentation must be on file in the school office)

1. _____ 2. _____ 3. _____

Parent Signature _____ Date ___/___/___

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Student Name _____
Last First Middle

Check if Either Parent is: Active Military National Guard Reserve Military

Medical Information

IS STUDENT COVERED BY INSURANCE: Yes, No

Insurance Company: _____ Policy Number: _____

Current Medications: _____ Medical Conditions: _____

Allergies: (type) _____ Asthma – Inhaler Use: _____

Diabetes: _____ Seizures: _____ Bleeding Disorders: _____ Heart Problems: _____

Orthopedic: _____ Vision/Hearing: _____ Other: _____

Does student need to take medication at school? Yes No (If Yes, parental form must be on file in the office)

Student's Doctor _____ Doctor's Phone (_____) _____ - _____

Did you or someone in your family come to Tennessee looking for temporary seasonal work in a factory processing food or working in Agriculture? Yes No

If your current job is not temporarily working in agriculture, did you or someone in your family work in a temporary or seasonal agriculture job in the last three years? Yes No

The Following items must be attached to this form for students who enroll in a Scott County School for the first time: (Check when received)

1. Copy of Birth Certificate 2. Copy of Social Security Card 3. Copy of Immunization Records

Eligibility and placement of students into the program are determined and placed by priority as listed below (taken from Scope of Services for VPK: Students must be four-years-old on or by August 15 to even be considered for enrollment and reside in the geographic area served by the VPK Program, but Income eligibility is the primary factor considered when enrolling students into the VPK Program.

(Tier 1) a. The first priority are those four-year-old students who live in the geographical area and meet income guidelines set by the U S Department of Health and Human Services:

b. are dependent children whose parent was killed, or died as a result of war, or officially reported as a prisoner of war, or missing in action.

(Tier 2) a. If space is available, the next priority is students with disabilities as those identified as ELL, in State Custody, in Foster Care, Homeless, Migrant, and are four years of age on or before August 15 for the current school year, or those identified as educationally at-risk pursuant to 20 US.C./1400 et sec. Once Tier 1 and 2 students have been placed, then Tier 3 students who meet the other criteria will be placed into the program.

b. Students who have been in the Tennessee Early Intervention Program (TEIS) or Even Start Program, children from single parent homes, grandparents rearing children, and who are four years of age on or before August 15 for the current school year.

(Tier 3) a. A few weeks after school starts and there are no more four-year-olds that meet income guidelines, other students who meet the requirements set forth by the Community Pre-K Advisory Council and approved by the TN Department of Education and who are four years age on or before August 15 for the current school year are able to be enrolled. These students are considered unserved or underserved, but the plan must be approved by the TN Department

Of Education. (Request for enrollment must be submitted to the TDOE VPK director for written approval).

(Tier 4) a. Students who qualify as economically disadvantaged per the Income Eligibility application income guidelines and are three years old on or before August 15 of the current school year. (Approval must be given by the TDOE VPK Director).

b. Students who have been in the Tennessee Early Intervention Program (TEIS) or Even Start Program and who are three years of age on or before August 15 of the current school year. (Approval must be given by the TDOE VPK Director).

c. Students with Individual Education Programs (IEP's) who are five years of age on or before August 15 of the current school year upon recommendation of an IEP Team and in accordance with guidelines set by the TDOE. (Approval must be given by the TDOE VPK Director).



