

**HOUSTON COUNTY  
CROSSROADS CENTER**  
*An Innovative Educational Center*  
401 Dover Drive  
Warner Robins, GA 31088  
478-929-7828  
FAX 478-929-7118

High School API  
Dr. Dean Hintz  
Counselor  
Dr. Terry Manning

Principal  
Dr. Ronnie Walker

Middle School API  
Sandra Woodfork  
Graduation Coach  
Angela Wootson

**TO: PRINCIPALS AND ASSISTANT PRINCIPALS OF HIGH/MIDDLE SCHOOLS**

**FROM: RONNIE WALKER, PRINCIPAL**

**RE: 09-10 CROSSROADS CENTER MIDDLE/HIGH SCHOOL  
APPLICATION/CHECKLIST**

The following items are mandatory for students applying to the Crossroads Center. Registration and interviews will be held **Monday through Thursday at 8:30: 9:30 or 10:30 a.m. Do not arrive before 8:30 a.m. If you arrive between these times, you will interview at the next available time.** No student interviews will be conducted on Fridays. Applicants will **not** be interviewed unless the following information is in hand when the student and a parent /legal guardian come to register. **Faxed information will not be accepted.**

**\*\*\*\*Students will be returned to the home school to obtain any of the following items not in the application packet.**

- \_\_\_\_\_ Completed **New Withdrawal to Crossroads Form**-including all grades
- \_\_\_\_\_ Charge Letter
- \_\_\_\_\_ SRC Results or signed waiver
- \_\_\_\_\_ Non-compliance letter (if applicable)
- \_\_\_\_\_ Discipline summary report-AS400 copy
- \_\_\_\_\_ Behavior Contact (if applicable)
- \_\_\_\_\_ Copy of current AS400 attendance and truancy checklist
- \_\_\_\_\_ Copy of social worker referral/truancy contract (if applicable)
- \_\_\_\_\_ Special Education MDR (if applicable)
- \_\_\_\_\_ Copy of most recent report card. Legible!
- \_\_\_\_\_ Up-to-date Transcript (High School Students)
- \_\_\_\_\_ SST/504 information (if applicable)
- \_\_\_\_\_ Current Immunization Records
- \_\_\_\_\_ Copies of all standardized test scores and any remediation documentation for test scores.

**NOTE: PLEASE KEEP AND DUPLICATE AS NEEDED FOR STUDENTS WHO ARE APPLYING TO CROSSROADS FROM YOUR SCHOOL.**

**\*\*Crossroads will not be responsible for any fines, books, and materials owed to the home schools at the time of withdrawal. Home schools are asked to clear these matters up before students are withdrawn from your school.**

**HOUSTON COUNTY CROSSROADS CENTER  
APPLICATION PROCEDURES**

**To register, a student must be accompanied by a parent/guardian and complete an application for admission.** An interview with an administrator will also be required when application is made. **At time of registration, students must bring the following to the Crossroads Center:**

1. A **complete** withdrawal packet from the last school attended.
2. A **completed** Crossroads Center Application packet-**to be given to parent/guardian by home school.**
3. Registration will only be held **Monday through Thursday at 8:30; 9:30 or 10:30. Do not arrive before 8:30 a.m.** No interviews will be conducted after 10:30 p.m. No student interviews will be conducted on Fridays.

**The Crossroads Center will not admit (a) any student who does not sign the contract and agree to abide by all policies and rules or (b) anyone who owes fees to the Crossroads Center from previous enrollment.**

**Conduct**

**The Houston County Crossroads Center expects its students to exhibit good behavior. Each student signs a contract of terms for his/her voluntary enrollment at the Houston County Crossroads Center. Any misconduct or violation of policies/rules of the Houston County Board of Education as interpreted by the principal will result in forfeiture of education at the Houston County Crossroads Center.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

**STUDENT PERFORMANCE MEETINGS**

At any time during the semester the graduation coach, counselor or administrator may request a teacher committee meeting on a student. The purpose of this meeting is to examine the student's progress in all areas: attendance, academics, behavior, and attitude, etc. and make recommendations on the student's educational future.

Recommendations may vary from conferences with the counselor or any other individual who may have influence on the student; conferences with parent or with student and parent; placement on strict probation (academic or behavioral).

Before any recommendation from a student performance meeting is executed, it must be approved by the administration.

