

East Ridge Middle School

Principal: Steve Robinson
Assistant Principals: Sharlene Hargrove
Gary Lowery

4400 Bennett Road
East Ridge, TN 37411

Phone: (423) 867-6214
Fax: (423) 867-6226

Highlight and Addition to the Handbook 2012-2013

Addition: Field Trip Policy

The Hamilton County Department of Education now requires that we alert you of the state law allowing any parent to opt out of paying for field trips taken during the school day. Many field trips at ERMS are free thanks to federal funds. Many are not, however. Those that are not covered by outside funds will have to be cancelled if requests come in for the school pay. In spite of the State Legislature's best wishes, no Hamilton County School can afford this burden.

Highlight: Cell Phone and Electronic Device Usage Policy

Cell phones and other electronic communication devices should not be used during the school day. Students may keep cell phones in their lockers during the school day. If a cell phone or other electronic device is found in a student's possession during the school day it will be confiscated. **Hamilton County Middle School Policy states:**

1. The first time a cell phone (or other electronic device) is taken from a student it will be turned over to school administrators for **ten school days**.
2. A second violation will result in a phone confiscation for **20 school days**.
3. A third violation will result in a phone confiscation for the remainder of the school year.
4. Any electronic device not picked up within one week after the last school day becomes the property of the school.
5. Schools are not responsible for any theft or loss of any electronic device whether it is confiscated or in the student's possession.

Receipt of Student Handbook

All students in attendance at East Ridge Middle School are provided an agenda. The Student Handbook is in the agenda and it is the responsibility of the student and parent / guardian to familiarize themselves with East Ridge Middle School policy and procedure.

I acknowledge that I received and reviewed a copy of the ERMS Handbook.

Parent Signature _____

Student Signature _____

HAMILTON COUNTY DEPARTMENT OF EDUCATION REGISTRATION FORM

Date Enrolled _____ Grade _____ Teacher _____

Student Name _____

_____ Last _____ First _____ Middle _____

GENDER: ☐ Male ☐ Female SSN. _____ Birth Date _____

ETHNICITY: Is the student Hispanic? ☒ YES ☐ NO (according to the US Dept. of Education, Hispanic is an ethnicity; not a race)

RACE (MUST check at least one): ☐ Asian ☐ Black ☐ American Indian/Alaskan Native ☐ Pacific Islander/Hawaiian Native ☐ White

Student Address	Street	City	State	Zip	Student's Cell Phone
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Lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other (Guardian) _____

Mother - Name (Last, First) _____ Home Phone _____

Address, if different _____ Cell Phone _____

Employer _____ Work Phone _____

Father - Name (Last, First) _____ Home Phone _____

Address, if different _____ Cell Phone _____

Employer _____ Work Phone _____

Name of Legal Guardian (if other than parent) _____ Home Phone _____

(current documentation required)

Address, if different: _____ Relationship to Student: _____

Work Phone _____ Cell Phone _____

The information requested in this box is required by the State of Tennessee for enrollment in a public school:

Student's Mother's Maiden Last Name _____ Student's City of Birth _____

Student's _____
County of Birth _____

Student's _____
State/Province of Birth _____

Student's _____
Country of Birth _____

Primary Language Spoken at Home (if other than English, complete the Home Language Survey) _____

Immigrant Student ☐ YES ☐ NO If YES, date of first U.S. Entry _____

Last School Attended _____ City/State _____ Leave Date _____

If not coming from another Hamilton County School, have you ever attended a Hamilton County School? YES NO

Siblings (list name, age, and school attending) _____

Do you have a computer in your home? ☐ YES ☐ NO Email address _____

Health/Emergency Information

Child's known health problems: ☐ Allergies ☐ Asthma ☐ Diabetes ☐ Epilepsy ☐ Heart ☐ Other

(Please provide documentation regarding any of the above health problems)

Person(s) who you would like us to call in case of emergency, if parent cannot be reached:

Name _____ Phone # _____

Name _____ Phone # _____

Emergency Permission:

Emergency Permission:
In case of emergency and I cannot be contacted, take my child to: _____ Hospital.
(I will assume financial responsibility.)