4 US Health and Human Services Poverty Guidelines

*Annual income levels reflect **185%** of the 2024 US Health and Human Services Poverty Guidelines

Household Size	*Annual Income	Monthly	Month	Every two weeks	Weekly
1	\$27,861.00	\$2,321.75	\$1,160.88	\$1,071.58	\$535.79
2	\$37,814.00	\$3,151.17	\$1,575.58	\$1,454.38	\$727.19
3	\$47,767.00	\$3,980.58	\$1,990.29	\$1,837.19	\$918.60
4	\$57,720.00	\$4,810.00	\$2,405.00	\$2,220.00	\$1,110.00
5	\$67,673.00	\$5,639.42	\$2,819.71	\$2,602.81	\$1,301.40
6	\$77,626.00	\$6,468.83	\$3,234.42	\$2,985.62	\$1,492.81
7	\$87,579.00	\$7,298.25	\$3,649.13	\$3,368.42	\$1,684.21
8	\$97,532.00	\$8,127.67	\$4,063.83	\$3,751.23	\$1,875.62
For each additional person, add:	\$9,953.00	\$829.42	\$414.71	\$382.81	\$191.40

This chart is to be used when reviewing the Pre-K Income Eligibility application to determine if family meets income qualifications for "economically disadvantaged". Families making at or below the annual income amount, based on household size, meet the income eligibility criteria for participation in the

THIS CHART MAY NOT BE USED FOR ELIGIBILITY FOR FREE or REDUCED PRICED LUNCH PROGRAM. Meeting Income eligibility requirements does not guarantee acceptance into the VPK program due to limited space and the possibility of more students applying than seats available.

Revised 1/17/2024



For Office Use Only
Please Circle One
Income Eligible: Yes / No
If yes, and enrolled, student should be classified as (L) in student information system

2024-2025

Application to Determine Income Eligibility for the Voluntary Pre-K Program

Completion of this form **DOES NOT** qualify your child for the Free or Reduced Meal Program.

Submission of this application is not a guarantee of acceptance into the VPK program.

Name of Student: _____ Date of Application: _____

SSN of Student: _____ Date of Birth of Student: _____

Name of Applicant: _____ Relationship to Student: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: () _____ Work Phone #: () _____ Cell Phone #: () _____

Part A - Family Information

Please list information for all other household members

Section 1

Name(s) of ALL OTHER CHILDREN in the Household	Date of Birth	School	Grade
1.			
2.			
3.			
4.			
5.			

Section 2

Name(s) of ALL OTHER ADULTS in the Household	Relationship to Student
1.	
2.	
3.	
4.	
5.	

Total # of household members: _____

Part B - Program Participation

Please check (✓) if Child /Family /Household member provides documentation of participation, in one or more of the following programs, currently or during past school year (*Documentation required-See Part D).

(✓)	Early Head Start	(✓)	Foster Care	(✓)	Migrant	(✓)	Families First (TANF)	Case #
	Head Start		Homeless		Food Stamps / EBT			

Part C - Total Household Income

Please list ALL INCOME of all household family members and how often income is received.

Any falsification of information concerning income, residence, birth certificate and/or completion of this application and other forms may be reason for dismissal.

Income Instructions

From the list below, please write the Source of Income Code in the space provided to indicate the source(s) of income for each earning individual in the household. Also, please write the Monthly Payment or Wage Amount. Multiply the Payment or Wage amount by the number months you received the income and then calculate the Amount and the Total Annual Income.

Source of Income Codes					
A. GROSS work income	D. Pension(s)	G. Veteran's Benefits	J. SSI Disability		
B. Unemployment	E. Retirement	H. Child Support	K. Other - please list ↓		
C. Workman's Comp	F. Social Security	I. Alimony			

Name of Adult	Employer (if applicable)	Source of Income Code (See list above)	Monthly Payment or Wage Amount	Multiplied by (X)	How many months did you receive this income in the last year?	Total Amount
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
Total Annual (Yearly) Income						\$ -

Part D - INCOME VERIFICATION

Please check (✓) all documents submitted as Proof of Income or Program Participation.