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

## **Crossroads Center Uniform Dress Code Policy**

Approved-May 21, 2001

Revised-July 15, 2009

The main purpose of the dress code at Crossroads is to minimize problems caused by giving at-risk students the responsibility to dress themselves within the norms set by the Board and society in general. Our desire is to impress upon our students that appropriate dress of some sort will be required of them once out of school in almost any work they do. The main element of the proposed code is to avoid anything that would cause undue attention to the student and may cause disruptions in the classroom.

**Crossroads Dress Code will be enforced from the moment students enter the building each morning and will continue until the students exit the building for dismissal each afternoon.**

### **CLOTHING**

**Shirt:** Type: golf/tennis/polo-style shirt with collar, long enough to be tucked in securely. Pockets are allowed.

Colors: solid green, white, or yellow. **NO LOGOS.**

How worn: tucked in while on campus, with a **plain white undershirt (long or short sleeved) if worn.**

**Pants:** Type: "Dockers" - style slacks with belt loops, measured to fit appropriately (not too tight or too baggy), **no extra or outside pockets, no slits, no rivets, must be hemmed, no alterations;** (females may wear a khaki knee-length or longer skirt).

Colors: khaki (tan).

How worn: worn at the waist, belt must be worn through loops, visible and with **small open face buckle.**

**Shoes:** Type: athletic/ tennis shoes or fully closed dress shoes (**no boots, sandals, or backless shoes**).

**Preferred: canvas deck shoes-must have back-no eyelets, no ballerina shoes, shoes must have at least 1/2" of sole.**

Colors: no requirements.

How worn: shoes must be **properly laced (thru every eyelet)** and tied (**a bow at the top**), athletic shoes with **plain white laces**, and white socks must be worn. **Brown or black dress socks may be worn with dress shoes.**

**Students may wear only one pair of pants and one collared shirt.**

### **ACCESSORIES**

1. Belts: Dark color (black or brown) or solid color coordinated to match either the shirt or pants. No designs, metal rivets or studs. Metal eyelets are permitted. NO oversized or western buckles.
2. Military issue clothing is not permitted. **Non-military camouflage jackets are permitted.**
3. A single wristwatch may be worn.
4. Coats or jackets must zip/button/snap from top to bottom (no pullovers) and must be left undone during the school day. **No trench coats. No handmade writing or drawing allowed. No metal rivets or studs.**
5. Sweaters and sweatshirts are not allowed. **No hooded outer garments of any kind are allowed.**
6. **Makeup may not be brought on campus, but may be worn (if not a distraction).**
7. Females may carry necessary feminine items in small clutch style purse.
8. Items not necessary to school (photos, magazines, jewelry, markers, color pencils etc.) will be confiscated.
9. **No book bags/backpacks.** Purses big enough to carry textbooks and folders may not be brought to school. **No zip-up or closed binders are permitted.**
10. Students must be prepared for school when they arrive. Paper/notebook, pen/pencil, etc.
11. No baseball caps, knit or stocking caps (do rags included) may be worn or brought to school.
12. Students are allowed one lip care product. No grooming items (brushes, lotions etc.) are allowed.

### **PHYSICAL APPEARANCE**

#### **Males**

**Afros not to exceed 2 inches of bulk**

No jewelry

No unnatural hair coloring

**Hair length-top of ears, collar, eyebrows**

No extreme hair styles-spikes, braids, cornrows, etc.

**Clean shaven-earlobe to earlobe (well-groomed moustaches are allowed)**

**Tattoos or other permanent body markings must be covered at all times.**

#### **Females**

No distracting hair coloring (**Administration discretion**)

No extreme hair styles-spikes, etc.

One **pair** of earrings (one earring per ear), **no other jewelry**

Fingernails must not extend 1/4" past fingertips

**Violation of dress code: 1<sup>st</sup>-1 day ISS; 2<sup>nd</sup>-2 days ISS; 3<sup>rd</sup>-3 days home; 4<sup>th</sup>-5 days home; 5<sup>th</sup>-withdrawal from the Crossroads Center.**

**I agree to abide by the mandatory uniform dress code policy at the Crossroads Center.**

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

*Houston County Crossroads Center*  
*Internet/Computer Acceptable Use Policy*

This internet/computer use policy is superceded by any and all policies set forth by the Houston County Board of Education.

