



**W. O. Inman Middle School  
400 Harrison Street  
Paris, Tennessee 38242**

**Mr. Jason Scarbrough, Principal  
Mr. Bob Markum, Assistant Principal  
Ms. Judy Varner, Assistant Principal**

Student Name: \_\_\_\_\_

Classroom Teacher: \_\_\_\_\_

Grade: \_\_\_\_\_

I have received the Inman Middle School Student Planner Handbook. I am aware of the Parent Teacher Compact, Bus Rules, Internet Acceptable Use, Weapons, Firearms, and Zero Tolerance Policies that are included in the handbook. I understand that it is my responsibility to review the handbook in its entirety with my child. In order for my child to be successful at Inman, I will support my child and the school in their endeavors.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

# INMAN MIDDLE SCHOOL

## PARENTAL AUTHORIZATION ALLOWING IN-SCHOOL

### MEDICATION/TREATMENT

I request the school nurse to see that my child receives the medication I have supplied.

**Prescription Medication:** I understand that prescription medication must be in the container in which it was purchased; the name of the medication, dosage and times to be given, and physician's name must be printed on the container label. I will obtain from the physician *Standing Orders* for my child should the nurse request more detailed instructions.

**Over-the-counter Medications:** I understand that over-the-counter medication (Tylenol, NSAIDS, antacids, cough medication, throat lozenges, etc.) must be provided by the parent in the original container and must be accompanied with instructions for administration.

**Prescribed Treatment:** I will obtain from the physician *Standing Orders* for my child for the nurse to follow. The nurse has permission to contact the physician if there are medical concerns about my child.

**All medication must be brought directly to the office by the parent or guardian for the nurse or her designee to store throughout the day or designated time. No medication will be administered without the completion of this form and the signature of a parent or guardian. All medication must be picked up by the parent/guardian by the last day of school. It cannot be kept at school during the summer.**

I give permission to the school nurse or designee to administer medication I have provided, as instructed on the medication container label, to administer first aid treatment when necessary, and/or administer treatment as prescribed in *Standing Orders* from the physician. I also agree to allow the nurse to share health information with school staff on a need-to-know basis.

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

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Homeroom Teacher

\_\_\_\_\_  
Student's Primary Physician

\_\_\_\_\_  
Date

List all known allergies (medication, foods, bee stings, dust pollen, etc.)

\_\_\_\_\_

List any special medication, procedures or direction that the school nurse or designee needs to know.

\_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

PARIS SPECIAL SCHOOL DISTRICT

PARENT / STUDENT / TEACHER COMPACT

STUDENT NAME \_\_\_\_\_

***PARENT/GUARDIAN AGREEMENT***

(Any person who is interested in helping this student may sign in lieu of the parent.)

I want my child to achieve. Therefore, I will encourage him/her by doing the following:

- \_\_\_\_\_ See that my child is punctual and attends school regularly.
- \_\_\_\_\_ Support the school in its efforts to maintain proper discipline.
- \_\_\_\_\_ Establish a time for homework and review it regularly.
- \_\_\_\_\_ Provide a quiet, well-lighted place for study.
- \_\_\_\_\_ Encourage my child's efforts and be available for questions.
- \_\_\_\_\_ Stay aware of what my child is learning.
- \_\_\_\_\_ Encourage the use of library facilities.
- \_\_\_\_\_ Read with my child and let my child see me read.

Signature \_\_\_\_\_

***STUDENT AGREEMENT***

It is important that I work to the best of my ability. Therefore, I shall strive to do the following:

- . Attend school regularly.
- . Come to school each day with pens, pencils, paper, and other necessary tools for learning.
- . Complete and return homework assignments.
- . Observe regular study hours.
- . Conform to rules of student conduct.

Signature \_\_\_\_\_

***TEACHER AGREEMENT***

It is important that students achieve. Therefore, I shall strive to do the following:

- . Provide homework assignments for students.
- . Provide necessary assistance to parents so that they can help with the assignments.
- . Encourage students and parents by providing information about student progress.
- . Use special activities in the classroom to make learning enjoyable.

