

STUDENT: _____ DATE: _____

CHS Enrollment Checklist

The following must be provided at the time of registration/transfer of enrollment:

PERSONAL DOCUMENTATION

Initial.....

- _____ Parent/Guardian accompany student to enroll at CHS, **provide custody papers if applicable.**
- _____ 2 proofs of residency in Putnam County (ex: utility bill, lease, etc with Putnam county address.....must be in parent/guardian name and student must reside at that address)
- _____ TN Immunization Record (may be obtained at the Putnam Co. Health Dept.)
- _____ Birth Certificate (provide court documentation if there's a name change)
- _____ Social Security Card

SCHOOL DOCUMENTATION

Initial.....

- _____ Transcript/Report Card/Withdrawal form from previous school
- _____ Attendance record from previous school
- _____ Discipline/conduct record from previous school
- _____ **Does your student have any special services in place?.....Y/N**
if Yes...Is it current?.....Y/N

Please check all services that apply:

- | | |
|--|--|
| * _____ IEP (Individual Education Plan | * _____ Visual Impairment |
| * _____ 504 | * _____ IHP (Individual Health Impairment) |
| * _____ Speech | * _____ Hearing Impairment |
| * _____ Occupational therapy | * _____ Any Other....._____ |
| * _____ Social Work | |

THE ENROLLMENT PROCESS MAY BE DELAYED IF THESE ITEMS ARE NOT PROVIDED.

By signing this document, I attest that the above information is true and correct to my knowledge....

Parent/Guardian Signature

Date



COOKEVILLE HIGH SCHOOL

1 Cavalier Drive – Cookeville, TN 38501
Phone: 931-510-2127, Fax: 931-510-1381

9th & 10th Grade

(A-G) Lindsay Spain, lspain@pcsstn.com
(H-O) Judy Hadlock, jhadlock@pcsstn.com
(P-Z) Leigh Miller, leigh.miller@pcsstn.com

11th & 12th Grade

(A-L) Stephanie Hardin, shardin@pcsstn.com
(M-Z) Lori Strode, strodel1@pcsstn.com

Administrative Assistants:

khoffmeyer@pcsstn.com

tonya.bryant@pcsstn.com

RELEASE OF INFORMATION

STUDENT: _____ D.O.B.: _____

GRADE: 9 10 11 12

The above named student has requested to enroll in our school. Please send the following:

1. Official transcript
2. Grades earned to date in all classes this school term
3. Health immunization record
4. Test scores
5. Home Language Survey/ESL documents/WIDA Test scores
6. Discipline/Attendance report
7. Special Education records/ IEP if applicable
8. 504 Plan if applicable
9. COPY OF BIRTH CERTIFICATE AND SOCIAL SECURITY CARD

Signature of Parent or Guardian

Date

CHS Counselor

Last School Attended: _____

Address: _____

Phone: _____

Fax: _____

Has your student ever been in a Putnam County School? Y/N.....if Y, where? _____

Official Use Only

SCHOOL ZONE

PUTNAM COUNTY SCHOOLS STUDENT REGISTRATION FORM

(Please Print)

Official Use Only

Today's Date: _____ School: _____ Grade: _____

STUDENT INFORMATION

										<input type="checkbox"/> Male <input type="checkbox"/> Female	
(Last Name)		(First Name)		(Middle Name)		(Preferred Name)					
Social Security Number		Date of Birth		Birth City		Birth County		Birth State		Birth Country	
Physical Address:		Apt/Lot #: (If applicable)		City:		State:		Zip:		Home Phone #: ()	
Mailing Address: <input type="checkbox"/> Same as above		Apt/Lot #: (If applicable)		City:		State:		Zip:			
Ethnicity:		<input type="checkbox"/> African American		<input type="checkbox"/> American Indian and Alaska Native		<input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic		<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	
Native Language		First Language Spoken		What language is spoken at home?		What language is spoken most often?		What language is read at home?			
Transportation:		<input type="checkbox"/> AM Bus		<input type="checkbox"/> PM Bus		<input type="checkbox"/> # of Miles from home _____		<input type="checkbox"/> Bus # _____		<input type="checkbox"/> Car Rider	
		<input type="checkbox"/> Walker		<input type="checkbox"/> SAC		<input type="checkbox"/> Daycare Bus					
Previous School Attended:				District:				State:			