**\*\*Computer(s)** is defined as all computer units, printers, keyboards, drives, monitors, mice and software.

*Educational Use*

- ❖ Computers are to be used for educational purposes only. This includes, but is not limited to, classroom activities, career development, and teacher specified self-discovery activities.
- ❖ Computers within the HCRC are not considered public access vehicles. Administration reserves the right to restrict access to certain sites and materials deemed inappropriate for student use.
- ❖ Computers are not to be used for commercial purposes. This includes, but is not limited to, selling, purchasing, or soliciting materials and goods online.
- ❖ Computers may not be used for chat rooms or forums or to solicit political gain.

*Internet Access*

Student will have internet access through Houston County Board of Education for educational purposes only.

- ❖ Transmission of personal contact information of student's names, addresses, phone numbers, school address and other relevant data is not permitted.

**The following are considered illegal activities and as such may be punishable.**

- ❖ Students shall not attempt to gain unauthorized access to any Houston County Board of Education system or any other system outside beyond their authorized access. This includes, but is not limited to, attempting to log on under someone else's identity, attempting to access another person's computer or files.
- ❖ Deliberate attempts to disrupt or destroy the computer or computer system via viruses, changing of settings or going beyond the authorized parameters are considered illegal.
- ❖ Any attempt to sale or procure alcohol or drugs.
- ❖ Any type of criminal gang activity.
- ❖ Any form of threatening the safety of another person or destruction of a person's property.
- ❖ Any violation of local, state, or national laws.
- ❖ Language that is profane, obscene, lewd, vulgar, rude, inflammatory, threatening or disrespectful is not allowed.
- ❖ Information/Comments that could cause damage, disruption, indicate personal attacks, including prejudicial or discriminatory attacks, harassment of another person or comments that contain defamatory information against another person/group is strictly prohibited.
- ❖ Access to material that is profane, obscene, pornographic, promotes illegal acts, violence or discrimination is restricted. If such material/sites is mistakenly accessed the teacher or technology coordinator must be notified immediately. This protects your claim against any violation of policy.
- ❖ Downloading of files/programs is prohibited unless prior permission is given by a school official or technology coordinator.

Any and all material on your computer or material accessed is subject to review at any time by teachers, school officials, or technology coordinator. In other words, you have very limited privacy with respect to the computer.

**The Houston County Board of Education places no warranty either expressed or implied on the computers, the network or internet with respect to safety, privacy or offensive sites.**

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Parent/Guardian Signature

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Student Signature

HOUSTON COUNTY CROSSROADS CENTER

Ronnie Walker, Principal

**Student Standards of Behavior Contract**

**I UNDERSTAND THAT IN RESPONSE TO THE PRIVILEGES AFFORDED ME AT THE CROSSROADS CENTER, I AM RESPONSIBLE FOR MY BEHAVIOR. I UNDERSTAND THAT VIOLATION OF ANY OF THE USUAL STANDARDS OF BEHAVIOR IN PUBLIC SCHOOLS MAY RESULT IN SUSPENSION AND/OR LOSS OF ATTENDANCE PRIVILEGES AT THE DISCRETION OF THE PRINCIPAL AND WITHOUT A HEARING.**

**Students are responsible for:**

1. Attending school and participating in class every day.
2. Being in uniform.
3. Being prepared with paper, pencil, and notebook(s) everyday.
4. Being at school before 7:55 a.m. each day. **(Arrival after 8 am will result in student being marked tardy.)**
5. Signing out through the office before leaving campus.
6. Conduct on transportation and behavior at home school. **Transportation is a privilege not a right.**

**Violations which will warrant in-school/home suspensions, banned from HCBOE property include, but are not limited to:**

1. **Any behavior that is considered to be subversive to the good order and discipline of the school.**
2. Terroristic threats/bullying students.
3. Disrupting the school and/or staff.
4. Using profane, vulgar, or obscene words.
5. Possessing contraband other than drugs, weapons or alcohol.
6. Abusing another's and/or school property.
7. Showing disrespect for authority.
8. Stealing
9. Cheating
10. Displaying inappropriate physical affection.
11. Criminal Trespass. (Each school has a designated area for Crossroads students that are riding the bus).
12. Use/Possession of Tobacco
13. Gang related activities.