Signature \_\_\_\_\_

**Paris Special School District Coordinated School Health  
Health Screening  
Parental Information/Permission Form**

The Paris Special School District Coordinated School Health Program will be conducting free Health Screenings for children in grades Pre-K, K, 2, 4, 6 and 8. The purpose of these screening is to gain valuable data that will help us assess the needs of our students in regards to their health. The Coordinated School Health Program is a state mandated program and is funded through the Tennessee Department of Education Coordinated School Health Improvement Act TCA 49-1-1002. The screenings are strictly voluntary; however, we would like for all students to participate. We need a high percentage of participation in order for the results to reflect a true picture and accurate data. No action will be taken against the school, you, or your child, if your child does not participate.

Your child's privacy will be protected at all times. We take confidentiality seriously and will take all measures necessary to ensure the privacy of each child.

Screenings will be conducted at each school for vision, hearing, height, weight, BMI, blood pressure, and mile run (grades 2, 4, 6, and 8). Students in 6<sup>th</sup> grade will also be offered a scoliosis screening. For those interested, a separate consent for the scoliosis screening will be required later in the school year.

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My child may take part in all screenings.

My child may **not** take part in any screenings.

For more information or if you have questions pertaining to any of the screenings or the Coordinated School Health Program, you may contact your school nurse at 642-8131.

Sherry Wagner  
Paris Special School District  
Coordinated School Health Coordinator  
1219 Highway 641 South  
Paris, TN 39242  
731-642-9322

## Inman Middle School Laptop Guidelines

### General Information

The notebook and carrying case that you are being issued is the property of the Paris Special School District. It is being issued to you as a student of Inman Middle School. It is assigned to you and your family and must be returned at the end of the school year or if you leave the school district. Each laptop is identified by a serial # and you must return the one issued to you. These are not the permanent property of the student.

### Important points:

- The laptop that you are being issued is an educational tool and should only be used in that capacity.
- Your laptop should be in your possession or in a secure location at all times.
- Teachers will have administrative control so that at any time a teacher may "look" at what you have on your computer
- The school will record your password which will be held in confidence among school personnel. Parents/guardians are entitled to their child's password. **KEEP YOUR PASSWORD CONFIDENTIAL.**
- You may not print without teacher permission.
- The recharging of your laptop will take place in an assigned location in your classroom when left at school but will be the sole responsibility of the student when the computer is taken home.
- Do not install any software, shareware, or freeware. This includes running any application stored on a CD. You are prohibited from using "computer to computer networks."
- Any inappropriate use or neglected care of the laptop or its carrying case should be reported immediately.
- If you are responsible for any inappropriate use or neglected care of a computer, you will receive consequences as deemed appropriate by school personnel.
- The school's acceptable use policy should be followed at all times.

## Care of Your Laptop

- Once a laptop is issued to you and your family, you are ultimately responsible for it at all times. If lost, stolen, or damaged, you and your family are obligated to replace it.
- The laptop should never be left unattended.
- Keep your laptop in the carrying case when not in use.
- Do not physically mark up the laptop or its carrying case. Your computer should be clean at all times and appear to be brand new. (Do not write on it; put stickers on it, etc.)
- Leaving your computer behind in a classroom unattended, in an unsupervised area such as the lunchroom, or not putting the computer away properly will lead to disciplinary action by your teachers.
- Failing to bring the computer to school in the morning will cause you not to have a computer for the day's activities.
- Keep all food and drinks away from your laptop.

## Taking your laptop home

- Taking your laptop home is a privilege. This can be revoked.
- Before you will be allowed to take the laptop home, you must have an agreement form signed by you and your parent on file.
- When at home, your laptop will always be used in a common family location with adult supervision.

I hereby agree to all the above general guidelines:

Printed Student Name: \_\_\_\_\_

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

Printed Parent/Guardian Name: \_\_\_\_\_

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