MEDICAL INFORMATION

What special services, if any, did student receive last year?		List:	
Will student receive medication at school?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Allergies?		List:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
List any other medical conditions:			

EMERGENCY INFORMATION

Who has custody of student? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/> Other:			
Who does student live with? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/> Other:			
<u>Mother</u>		<u>Father</u>	
Name:		Name:	
()		()	
Home phone #		Home phone #	
Cell phone #		Cell phone #	
Work phone #		Work phone #	
Employer:		Employer:	
Parent/Guardian Email:		Parent/Guardian Email:	

SIBLING INFORMATION

Name	School	Grade	Name	School	Grade

LOCAL EMERGENCY CONTACTS

Local Emergency Contact (other than Parent or Guardian):	Relationship:	Home phone #	Cell phone #	Work phone #
		()	()	()
		()	()	()
		()	()	()

Parent/Guardian signature: _____

Date: _____

Homeless Survey: Where does your child stay at night? (Please check one.)

Home/apt. owned or rented by parent/guardian
 In a motel In an automobile A campsite In inadequate housing (i.e. no electricity, running water, etc.)
 Other housing (please explain) _____

Revised 03/15/11

IN ORDER TO PROTECT THE SAFETY OF ALL CHS STUDENTS, PLEASE
READ THIS LAW AND SIGN BELOW.

An act to amend Tennessee Code Annotated, Title 37 and Title 49, relative to
juvenile offenders.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE
STATE OF TENNESSEE

SECTION I Tennessee Code Annotated, Title 49, Chapter 5, Part 30, is amended by
adding the following language as a new, appropriately designated section:

Section 49-5-30_____. Notwithstanding any provision of law to the contrary, when
a student initially enrolls in a local education agency, resumes school attendance after
suspension, expulsion, or adjudication of delinquency, or changes schools within the
local education agency, the parents or guardians of such student shall notify in writing the
school principal of the nature of the offense, if such student has ever been adjudicated
delinquent for an offense involving first degree murder, second degree murder, rape,
aggravated rape, rape of a child, aggravated robbery, especially aggravated robbery,
kidnapping, aggravated kidnapping, especially aggravated kidnapping, aggravated
assault, or felony reckless endangerment. Such information shall be shared only with
employees of the school having responsibility for classroom instruction of the child, but
such information is otherwise confidential and shall not be shared by school personnel
with any other person or agency except as may otherwise be required by law. This
written notification shall not become a part of such child's student record.

SECTION 2 This act shall take effect July 1, 1999, the public welfare requiring it.

I HAVE READ THE ABOVE INFORMATION AND UNDERSTAND
THE LAW (49-5-30) AS STATED.

_____ My child has never been convicted of said offenses.

_____ My child has been convicted of offenses as stated above. I understand that I must
notify the principal of said offenses in writing before my child may be enrolled.

STUDENT NAME

PARENT SIGNATURE

DATE

Putnam County Schools

Home Language Survey

The state of Tennessee requires every district to collect a *Home Language Survey* for every new student. This information is used to identify the students whose families speak a language other than English at home. This form will be used to identify the students who are required to be assessed for English language proficiency using the WIDA-ACCESS Placement Test to determine services in accordance with Tennessee state legislature Rule 0520-1-3-.056. a. 1 and 2 ii. Answers on this form do not automatically admit students into an English-learning program.