<input type="checkbox"/> Pay Stub / Verification of pay by employer	<input type="checkbox"/> Retirement Documentation	<input type="checkbox"/> Foster Care Reimbursement
<input type="checkbox"/> W-2 Form	<input type="checkbox"/> Social Security	<input type="checkbox"/> SSI Documentation
<input type="checkbox"/> Income Tax Form 1040A or 1040	<input type="checkbox"/> Veteran's Benefit Letter	<input type="checkbox"/> TANF Documentation
<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Child Support	<input type="checkbox"/> AFDC / Public Assistance Payment
<input type="checkbox"/> Workman's Compensation Documentation	<input type="checkbox"/> Alimony Documentation	<input type="checkbox"/> TennCare Verification
<input type="checkbox"/> Pension Stubs	<input type="checkbox"/> Other (Specify): →	

I certify that the above information in this application is correct. I further understand that any falsification of information concerning income, residence, birth certificate and/or completion of this application and other forms may be reason for dismissal from Tennessee's Voluntary Pre-K Program.

Printed Name of Applicant: _____ SSN #: _____
 Signature of Applicant: _____ Date: _____

Name and Signature of LEA employee reviewing this application

I certify that I have examined the above income documentation and verification information.
 Completed forms must be maintained in accordance with FERPA.

Printed Name / Title of LEA employee: _____
 Signature of LEA employee: _____
 Date Reviewed by LEA employee: _____

Parte C - Suma de Ingresos de Hogar

Por favor, lista **TODOS LOS INGRESOS** de la familia y con qué frecuencia recibe.

Falsificación de la información de ingreso, residencia, o otro preguntas resulta en dimisión de la investigación.

Ingreso Instrucciones

De la lista debaja, por favor escriba El Código de los Ingresos en el espacio e indique el tipo de ingreso recibe. También, por favor escriba el suma en un mes y multiplica de el numero de meses que recibe este tipo de ingreso. Calcula el total por un año.

Codigo de los Ingresos					
A.	Ingreso del trabajo	D.	Pension(es)	G.	Beneficios de Veteranos
B.	Cheque for desempleo?	E.	El fundo de retiro	H.	Manutencion de los hijos
C.	Compensacion al Trabajadore	F.	Seguro Social?	I.	Alimentos
J.	Ingresos del seguro de discapacidad				
K.	Otro - por favor, lista ↓				

Nombre de Adulto	Empleador (si aplicable)	Codigo de Ingresos	Pago en un mes	Multiplica de:	Cuantos meses usted recibe este ingreso	Suma
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
Suma de Ingresos en un año						\$ -

Parte D - Verificación de los Ingresos

Por favor marca (✓) todos que has presentado en sus comprobantes de ingreso.

	Talon de pago/verificacion de empleador	Retiro Documentacion	Cuidado de crianza documentacion
	W-2 Forma	Seguro Social	SSI Documentacion
	Income Tax Forma 1040A or 1040	Letra de los Veteranos	TANF Documetacion
	Desempleo Forma	Manutencion de los hijos	AFDC / Public Assistance Payment
	Documentación de Compensacion al Trabajadore	Documentación de los Alimentos	TN Care Verificacion
	Pension(es)	Otro (Lista): →	

Certifico que toda la información en esta solicitud es verdadera y correcta. Entiendo que falsifico intencionalmente de los ingresos o la dirección puede resulta in dimisión de la programa Pre-K.

Nombre en letre de molde del solicitante: _____

SSN #: _____

Firma de solicitante: _____

Fecha: _____

Sólo por uso oficial. No escribe debajo de esta linea.

Name and Signature of LEA employee reviewing this application

I certify that I have examined the above income documentation and verification information.

Completed forms must be maintained in accordance with FERPA.

Printed Name / Title of LEA employee: _____

Signature of LEA employee: _____

Date Reviewed by LEA employee: _____

Tennessee Parent Occupational Survey

In order to better serve your child, our school district wants to identify students who may qualify to receive additional educational services, such as tutoring, school supplies, free or reduced-price lunch, summer camps, and other services. **The information provided below will be kept confidential.** Please answer the following questions and return this form to your child's school.

Today's Date	Parent/Guardian First & Last Name
Student First Name	Student Last Name
School Name	Student Grade

1. Have you or an immediate family member performed any of the jobs listed below temporarily or seasonally, in any part of the United States, in the past three years?