**Violations which will warrant immediate expulsion from Houston County Crossroads Center are:**

1. ***Use, possession, distribution or being under the influence of drugs or alcohol.***
2. ***Possession or use of weapon.***
3. ***Profanity/vulgarity directed at staff.***
4. ***Fighting, physical abuse, assault/battery towards students/staff.***
5. ***Repeated violations of rules/regulations resulting in an accumulation of ISS/Home suspensions:***

**I agree to abide by the above contract for the Houston County Crossroads Center.**

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Legal Guardian**

\_\_\_\_\_  
**Date**

## HOUSTON COUNTY CROSSROADS STUDENTS

**Criminal trespass charges will be filed against any Crossroads student who is found in unauthorized areas of any school in the county (especially Warner Robins High School and Rumble Academy). Bus riders must remain in authorized areas while waiting for the school bus. If your bus privileges have been revoked, you are banned from all transportation provided by the Houston County Board of Education. Your parents are responsible for transporting you to and from school.**

**Alternative school students are not allowed to attend any extra-curricular activities at any Houston County Schools. If alternative school students are found in attendance at any school event, you will be asked to leave and the admission fee will NOT be refunded. You could also face criminal trespass charges. Please be reminded that you are banned from all Houston County Board of Education Property when you are suspended or expelled from school.**

**Alternative school students are not allowed to drive to school unless approved by the administration. If you are found parking on another campus, your car will be towed and you will be suspended home.**

### **Lost and Found/Confiscated Items**

***\*Items/contraband (except jewelry) that is confiscated will be kept for one (1) week. If by that time, a parent/guardian has not picked it up, it will be disposed of.***

***\*Do not stop by the office in the afternoons to pick up confiscated items. Only parents/guardians may pick them up.***

**Do not bring large sums of money to school.**

### **Arriving and Leaving Campus**

Students begin processing into the Crossroads Center at 7:15 a.m. Students should not arrive any earlier in the morning than 7:00 a.m. The school day ends at 2:40 p.m. Houston County Board of Education policy JGGA states that students should be off campus no more than 30 minutes after the school day ends. Unless prior approval is made with the administration of the Houston County Crossroads Center, **students still on campus after 3:10 p.m. will be charged with loitering on school grounds and taken to the Houston County Juvenile office on Carl Vinson Parkway.**

***\*If parents/guardians pick up students during afternoon bus dismissal, they must either park on the grass parking areas or the side access street next to the school. Under no circumstances should vehicles be in the buses only section during the hour of 1:30 p.m.-2:30 p.m.***

### **Grading**

Students will be given a numerical grade in all courses. A grade of "70" or above must be achieved to pass.

**A=90-100    B=80-89    C=70-79    F=Below 70**  
**NC=No Credit    I=Incomplete    W=Withdrawal**

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**Parent's Signature**

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**Date**

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**Student Signature**

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**Date**

**CROSSROADS CENTER IN-SCHOOL SUSPENSION CONTRACT**

I, \_\_\_\_\_, understand that I will:

1. Upon arrival at school, follow procedure for eating breakfast and homeroom procedures.
2. Leave school grounds immediately after being dismissed each day.
3. Attend ISS the number of days assigned. Unfinished work will be returned to the teacher and zeros will be given for the unfinished work.
4. When absent or tardy, bring a note of explanation from a parent or guardian with a date and phone #.
5. Remain in assigned seat in an upright position with both feet on the floor. Head and elbows must be kept off the desktop at all times.
6. Stay awake at all times. Sleeping will result in extra days or being sent home.
7. Refrain from talking or communicating **in any way** with other students, or **leaving your desk** except as specifically authorized by the ISS teacher.
8. Refrain from chewing gum and from eating any food except as a part of lunch.
9. Abide by all school rules as explained in the Crossroads Center Student handbook.
10. Not engage in **PERSONAL GROOMING** in the ISS classroom.
11. Abide by the dress code standards as outlined by the Board of Education and Crossroads Center.
12. Have three restroom breaks per day: mid-morning, lunch and mid-afternoon.
13. Serve an extra day if tardy or leaves school early for any reason either **excused or unexcused.**
14. Walk in a very regimented and disciplined manner in a single file line without talking or communicating to anyone.
15. When responding in the ISS classroom, you will speak in a **respectful** manner.
16. A strike policy will be in effect for ISS rules infractions. This means that whenever a rule is broken, it will be documented and the disposition for these infractions will be as follows:  

**3 strikes=1 extra day added**  
**6 strikes=2 Home suspension**
17. **If a student is suspended home from ISS, being assigned to ISS MAY NOT be an option. Home suspension may be used in lieu of ISS.**

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

## Parent Release Form

Dear Parent,

Photographs and/or video may be taken of your child while she/he is participating in school activities by either media or school system representatives. The photograph may possibly be published in the newspaper, on the Web site, or used on an exhibit board, and the video may be used for a TV broadcast or as part of videotape.