Student Information

Name of Student: _____ Birth Date: _____ Gender: Male Female
Address: _____
Home Telephone: _____ Work Telephone: _____

School Information:

School: _____ Grade: _____
Enrollment Date: ___/___/20___ Graduation Class: ___20___ Records received from sending district? Yes No

Questions for Parents/Guardians:

1. What is the first language this child learned to speak?

English Español Other _____

2. What language does this child speak most often outside of school?

English Español Other _____

3. What language do people usually speak in this child's home?

English Español Other _____

4. Was this child born in the United States? Yes No

If yes, in which state? _____ If no, in what other country? _____

5. Has this child attended any school in the United States for any three years during their lifetime? Yes No

If yes, please provide school name(s), state, and dates attended:

Name of School _____ State _____ Dates Attended _____

Name of School _____ State _____ Dates Attended _____

Name of School _____ State _____ Dates Attended _____

Parent/Legal Guardian _____

Date _____

Translator/Transcriber _____

Date _____

For ESL Use Only:

Date reviewed by ESL Teacher: _____

Yes No Does this students require ESL screening? Date Tested: ___/___/20___

Yes No Has this student received screening results? Date guardian notified: ___/___/20___

Yes No Has this sudden been classified as English Language Learner?

Student ID # _____ Date Distributed: ___/___/20___ Date Received: ___/___/20___

Processed by: _____

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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**Putnam County Schools
Coordinated School Health
Medical Information Form**



Student Name: _____ DOB: _____ Grade: _____

School: _____ Homeroom Teacher: _____

Parent/Legal Guardian: _____

Home #: _____ Work #: _____ Cell #: _____

Please list any medical condition your child may have that may require attention while he/she is at school (diabetes, asthma, seizures, severe allergies requiring EpiPen, etc.):

Food Allergies: _____

Medication Allergies: _____

Please list any medication(s) your child will receive at school on a regular basis (Epi-pens, Insulin, inhalers, etc):

Medication Name:	Dose/Amount to be given:	Route to be given:	Time of Day to be given:
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your child had any head injury? YES NO If yes, did your child become dazed or lose consciousness? YES NO

Circle cause of Injury: Fall Car/Motor Vehicle accident Sports related Other (specify):

Please list in order from first to last, the names and phone number of who should be contacted should your child become sick at school. We **must** have at least 2 different phone numbers.

Name	Relationship	Home Phone	Work Phone	Cell Phone
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I understand that it is my responsibility to keep this information current. Please notify the School Nurse and provide an updated/current form if any changes occur. I authorize the School Nurse to provide care to meet my child's medical needs while at school.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature gives PCSS permission to disclose and receive medical information on this student

Date Received _____ Received by: _____ (Clinic Nurse Signature)



PUTNAM COUNTY SCHOOL SYSTEM

ENGAGE INSPIRE ACHIEVE

Dear Parent/Guardian,

In accordance with state law TCA 49-6-1404, Coordinated School Health will be conducting school health screenings for all students in grades K, 2, 4, 6, 8 and High School Wellness Classes. Pre-K screenings will include vision and hearing only. When a health concern is identified early through a regular school health screening, steps can be taken to access needed health care so that health and academic issues do not develop into serious problems.

Protecting the confidentiality of student health information is a priority for your child. Your child will not be given any results of his or her screening the day of the screening. If you would like a copy of the results please contact the school nurse. It is the parent/guardian's decision to share the information with the student.

Please keep in mind health screenings are only a tool since there can be valid reasons a child scores outside the recommended range. Screenings simply provide a piece of information for the parent/guardian to gain awareness of the general health status of their child. We recommend any questions and concerns be addressed with your family physician.

If you **DO want** your child to receive these screenings at school please complete this form and return it to your child's school. If you choose to have your child complete some of the screenings and not others, please check which screenings you **DO want** your child to complete. **Students will not be screened if this form is not received at the school.**

Office of Coordinated School Health
931-525-4707

NOTE: Changed to check which screenings you WANT your child to have. If none are checked no screenings will be performed even if the form is signed.