- No
- Yes. **Check all that apply and list the total number of months worked:**



Agriculture/Field Work (planting, picking, sorting crops; soil preparation; irrigation; fumigation)

Total Months Worked: _____



Processing & Packaging (fruit, vegetables, chicken, eggs, pork, beef)

Total Months Worked: _____



Dairy/Cattle Raising (feeding, milking, rounding up)

Total Months Worked: _____



Nursery/Greenhouse (planting, potting, pruning, watering, harvesting)

Total Months Worked: _____



Forestry (soil preparation, planting, cutting trees; landscaping not included)

Total Months Worked: _____



Commercial Fishing & Processing (catching, sorting, packing, transporting)

Total Months Worked: _____

2. In the past three years, has your family moved to another state, city, school district, and/or county?

- No
- Yes. **How long have you resided in your current address?**
- _____ Years _____ Months _____ Weeks

If you answered "Yes" to questions 1 and 2, please complete the information below.

Home Street Address	Apt #
City	State
	Zip Code
Telephone Number	Best Day of Week & Time of Day to Call

For School Use Only: Please send survey with two YES responses to your district migrant liaison. If you have questions, call (931) 212-9539 to speak with the Tennessee Migrant Education Program.

Student State ID:	Enrollment Date:	District ID:
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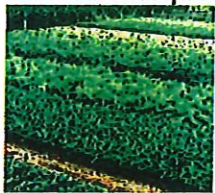
Encuesta Ocupacional de Tennessee

Para mejor servir a sus hijos, nuestro distrito escolar le gustaría identificar a estudiantes quienes pueden calificar para programas educacionales adicionales, como tutoría, materiales escolares, almuerzo gratis o a precio reducido, campamentos de verano y otros servicios. **La información que proporcione será confidencial.** Por favor conteste las siguientes preguntas y regrese este formulario a la escuela.

Fecha	Nombre del Padre/Guardian
Primer Nombre de Estudiante	Apellido de Estudiante
Escuela	Grado

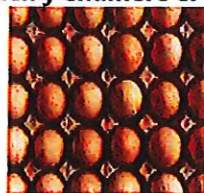
1 ¿Durante los últimos tres años usted o alguien en su familia ha trabajado temporalmente o por temporadas en los siguientes trabajos en los Estados Unidos?

- No
- SI. Marque todas las que apliquen y enumere el numero de meses trabajados:**



Trabajo de campo/Agricultura (sembrar, plantar, pizcar, cosechar, empacar, sortear vegetales, frutas, algodón, etc.)

Total de meses trabajado: _____



Procesamiento/Empaque de alimentos y carnes (vegetales y carne de res, pollo, cerdo, etc)

Total de meses trabajado: _____



Lechería/Ganadería (Ordeñar, alimentar, acorralar)

Total de meses trabajado: _____



Vivero/Invernadero (sembrar, cultivar, plantar flores, plantas)

Total de meses trabajado: _____



Trabajo Forestal (sembrar, plantar, cultivar, cosechar arboles; paisajista no incluido)

Total de meses trabajado: _____



Pesca/Procesamiento de Pescado (sortear, empacar, pescado o mariscos)

Total de meses trabajado: _____

2. En los últimos 3 años su familia se ha mudado a otra ciudad, condado o estado?

- No
- SI. Cuanto tiempo lleva en su actual dirección?**
- _____ Años _____ Meses _____ Semanas

Si respondio "si" a las preguntas, porfavor llenar las siguientes preguntas.

Domicilio	Apt #
Cuidad	Estado
	Codigo Postal
Numero de Telefono	Mejor dia de la semana y hora para llamar

For School Use Only: Please send survey with two YES responses to your district migrant liaison. If you have questions, call (931) 212-9539 to speak with the Tennessee Migrant Education Program.

