## **PLACEMENT & TRANSPORTATION PAGE**

## **Gifted Program @ Calhoun County Academy**

1200 Church Ave SE Jacksonville, AL 36265

Dear Parent/Guardians:

Your child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is eligible for services in the Calhoun County Gifted Program. Please sign, date, and return this placement page. Feel free to contact me with any questions.

Sincerely,

Mrs. Laurinda Watson

Phone: 741.4651 Email: [lwatson.av@ccboe.us](mailto:lwatson.av@ccboe.us) Website: [http://watsongifted.weebly.com](http://watsongifted.weebly.com/)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature & Date Parent/Guardian Signature & Date

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School/Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NUMBER TO CALL FIRST**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address (PLEASE WRITE NEATLY)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any Medical Allergies/Medical conditions of student**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all names of all adults authorized to check out your child from the Career Academy or who may be contacted in case of emergency.

Name Phone Number Relationship

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE COMPLETE THE BACK OF THIS FORM

## **PLACEMENT & TRANSPORTATION PAGE #2**

**Gifted Program @ Calhoun County Career Academy**

**(1)** My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, will be riding the school bus to/from the Calhoun County Career Academy, located in Jacksonville, Alabama, to attend the gifted class each week.

**(2)** Gifted Class and Career Academy follow the Calhoun County Code of Student Conduct. Your child is expected to comply with the policies, rules and regulations set forth in the Handbook.

**(3) Please check all that apply:**

**YES NO**

**\_\_\_\_ \_\_\_\_ Written publications and television:**

I give permission for my child’s name, photograph or other likeness, and /or selected work to be used in systempublications, local newspaper articles, other written publications, or on television, in connection with the school system’s efforts to promote or publicize student accomplishments and/or school system activities.

\_\_\_\_ \_\_\_\_ **Website:**

I give permission for my child’s likeness, first name, voice, and/or selected school work to be used on the school system’s website, which I understand may be accessible to anyone using the Internet.

\_\_\_\_ \_\_\_\_ **BYOD**:

I give permission for my child to participate in the technology initiative of Bring Your Own Device to gifted class on the Career Academy campus. Devices will be used by your child during activities specified by the teacher.

**(4) Required for system network access:**

As a user of the Calhoun County Schools computer network, I hereby agree to comply with the Student Acceptable Use and Internet Safety Policy, the Code of Student Conduct, and all other relevant policies and laws, and to communicate over the network in a reliable and responsible manner.

**STUDENT Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Required for Independent Use of Email and Internet:**

As the parent or legal guardian of the minor student signing above, I grant permission for my son or daughter to access networked computer services such as electronic mail and the Internet. I understand that individuals may be held liable for violations, I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of Internet use—setting and conveying standards in accordance with Board policy for my daughter or son to follow when selecting, sharing or exploring information and media.

**My signature acknowledges that I have read the above information:**

**Parent Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_