I **DO** want my child to be screened for one or more of the following (check one or more of the items below):

BMI Blood Pressure Vision Hearing

Child's Name: _____ Grade: _____

Parent/Guardian Signature _____ Date _____



SISTEMA ESCOLAR DEL CONDADO PUTNAM

ENGAGE INSPIRE ACHIEVE

Estimado Padre/Tutor,

De acuerdo con la ley estatal TCA 49-6-1404, la salud coordinada de la escuela llevará a cabo exámenes de salud escolar para todos los estudiantes en las clases de K, 2, 4, 6, 8 grados y las clases de Bienestar de la High School. Los exámenes de Pre-K incluirán solamente visión y audición. Cuando un problema de salud se identifica temprano a través de un examen regular de salud escolar, medidas pueden ser tomadas para acceder a la atención médica necesaria para que las cuestiones de salud y académicas no se desarrollen en problemas serios.

Proteger la confidencialidad de la información de salud del estudiante es una prioridad para su hijo. A su hijo no se le dará ningún resultado de su examen el día de la examinación. Si desea una copia de los resultados, comuníquese con la enfermera de la escuela. Es la decisión del padre/tutor de compartir la información con el estudiante.

Tenga en cuenta que los exámenes de salud son solo una herramienta, ya que puede haber razones válidas para que un niño anote fuera del rango recomendado. Los exámenes simplemente proporcionan un poco de información para que el padre/tutor obtenga conciencia del estado general de la salud de su hijo. Recomendamos que cualquier pregunta y preocupación se hablen con su médico.

Si usted **desea que** su niño reciba estas exámenes en la escuela, por favor complete este formulario y devuélvelo a la escuela de su niño. Si decide que su hijo complete algunos de los exámenes y no otros, por favor verifique qué exámenes **DESEA que** su hijo complete. **Los estudiantes no serán examinados si este formulario no es recibido en la escuela.**

Oficina de la Salud Coordinada Escolar
931-525-4707

NOTA: Cambiar para marcar qué exámenes DESEA que su hijo tenga. Si no marca ninguno, no se harán los exámenes aunque firmen el formulario.

Yo **deseo que** mi niño sea examinado para uno o más de los siguientes (marque uno o más de las cosas debajo):

___ IMC ___ Presión Arterial ___ Visión ___ Audición

Nombre del Niño: _____ Grado: _____

Firma del Padre/Tutor _____ Fecha _____

Putnam County Schools System
Coordinated School Health
Parent Information

If your child has a medical condition that might require special action or attention, please contact the Coordinated School Health Office at 525-4707. Examples would be diabetes, asthma, and severe allergies with the need for an epi-pen, seizures, or others. We will assist you in the communication of those special needs and the appropriate responses at school and on the bus through an Individual Health Plan (IHP).

This is intended to serve as informational guidelines in the prevention of the spread of communicable diseases in the schools. Please refer to the guidelines throughout the school year.

STUDENTS HAVING ANY OF THE FOLLOWING SIGNS AND/OR SYMPTOMS SHOULD NOT ATTEND SCHOOL FOR THE INDICATED PERIOD OF TIME:

- **Active vomiting** – Students should not return to school for 24 hours after the last episode or until released by a medical provider to return to school. Students that have a diagnosed condition (reflux, etc.), that the school has documentation for, will be considered for an absence waiver on a case by case basis.
- **Active diarrhea** - Students should not return to school for 24 hours after the last episode or until released by a medical provider to return to school. Students that have a diagnosed condition (IBS, Crohns, etc.), that the school has documentation for, will be considered for an absence waiver on a case by case basis.
- **Fever greater than 100.0 F** – Students should not return to school until temperature is below 99.1 F for 24 hours WITHOUT use of fever reducing medication (Acetaminophen, Ibuprofen, Aspirin) or until released by a medical provider.
- **Skin rashes** – Any new rash OR a rash that has increased in size OR a rash, sore or wound that is draining OR a rash that develops new sores daily – Student should not return to school until rash is resolved or no longer draining or increasing in size or amount OR until diagnosed and cleared by a medical provider
- **Concerning cough** – Students with a persistent cough or cough illness that produces sputum or interferes with active participation in school activities should not return to school until 24 hours after the cough has resolved OR diagnosed and cleared by a medical provider.
- **Pertussis** – Students diagnosed with pertussis (whooping cough) should not return to school until completion of a 5 day course of antibiotics or until cleared by a medical provider.
- **Concerning eye symptoms** – Students with colored drainage from eye(s) OR unexplained redness of eye(s) OR eye irritation accompanied by vision changes OR eye irritation, redness, swelling or excessive tearing should not return to school until cleared by a medical provider and have received 24 hours of indicated treatment.
- **Complaints of earache, severe stomach ache, sore throat or severe headache** - Students should not return to school for 24 hours.
- **Red throat, swollen glands around jaw, ears or neck** – Students should not return to school for 24 hours or until cleared by a medical provider. If test positive for Strep must not return to school until they have taken a full 24 hours of antibiotics.
- **Purulent (green, yellow, thick or unusual) nasal drainage** - Students should not return to school for 24 hours or until cleared by a medical provider.
- **Head or Body Lice** must be treated with appropriate medication and proof submitted to the nurse before returning to school.

Medication

We want to encourage you to **NOT** send medications to be administered at school. Please consider alternative dosage schedules to minimize medication in the school. Medications such as antibiotics, that are administered three times a day (TID) should be given outside of school hours at home and can be given when the student wakes up, when the student returns from school, and when the student goes to bed. If it is necessary for the student to have medication at school, there are specific guidelines we must follow to comply with the state laws and regulations.

Students required to take prescription medication must have an **Authorization for Administration of Medications** form completed and on file. This form is available from the school nurse or the office and **MUST BE COMPLETED** when medication is delivered to the clinic or principal's office by the parent or guardian of the student. **(Students do not complete the form nor transport medication to school).**

No school official or teacher will dispense medication to students except in unique situations in which a child's health or safety is dependent upon medical aid. The school **DOES NOT** provide any medication for the students. If, under exceptional circumstances, a child is required to take oral medication during school hours and the parent cannot be at school to administer the medication, only the nurse, principal or designee will administer the medication in compliance with following regulations:

- The medication must be delivered to and signed in to the clinic or principal's office in person by the parent or guardian of the student.
- All prescription medications must be brought to school in the **original container** labeled by the pharmacy to include the following information:
 - Name of the student**
 - Prescription number**
 - Name of medication and dosage**
 - Administration route or other directions**
 - Date filled**
 - Date expires**
 - Licensed prescriber's name**
 - Pharmacy name, address and phone number**
- Certain prescription medicine that must be maintained by the student for emergency use (i.e. inhaler, epi-pen, diabetic supplies) requires additional steps and documentation to be completed with the nurse. Authorization for self-carry medication can be revoked at any time if the student does not comply with the requirements.
- All non-prescription medication must be brought to school in the manufacturer's **new, unopened container** with ingredients listed and the child's name affixed to the container. The medication will be administered in accordance with label directions or written instructions from the student's physician. Medication cannot be accepted in an opened container or in a zip-lock bag (including cough drops).
- The parent or guardian is responsible for informing the nurse or principal of any changes in the student's health or medication.

- A copy of this policy shall be provided to a parent or guardian upon receipt of a request for long-term administration of medicine.
- The parent or guardian is responsible for picking up any remaining or unused medication at the end of each school year. Medication CANNOT be kept over the summer at school. Any medication not picked up at the end of the school year will be destroyed.