Student State ID:	Enrollment Date:	District ID:
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Scott County Board of Education

P.O. Box 37
208 Court Street
Huntsville, TN 37756

Bill M. Hall
Director of Schools

Phone: (423) 663-2159
Fax: (423) 663-9682

Home Language Survey

The Tennessee Department of Education requires all schools to identify the language of every student enrolled. This is accomplished by the Home Language Survey (HLS). This document is to be completed only ONE TIME at the student's initial enrollment into a school. If the student is a transfer student, schools must make every attempt to obtain the original HLS.

NOTE to registrar: If any language besides (or in addition to) English is given as an answer to questions 1-3, please give this document to the ELL Coordinator.

Student Information

_____ M F
 First Name Middle Name Last Name Gender

_____ _____ _____
 Country of Birth Date of Birth (mm/dd/yyyy) Date first enrolled in ANY U.S. school (grades K-12)

_____ Date first entered the U.S.

THIS FORM IS NOT USED TO IDENTIFY STUDENT'S IMMIGRATION STATUS

This information gives us insight into the knowledge and skills your child is bringing to our schools. This information may enable the district to receive additional federal funding to provide support for your child.

School Information

_____ _____ _____
 Enrollment Date in New School Name of Former School and Town Last Grade Attended

Questions for Parents/Guardians

1. What is the first language this child learned to speak?	Has this child ever received ELL (ESL) classes in another school? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> I don't know. If yes, what year did this student 1 st qualify for ELL?
2. What language does this child speak most often outside of school?	Will you require an interpreter/translator at Parent-Teacher meetings? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, what language?
3. What language do people usually speak in this child's home?	_____
Parent/Guardian Signature: X _____	_____ Today's Date: (mm/dd/yyyy)

Health History / Permission to Treat Form

(If any information on this page changes, please tell the front office and the nursing office. We keep different files.)

Purpose: To provide information to the school nurse, EMT, physician and/or other designated members of the healthcare team (Principal, teacher(s), secretaries, transportation department, cafeteria personnel, etc.) to allow for better quality care for the child.

Student's name: _____

Birth date: _____ **Current age:** _____

School: _____ **Current grade:** _____

If the school system needs to contact caregivers, please contact in the following order: (include yourself)

Name	1 st Phone #	2 nd Phone #	E-mail	Relationship to child
1.				
2.				
3.				
4.				
5.				
6.				
7.				

If I am not able to be reached, I give permission for health decisions to be made by the people above. This includes picking up the child if needed, bringing medications, etc.

List all medications that the child normally takes on a regular basis at home or at school:

Medicine	Amount taken	How often	Reason for medicine

List any special measures, directions or comments that the school nurse or designated member of the school healthcare team needs to know (include all current physical & mental health problems and diagnoses.)

With whom do you NOT want your child's health information shared: ___ cafeteria ___ teacher(s)
 ___ bus department ___ guidance ___ office staff (Otherwise, the info will be shared on a need-to-know basis.)

Date of last medical check up your child got with his/her physician: _____

Unless you state otherwise, we will take updated information from the student.

I give permission for my child to be treated for minor illnesses and/or injuries, to be given nutritional and physical activity instruction at school, for the school to contact my child's physician(s) if needed, for a School Health Management Plan to be written & followed if needed and for the school to call 911 and send my child to the emergency room if needed.

Primary, legal guardian's signature: _____

Name of Students doctor _____ Phone _____

Does your child see a specialist? ___Yes ___ No

Specialist Name _____ Phone _____

___ My child has no health problems, which would affect his/her school day.

___ My child's health needs include the conditions checked (X)

___ **Allergies**, please list _____

What happens? _____

Is EpiPen Prescribed? ___Yes ___No (If yes, parent must provide EpiPen)

___ **Bee Sting Allergy**, What happens? _____

Is EpiPen Prescribed? ___Yes ___No (If yes, parent must provide EpiPen)