Please sign the release form below indicating whether the Board of Education and/or the media have permission to use your child's photograph and/or video. **Only photographs and/or video of children with signed permission forms will be used.**

**\*\*These photographs/videos will only be published to recognize your child for exemplary work/behavior while at the Crossroads Center.**

\_\_\_\_ Yes, I will allow pictures or video taken of my child to be published and/or broadcast.

\_\_\_\_ No, I will not allow my child's photograph or video to be published and/or broadcast.

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

**HOUSTON COUNTY CROSSROADS APPLICATION AND INFORMATION**

Date \_\_\_\_\_/Update \_\_\_\_\_/Update \_\_\_\_\_/Update  
\_\_\_\_\_

Student's Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Entered from \_\_\_\_\_ Zoned School \_\_\_\_\_ Student Grade \_\_\_\_\_

Father/Guardian' Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_ E-mail \_\_\_\_\_  
Employment location \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_ E-mail \_\_\_\_\_  
Employment location \_\_\_\_\_

Student lives With: Both Parents Mother Father Other

Contacts (other than Parent) **1st Number to Contact is:** \_\_\_\_\_  
(For any health or discipline issues)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Does your student receive free or reduced lunch? **Free Reduced Neither**

Is your student on Probation? **Yes No Pending**

If so, Probation Officer's Name \_\_\_\_\_

**Student currently served by Special Education? Yes or No if so, how many segments?**  
\_\_\_\_\_

Is student currently on SST? Yes or No Is student currently on a 504 plan? Yes or No

**In the event emergency transportation is required for my student, I understand all expenses are the responsibility of the parent/guardian. Parent Signature \_\_\_\_\_**

**I have received a copy of the Student Code of Conduct and Student Handbook. I also agree to abide by the mandatory Dress Code Policy at Crossroads.**

**Student Signature \_\_\_\_\_ Date \_\_\_\_\_**

**HOUSTON COUNTY BOARD OF EDUCATION**

**Crossroads Student Enrollment Form**

**Enrollment Date:** \_\_\_\_\_

Has student ever attended a public school in Houston County? Yes / No If yes, name of School/Grade/Year \_\_\_\_\_

If student is transferring from another Houston County School, does **Either** parent now reside in another Houston County School Zone? Yes / No  
If Yes, give name and address of that parent: \_\_\_\_\_

**Student Name:**  
**LAST:** \_\_\_\_\_ **FIRST:** \_\_\_\_\_ **MIDDLE :** \_\_\_\_\_ **Preferred Name::** \_\_\_\_\_

Homeless: Yes / No		Apartment Complex / Mobile Home Park / Subdivision:		City: _____	
Address: House Number & Street Name:				Zip Code: _____	
Home Phone:	Cell Phone(s):	Grade:	Sex:	Race:	<b>Social Security Number:</b>

Enrolled from: School _____				<b>Date of Birth:</b>	
School's Address _____		School's Phone # _____		<b>Place of Birth:</b>	
City _____ State _____		School's Fax # _____		City: _____	
Student Lives with: both parents one parent natural/step-parent guardian foster parent				State: _____	
				Country: _____	

<b>Transportation:</b> (please circle one)	Father's / Step-father's / Guardian's NAME: _____	<b>If new to U.S. - Date of entry into United States:</b>		
	* Parent Picks Up	Work Phone: _____	Employer : _____	
* Drives		Cell Phone: _____	Location: _____	
* Walks		Email Address: _____	_____	
* Rides Bus #: _____	Mother's / Step-mother's / Guardian's NAME: _____	Work Phone: _____	Employer: _____	
		Cell Phone: _____	Location: _____	
		Email Address: _____	_____	

Emergency contact person: (besides a parent)	Relationship to student:	Home Phone: _____ Cell Phone: _____
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**Previous Inter-Scholastic Activities Information:**