Signature _____ Family Doctor _____

DISMISSAL INFORMATION

DISMISSAL INFORMATION
Is there a court order/decreed prohibiting anyone from dismissing child? ☐ YES (copy must be on file at school) ☐ NO

Persons permitted to dismiss this child:

1 _____ 2 _____ 3 _____

Persons NOT permitted to dismiss this child:

1 _____ 2 _____ 3 _____

revised 2/2012

ER

EAST RIDGE MIDDLE SCHOOL

Steve Robinson
Principal

4400 Bennett Road
Chattanooga, TN 37412
Ph: 423-867-6214
Fax 423-867-6226

Sharlene Hargrove
Wade Kelley
Assistant Principals

THIS IS TO REQUEST A COPY OF THE SCHOOL RECORDS OF:

STUDENT'S NAME _____ Date of Birth _____

Current Grade _____ Social Security Number _____

PARENT/LEGAL GUARDIAN _____ RELATIONSHIP _____

Present Address of Parent/Legal Guardian _____

City _____ State _____ Zip Code _____

Home Telephone Number _____ Work Telephone Number _____

Previous Address of Parent/Legal Guardian _____

City _____ State _____ Zip Code _____

LAST SCHOOL ATTENDED: _____ Grade _____

Name of School _____ Street Address _____

City _____ State _____ Zip Code _____

Telephone Number () _____ Fax Number () _____

SCHOOL RECORDS REQUESTED:

1. ACADEMIC, including standardized achievement test results
2. HEALTH
3. EXCEPTIONAL EDUCATION, IF APPLICABLE
2. PSYCHOEDUCATIONAL ASSESSMENT - WISC-R, BENET, ETC.
3. INDIVIDUAL EDUCATION PROGRAM (IEP)
4. OTHER _____

DISCIPLINE RECORDS

ATTENDANCE RECORDS

SIGNATURE OF INDIVIDUAL REQUESTING COPY OF RECORDS:

Parent/Legal Guardian _____ Date _____

School Official _____ Date _____

Send to: EAST RIDGE MIDDLE SCHOOL
4400 BENNETT ROAD
EAST RIDGE, TN 37412
ATTN: Records

Homeroom Teacher _____

Grade _____

HAMILTON COUNTY DEPARTMENT OF EDUCATION
Telecommunications Student Acceptable Use Policy
For Internet & Electronic Mail Access

Hamilton County Department of Education has taken reasonable measures to prevent obscene and controversial materials from appearing on our network, but cannot completely control access to all inappropriate materials. Hamilton County Department of Education firmly believes that the valuable information, interaction and communication available on this worldwide network far out weighs the possibility that users may procure material that is not consistent with the educational goals of the school system.

I have read and agree to comply with the Hamilton County Department of Education Acceptable Use Policy. As a user of the Hamilton County School System's computer network and the Internet, I hereby agree to comply with the HCDE Acceptable Use Policy Agreement while under the jurisdiction of the Hamilton County School System. I understand that any violations of these regulations are unethical, potentially illegal, and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and disciplinary action may be taken up to and including suspension/expulsion. Deliberate misuse of hardware/software resulting in damage, will the financial responsibility of the parent/guardian.

As a Hamilton County Department of Education student, your acceptance is implied by your use of Hamilton County Department of Education's equipment.

Student's Name (Please Print)

ERMS

Location

Student's Signature

Date

As the parent or legal guardian of the student signing above, I grant permission for him/her to access networked computer services such as electronic mail (e-mail) and the Internet. I understand that he/she is expected to use good judgment and follow rules and guidelines in making contact on the telecommunication network (e.g. e0mail, the Internet). The Hamilton County Department of Education cannot be responsible for ideas and concepts that he/she may gain by his/her use of the Internet. I further understand that deliberate misuse by the student resulting in hardware and/or software damage will be the responsibility of the parent/guardian.

I understand and accept the condition stated and agree to hold harmless, and release from liability, the school and Hamilton County Department of Education.

Parent/Guardian Signature _____ Date _____

Student Name _____

School ERMS _____ Grade _____



Hamilton County Department of Education
Student Services
3074 Hickory Valley Rd
Chattanooga, TN 37421
423.209.8400
www.hcde.org

2012-2013
Attendance Notification Contract

- Tennessee State Law requires that all children between the ages of six (6) and seventeen (17), both inclusive, must attend school regularly
- Each child is allowed five (5) unexcused absences per school year. These absences do not require a note from a doctor, other professional, or parent.
- The Hamilton County Department of Education has determined that each child should also be allowed three (3) absences per school year that may be excused by a note from a parent/guardian. These should only be used in cases when a child is sick, but the parent/guardian determines that a doctor visit is not necessary.
- Following the five (5) unexcused and three (3) parent/guardian excused absences, any further absences must be excused by professional documentation. These include doctors, mental health professionals, dentists, court, or other professional services.
- Excuses must be turned in within five (5) school days of the absence. Excuses turned in past this date will not be accepted, and the absence will be unexcused.
- Once a child has reached ten (10) unexcused absences, he/she is truant. At this point, the school will make a formal referral to the School Social Worker.
- A legal notice will be mailed to the parent/guardian indicating that their child has become truant and that a petition may be filed with Hamilton County Juvenile Court.

Please print all information except signature

School _____

Student Name _____ Student Date of Birth: _____

I, _____, have read and understand the information regarding Tennessee State Law and Hamilton County Department of Education Attendance Policy as they apply to my child.

Parent/Guardian Signature _____ Date _____

*****Return this form to your child's teacher*****