___ **Asthma** is inhaler used? ___Yes ___ No If, yes, how often? _____

What medications are taken for asthma? _____

___ **Diabetes** What medications are taken? _____

Any special procedures during the school day? _____

___ **Hearing problem**, Please Describe _____

___ **Vision problem**, Wear glasses? ___Yes ___No Wears contacts? ___ Yes ___No

___ **ADD of ADHD Diagnosed**, What medications are taken? _____

Will medication be needed in school? ___Yes ___No When? _____

___ **Bone/Joint problem or fractures?** Which bone or joint? _____

Is a brace worn? ___Yes ___No

___ **Seizures** What type? _____ Date of last seizure _____

Medication taken _____

___ **Episode of loss of consciousness**, When? _____

Any special treatment? _____

___ **Emotional Concerns List** _____

Parent/Guardian signature _____ Date _____

Phone Number _____

WHAT DO WE DO IN PRESCHOOL?

- **Art Activities** have been proven to help young children creatively express their thoughts and feelings. They help reinforce fine-motor skills and concept development in areas such as letter recognition, number recognition, colors, shapes and size relationships.
- **Block play** has been noted for giving children experience with many different concepts, such as number skills, balance, organization skills/ concept, size and shape discrimination, spatial relationships, cause and effect, and classification. Creativity play, cooperative play skills and problem solving are also promoted during block play.
- **Circle Time** is our group gathering time during which we share reading books, stories, ideas, observations and plans. Circle Activities are used to stimulate students' thinking, enrich their social skills, and expand their attention spans.
- **Dramatic play activities** help children solve problems, express themselves, practice life skills, improve social skills and increase self-esteem.
- **Fine-motor activities** are needed to help improve small-muscle development and eye and coordination. Puzzles, beads, laces, pegboards, crayons, and scissors are used in the manipulative area for fine motor development.
- **Gross-motor activities** give children the opportunity to use their muscles with their imaginations, as they engage in fun, healthy exercise, such as jumping, climbing and running.
- **Musical activities** are used to explore sound and promote the child's listening skills, social skills and creative expression.
- **Sand and water activities** promote the development of math, science and language skills. They allow students to experiment with textures and the properties of different substances.
- **Science activities** and lessons offer children many hands on opportunities for observation, experimentation, investigation, exploration and making predictions using higher level skills.
- **Story time** inspires and motivates children to develop an appreciation and enjoyment of literature. Reading activities enhance children's vocabulary and comprehension skills, and also expand their knowledge base.



External (not by mouth) medications used by the school:

- 1 OTC Hydrogen Peroxide: for cleansing of minor cuts, burns, abrasions, etc.
- 2 OTC 70% Isopropyl Alcohol: for cleansing minor cuts, abrasions, etc.
- 3 OTC White Petroleum Jelly: for temporary protection of minor skin irritations or cracked or chapped lips.
- 4 Regular OTC skin lotion: for temporary protection from or relief of minor skin irritations.
- 5 OTC Eye Wash: for the gentle cleansing of eyes or for soothing minor dry eyes.
- 6 OTC Cornstarch Powder: for temporary relief of minor moisture rash.
- 7 OTC Antibacterial Soap: for cleansing minor cuts, skin injuries, etc.
- 8 OTC Antibiotic Ointment: to help prevent infection in minor cuts, scrapes & burns.
- 9 OTC hydrocortisone cream or generic version: for minor skin irritations from insect bites, poison ivy, sumac or oak.
- 10 OTC aloe vera lotion: for minor burns or skin irritations.
- 11 OTC orajel or generic version: for minor gum pain (OTC = over the counter, not prescription)

Medication taken at school:

No internal (by mouth) medications are used by the school unless the guardian brings them and fills out the required paper work for their use.

If your child has to take medication at school, the legal guardian has to bring it. Students are not allowed to transport ANY medication to or from school. This includes, prescription meds, Tylenol, cough drops, etc. Parents/guardians must bring these meds to school.