Has student participated in any inter-scholastic activities at previous school? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, list activities and which year and semester: \_\_\_\_\_

**Request a copy of our GHSA Handout. Read the GHSA Document carefully before signing this form.**

**Enrolled in following programs?** Gifted \_\_\_\_\_ Spec Ed \_\_\_\_\_ Speech \_\_\_\_\_ Hearing \_\_\_\_\_ Vision \_\_\_\_\_ ESOL \_\_\_\_\_ Migrant \_\_\_\_\_ 504/SST \_\_\_\_\_

<p><b><u>SPECIAL EDUCATION</u></b></p> <p>1. Has your child ever received Special Education services? Yes / No</p> <p>2. Is your child currently receiving Special Education services? Yes / No</p> <p>3. Has your child ever been tested for Special Education services? Yes / No</p> <p>4. Has your child ever been recommended for Special Education testing? Yes / No</p> <p>5. Is your child receiving services for Speech? Yes / No</p>	<p><b><u>LANGUAGE SURVEY</u></b></p> <p>1. What was the language(s) the student first learned to speak?</p> <p>2. What language(s) does the student now speak at home?</p> <p>3. What language(s) does the student speak most often?</p>
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List any health concerns: \_\_\_\_\_

List any medications: \_\_\_\_\_

Are any of the above medications administrated at school? Yes / No Which ones? \_\_\_\_\_

**Course of study:** College Prep \_\_\_\_\_ Career / Tech \_\_\_\_\_

I understand that I must provide these two GEORGIA DHR Forms. <u>Upon enrollment:</u> 1) 3231 - Immunization Record; and 2) 3300 - EED (Ear/Eye/Dental Screening)	<b>Signature of Enrolling Parent/Guardian of Student:</b> _____
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**SECTIONS BELOW TO BE COMPLETED BY SCHOOL OFFICIALS ONLY**

Immunization 3231?	EED 3300?	Withdrawal Form?	Proof of Residence?	Social Security Card?
Records requested on:		First Day of Attendance:		Neighborhood Code:
Homeroom Teacher:		FTE: # 100000-	HCBOE Student ID #:	Bus #:

**Exceptionality Checklist of Permission & Referral Forms:**  
 Confidential Records \_\_\_\_\_ Request to Evaluate \_\_\_\_\_ Request for Psychological Services \_\_\_\_\_

Signature of employee completing this section:	Date:
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## ETHNICITY REPORTING - FEDERAL REQUIREMENT

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Please answer BOTH questions 1 and 2 below:

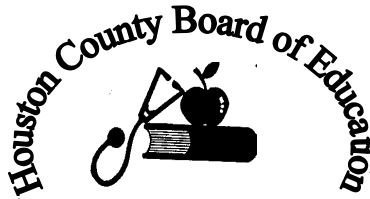
### 1. IS THIS STUDENT HISPANIC OR LATINO? (*CHOOSE ONLY ONE*)

- NO:** Not Hispanic or Latino
  
- YES:** Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

### 2. WHAT IS THE STUDENT'S RACE? (*CHOOSE ONE OR MORE*)

- NATIVE AMERICAN INDIAN OR ALASKA NATIVE**  
A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
  
- ASIAN**  
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
  
- BLACK OR AFRICAN AMERICAN**  
A person having origins in any of the black racial groups of Africa.
  
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER**  
A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  
- WHITE**  
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Houston County Student Health Record

Health Related Services



Student's Name: \_\_\_\_\_ Student's ID #: \_\_\_\_\_ DOB: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Mother's Work: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Mother's Email Address: \_\_\_\_\_  
 Father's Work: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Father's Email Address: \_\_\_\_\_  
 Emergency Contacts (*Is the person on the pick-up list?*): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