ANY MEDICATION (INCLUDING COUGH DROPS) SENT TO SCHOOL IN A ZIP-LOCK BAG WILL NOT BE GIVEN. YOU WILL BE CALLED TO PICK UP THE MEDICATION.

ANY STUDENT POSSESSING, SELLING, GIVING, SHARING OR MISREPRESENTING ANY MEDICATION IN ANY FORM INCLUDING, BUT NOT LIMITED TO OVER-THE-COUNTER MEDICATION OR HEALTH AIDS (SUCH AS VITAMINS) WILL BE SUBJECT TO DISCIPLINE.

Student Last Name- Print please

Student First name- Print Please

Cookeville High School Permission to Use Photo-General Use

I hereby grant permission for Cookeville High School to reproduce my child's likeness photographically or electronically and use such reproductions without limitation or reservations. These photos may be used at any time in various publications or communications, including brochures, annual reports, newsletter, newspapers, electronic billboards, website, and other displays that illustrate the services, academics, and awards provided through Cookeville High School.

I understand I will receive no compensation and that this permission binds me.

Student's Name: _____ Grade: _____

Parent's Name (Please Print) _____

Parent's Signature _____

Date: _____

**Acceptable Use Policy for Putnam County Schools
Terms and Conditions for Internet and Technology Use (grade 9-12)**

The State of Tennessee demonstrated its endorsement of the use of the Internet as an educational resource through funding a statewide project, making it available at every school. As we move into the 21st Century we, in Putnam County Schools, believe that in order for our children to be competitive in both the educational and working environments, accessibility and appropriate training in the use of technology and the Internet is a logical expansion of educational resources allowing students and teachers access to information. We believe in its instructional value as a source of information and in the value of the technological skills developed by students.

The use of technology will be available only under teacher direction and monitored as any other classroom activity. Direct supervision is required. The Putnam County School District, however, cannot prevent the possibility that some users may access material not consistent with the educational mission, goals and policies of the school district.

In keeping with our philosophy that access to the Internet is a privilege, not a right, access to the Internet and our systems technology entails responsibilities for the student including:

- * I will access websites approved by the teacher, librarian or adult in charge.
- * I will not interfere with another's work or tamper with the performance of the equipment or the network.
- * I will not use technology to defraud or obtain money, property or other things of value by false pretenses, promises or representations.
- * I will not use Putnam County's technology for commercial or political activity.
- * I will not plagiarize
- * I will not install unauthorized software.
- * I will not use technology to access or publish inappropriate or threatening materials, including those which may be defamatory, inaccurate, offensive, abusive, obscene or threatening.
- * I will abide by the technology rules at my school and will use the technology available to me to do school work as directed by the teacher, principal or librarian or other adult in charge.
- * I will not give out names, addresses, phone numbers, or financial information in electronic communication.
- * I will abide by copyright laws.

Student Name (please print) _____

Student Signature _____ Date _____

I understand that the use of computer technology in Putnam County Schools is a revocable privilege. As a condition of my child's use of the system's technology, I have discussed these terms with my child and we understand the above terms and conditions. We further understand that appropriate disciplinary actions including revoking technology privileges may be taken if my child is determined to be negligent of the terms of this agreement.

As the parent or guardian of this student, I have read the Terms and Conditions of this agreement. I hereby give my child permission to utilize the available technology for the purposes of accessing information and developing research and technology skills as part of his/her educational development.

Parent/Guardian Name (please print) _____

Parent Signature _____ Date _____

**AGREEMENT OF PARENT
FOR FREE TEXTBOOKS**

Date _____

I hereby agree that I will be responsible for all free textbooks used by my child or children. I hereby further agree that I will reimburse the Putnam County Board of Education for the amount designated in the Board Policy for the replacement value of any book or books that are badly damaged, destroyed, or lost which my child or children have been issued during this scholastic year at Cookeville High School.

Parent/Guardian Signature _____

Student Signature _____

Student Grade _____



← Parents/Students: Please read and sign both forms