When parents/guardians are notified of health incidents at school:

Students are instructed to tell parents of ALL incidents whether minor or major. Unless otherwise stated by the parent(s)/guardian(s), the school will only notify you of major incidents.

Minor incidents:	Major incidents:
headaches (less than once per week)	headaches (more than once per week)
minor cut or scrape	any probable infections
minor bruises	large cuts or scrapes
minor colds/allergies/sinus	large bruises
minor counseling or instruction visit	major counseling or instruction visits
regular medication visits	abnormal medication visits
regular procedure visits	abnormal procedure visits
minor foreign bodies	major foreign body
	any minor incident not resolved in expected amount of time

Emergency contacts to 911 (ambulance):

Unless otherwise stated by the parent(s)/guardian(s), an ambulance will be called in the following situations:

1. acute respiratory distress
2. severe bleeding
3. shock / anaphylactic reaction
4. cardiac distress
5. serious, extensive burns
6. poisoning
7. unconsciousness
8. seizures lasting longer than 5 minutes
9. severe injury involving large bones of leg or pelvic area
10. severe head, neck or back trauma/paralysis
11. psychiatric emergency

Scott County Board of Education

P.O. Box 37
208 Court Street
Huntsville, TN 37756

Bill M. Hall
Director of Schools

Phone: (423) 663-2159
Fax: (423) 663-9682

Dear Parents of Incoming Pre- Kindergarten and Kindergarten Students,

Welcome to the Scott County School System. We are excited about having your child in school and trust that this will be the beginning of a long and mutually beneficial partnership. Your child's success requires the close cooperation of the child, the parent, the teacher, and administration.


Pre-Kindergarten is an important first step in your child's school journey. In Pre-K your child will learn many of the skills and habits that will make him or her a successful life-long learner. Social skills and academic skills are very important areas covered in Pre-K. Attending school every day and being there on time is a habit that will guarantee your child's success in school. We encourage you to have your student in school every day and to avoid being late as much as humanly possible. Study after study confirms the common sense observation that good school attendance goes with good achievement. In other words, children with better school attendance will receive better grades and will learn more.

Kindergartners are subject to the compulsory school attendance laws. This means they have to attend school and cannot miss without a good excuse. For the parents, this means that every time a student is absent, you must send in a written excuse. Absences are excused for the following reasons: personal illness, death in the family, religious holidays, doctor and dental appointments, and school- sponsored activities. We recognize that there are times when a student is too sick to come to school but may not need to go to the doctor. For this reason we accept up to five parent notes per semester. These notes must be turned in within five days following the absence.

If a student receives five unexcused absences the parents will receive a letter directing them to call the principal of their child's school. If students miss ten days unexcused, their parents will receive a letter directing them to call the Attendance Supervisor to set a possible court date.

If you have questions, or need additional information concerning school attendance, please call your child's school or me. Thank you for the opportunity to assist in the education of your child!

With Sincere Best Wishes for Your Child's Success,


Director of Student Attendance
663-2159

Parents-A Child's First Teacher

- Read to your child each night. It's a time he/she will cherish for a lifetime.
- Keep adult conversations and worries away from the children. What children hear at home, they repeat at school.
- Have an important attitude about school. Your child will pick up on your attitude. Remember to lead by example.
- Look at everything your child brings home from school. Praise effort and progress.
- Help your child to learn the things he/she will need to know at school such as tying shoes, snapping pants, putting on coat, saying full name, age, telephone number, address, birthday, etc. Also make sure your child's name is in his/her jacket, coat, mittens, etc.
- Send your children off to school each day with a hug and kiss. Let them know you will be waiting for them at the end of the school day.
- Do your best to keep your child healthy by ensuring that he/she gets enough sleep, eats breakfast and has good hand washing habits.
- Listen and talk with your child instead of just giving directions. Real conversation increases language skills.
- Provide opportunities for your child to play—away from the television or video games. Children learn through creative, active play opportunities.
- Enjoy your children. They will be grown up before you know it.



"Parents Make the Difference"