List brothers/sisters and the school(s) they attend: \_\_\_\_\_

Student's Current Medical History: (*Check All That Apply*)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Anemia  | <input type="checkbox"/> Cystic Fibrosis                                     | <input type="checkbox"/> Rheumatic Fever          |
| <input type="checkbox"/> Arthritis   | <input type="checkbox"/> Diabetes:   | <input type="checkbox"/> Seizures:                |
| <input type="checkbox"/> Asthma Inhaler: <input type="checkbox"/> Y / <input type="checkbox"/> N | <input type="checkbox"/> Insulin injection or <input type="checkbox"/> Pump  | (Type: _____ VNS _____)                           |
| 1. Seasonal <input type="checkbox"/> 3. Mild <input type="checkbox"/>                            | <input type="checkbox"/> Fainting Spells/Dizziness                           | <input type="checkbox"/> Speech Difficulty        |
| 2. Moderate <input type="checkbox"/> 4. Severe <input type="checkbox"/>                          | <input type="checkbox"/> Frequent Headaches/Migraines                        | <input type="checkbox"/> Surgery/Hospitalization  |
| <input type="checkbox"/> Bleeding Problems/Blood Disorder  | <input type="checkbox"/> Frequent Nose Bleeds                                | <input type="checkbox"/> Vision Problems/Contacts |
| <input type="checkbox"/> Blood Pressure  | <input type="checkbox"/> Hearing Problems                                    | <input type="checkbox"/> Weight Problems          |
| <input type="checkbox"/> Bowel/Bladder Problem   | <input type="checkbox"/> Heart Murmurs/ Type: _____                          | <input type="checkbox"/> <b>Other:</b> _____      |
| <input type="checkbox"/> Bronchitis ( <i>Chronic</i> )   | <input type="checkbox"/> Heat Exhaustion                                     |   |
| <input type="checkbox"/> Cancer  | <input type="checkbox"/> Limb Loss   |   |
| <input type="checkbox"/> Cardiac <input type="checkbox"/> Chest Pain                             | <input type="checkbox"/> Missing Organs ( <i>eye, kidney, etc.</i> )         |   |
| <input type="checkbox"/> Crohns/IBS  | <input type="checkbox"/> Pacemaker or <input type="checkbox"/> Defibrillator |   |
| <input type="checkbox"/> Convulsions w/Fever   | <input type="checkbox"/> Premature Birth ( <i>Complications</i> )            |   |

Please explain any "yes" answers on the back.

Does your child have any potentially life threatening condition? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Describe how the above checked items affect your child at school. \_\_\_\_\_

Are there any known **allergies** including medication, food, environment and /or insects? \_\_\_\_\_

Describe what kind of reaction occurs with these allergies \_\_\_\_\_

Does child require Epi-Pen at school? \_\_\_\_\_

List **all** daily medication including home and school \_\_\_\_\_

Current Physician: \_\_\_\_\_ Family Pediatrician: \_\_\_\_\_ Specialist: \_\_\_\_\_

After School Program: \_\_\_\_\_

After School Daycare: (*Name*) \_\_\_\_\_

Car Ride: \_\_\_\_\_

Bus # \_\_\_\_\_



DAVID CARPENTER, SUPERINTENDENT

**BOARD MEMBERS**

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## PARENT PERMISSION LETTER

DEAR PARENTS:

State law requires that each child be provided with a comprehensive health education program to include sex education/AIDS education. The law does allow parents or guardians to exercise the option of excluding their child from sex education and AIDS prevention instructional programs.

A Sex Education Review Committee was appointed by the Houston County Board of Education. The committee is composed primarily of non-teaching parents of public school children and educators, health professionals and other community representatives. The committee also includes male and female 12th grade students.

Listed on the back are the objectives the Houston County Sex Education Review Committee has identified as those dealing with sex education/AIDS education at your child's grade level. Students may be segregated by gender for the teaching of some objectives. Curriculum and instructional materials, both print and non-print, used to teach these objectives are available for review at the schools. Should you have questions, please contact the school.

Please return this letter indicating in the boxes provided whether you will or will not allow your child, to participate in the instruction of these objectives. This letter **MUST** be on file at the school whether the response is a yes or no.

\_\_\_\_\_ *Yes, my child may participate*

\_\_\_\_\_ *No, my child may not participate*

\_\_\_\_\_  
CHILD'S NAME

\_\_\_\_\_  
PARENT /GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

P.O. Box 1850 • PERRY, GEORGIA 31069  
(478) 988-6200 • FAX (478) 988-6259  
[WWW.HCBE.NET](http://WWW.HCBE.NET)

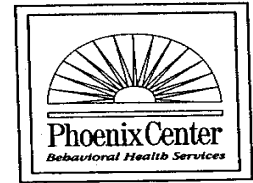


**Crossroads**



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**Cougars**



July 2008

Attn: Parents / Guardians

Adventure Quest is a non-profit prevention education program supported by the Board of Education as well as all Houston County Middle and High Schools.

Adventure Quest helps provide on-going services such as mentoring, drug and alcohol prevention, and life skills facilitation for Crossroads students. Adventure Quest services will extend from Crossroads to their transition to their home school for the first semester or more time if needed.

Adventure Quest staff will check with your child/student bi-weekly to ensure the student's adjustment at their home school will continue to have positive progress in hope of the rate at which they return to Crossroads will be reduced. However, your child/student will be held responsible for any illegal or negative acts that may hinder their success at their home school.

If you have any questions regarding the Adventure Quest Program or your student's progress please call Lisa Troxell (Prevention Supervisor) at 478-988-1222 ext. 277.

Sincerely,

Lisa Troxell & Adventure Quest Staff

A handwritten signature in cursive script that reads "Lisa D. Troxell".

**\*This is a free non treatment service.**

Student Name: \_\_\_\_\_ (Printed)

Parent Signature: \_\_\_\_\_

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

Phoenix Center Behavioral Health Services/ Adventure Quest  
Disclosure, Waiver of Liability, Medical Care Release, Participation Permission  
(PLEASE PRINT ALL INFORMATION)  
**(THIS FORM IS NOT FOR THERAPY, COUNSELING, OR TREATMENT OF ANY KIND)**

Participant Name: \_\_\_\_\_ Age(if a minor child): \_\_\_\_\_

Group/School: \_\_\_\_\_ Date: \_\_\_\_\_

**Activities Disclosure**

The Phoenix Center's Adventure Based Skill Building Program involves a variety of activities that include warm-ups, group games, group initiatives/ problem solving activities; high and low ropes course elements and other rigorous physical and emotionally challenging adventure activities. The level of participation in these activities is governed by the "Challenge by Choice" principle in which each person decides on his/ her level of participation. Although safety is the number one priority, there is a risk for physical or emotional injury to any participant.

**Participant Disclosure**

Certain health/ medical information on the participant must be provided so that the facilitators may be prepared to conduct activities according to the abilities / needs of the group or to respond appropriately if a medical need arises.

Are you presently under doctor care? Yes \_\_\_ No \_\_\_ If yes, please explain the reason/ condition.

\_\_\_\_\_

Are you presently on medication? Yes \_\_\_ No \_\_\_ If yes, please list the medication and the condition it is treating.

\_\_\_\_\_

Are there any limiting physical disabilities or handicaps (temporary or permanent)? Yes \_\_\_ No \_\_\_

If yes, please describe.

\_\_\_\_\_

Does the participant have any allergies, reactions, to medications or other medical conditions such as diabetes, seizures, or asthma?

Yes \_\_\_ No \_\_\_ If yes, please describe.

\_\_\_\_\_

**Emergency Notification Information; Provide at least one:**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician Number (\_\_\_\_\_) \_\_\_\_\_

**Waiver of Liability:**

As the individual participating in, or as the parent/legal guardian of the participant child in adventure based skill building, I understand that portions of the adventure based skill building may be physically or emotionally demanding. I understand that as the adult participant or as the parent/legal guardian of a minor child, I assume the risk of physical or emotional injury resulting from the activities. I release the Phoenix Center Community Service Board, its officers and employees, the State of Georgia and its sub-entities from all claims, demands, liabilities, loss, costs or expenses for any loss due to bodily or personal injury including death, attorney's fees, caused by, growing out of, or otherwise happening in connection with participation in adventure based skill building activities.

**Statement of Health and Permission to Seek Emergency Medical Care:**

I affirm that I, or my child, is not under a physician's care for any undisclosed condition that might endanger myself/ child's health or that of other participants or staff facilitators. In the event of a medical emergency while participating in the Phoenix Center Adventure Based Skill Building Program, I give Phoenix Center staff permission to arrange transportation for emergency medical care. I understand that emergency notifications will be made promptly in the event of serious illness or injury and that the Phoenix Center is not liable for any medical expenses incurred.

**Permission to Participate**

If the participant is a minor child, I give my permission for the child to participate in the Phoenix Center Adventure Based Skill Building Program.

Signature ( Parent/ Guardian signature if participant is under 18)

Date \_\_\_\_\_

<http://adventurequestwr.blogspot.com>

Pol 8.3 Atch 5 6/08