



2019-2020  
*Ft. Thomas Unified School District #7*  
P.O. Box 28 • 15560 W. Elementary School Road  
Fort Thomas, AZ 85536

**OVER-THE-COUNTER-MEDICATION CONSENT/MEDICAL INFORMATION RELEASE**

Dear Parent or Guardian:

Our school doctor has approved the following over the counter medications. We may administer them if your child needs medication during the school day so that he/she may remain in school. NO medication may be given without permission or physician's order. Our stock medications include topical medications, cough drops, skin cleansers, eyewash, and saline solution for students with contact lens.

Listed below are the oral medications. Please check the medications you want your child to receive if ill or needed at school.

- Tylenol tablets/liquid (fever, headache, pain)
- Midol (for girls)
- Motrin tablets/liquid (fever, pain, swelling)
- Mylanta liquid/Pepto Bismal (upset stomach)
- Chloraseptic spray/gargle (sore throat)
- Benadryl capsules /liquid (cough, allergies, itching, runny nose)
- Robitussin DM cough syrup/cough drops

\*All medications will be given appropriately for your child's age and needs.

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

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

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

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_

Emergency Contact Person/Number \_\_\_\_\_

Health Problems (asthma, seizure disorder, etc.) \_\_\_\_\_

List all medications taken on a regular basis \_\_\_\_\_

List any medicine/environmental allergies \_\_\_\_\_

Reactions to allergens listed above, if any (rash, fever, etc.) \_\_\_\_\_

In case of a serious illness or injury during school hours, please list family doctor and clinic.

Doctor \_\_\_\_\_ Clinic \_\_\_\_\_

In the event your child is taken to a clinic or hospital, you will be responsible for any and all costs. I give my permission for my child to participate in all vision, hearing and dental screenings and treatment provided at/by the school. I agree to the above information and give permission for the medications checked above to be administered at school. **If there is suspicion that my child is under the influence of any illegal substance the school may perform a urine drug screen.** I also give consent for any immunization records/information and hearing, vision, dental screening results to be released from any medical provider, hospital or clinic to Ft. Thomas Unified School District. If you do not give consent for this medical information to be released, please cross out the above sentence.

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

Date \_\_\_\_\_

**PLEASE COMPLETE AND RETURN TO SCHOOL**

Fort Thomas Unified School District No 7  
An Equal Opportunity Employer

**Fort Thomas Unified School District endorses the San Carlos Apache Tribe Truancy Code. Sections of the Truancy Code that apply most directly to school are restated below.**

**Section 200. Mandatory School Enrollment and Attendance**

Every School –Aged Child on the Reservation shall be enrolled in School and attend School on every day that classes are offered unless excused according to School’s policies

**Section 201. Truancy: Juvenile Offense**

- a. It is prohibited and shall be a juvenile offense, for a child to be willfully absent from at least one (1) class period during the school day, including any class, study hall or other activity for which the student is scheduled without a justified statutory excuse. **(DITCHING)**
- b. To be absent from school due to a suspension/expulsion based on continued disruptive behavior on school grounds.
- c. To Attend school irregularly through absences constituting a pattern of alternating periods of school attendance and missed days, carried on for the purpose of dependency or otherwise defeating the intent of this Code;
- d. To be found with a parent, guardian or custodian outside or otherwise off school property during school hours.

**Section 204. Presumption of Unexcused absence**

There shall be legal presumption that School- Aged Children who are seen in the Community while school is in session, and are unaccompanied by an adult, are out of school on an Unexcused absence

**Section 300. Truancy Notification by School**

- A. Parents. Upon discovering that a student is truant, the school will notify the Parents/Guardians of the truant student in person, if possible, or by telephone. If the Parent or Guardian returns the child to School, the School shall make a referral to “FINS”(Family in Needs of Services) Coordinator.
- B. Juvenile Truancy Officer. In the event the Parent or Guardian cannot or will not return the child, the School shall notify the San Carlos Police Department.

**School Interventions:**

- 1. School Registrar will call home daily when student is absent.
- 2. On the third unexcused absence Truancy Liaison will meet with student and document in PowerSchool Truancy.
- 3. On the fourth unexcused absence Truancy Liaison will conduct a Truancy visit with or without officer and document in PowerSchool.
- 4. On the eight unexcused absence Truancy Liaison will submit student’s attendance, demographic and PowerSchool Truancy Log of all the school’s effort to correct the truant behavior.

Student’s Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

**FT. THOMAS UNIFIED SCHOOL DISTRICT  
PARENT COMPACT  
2019-2020**

*Ft. Thomas Elementary School and parents of students agree that this compact outlines how the entire school staff, parents and students share the responsibility for improved student academic achievement. This document outlines the means by which the school and parents will develop a partnership that will help students meet high academic standards required by the State.*

School Responsibilities: The teachers and staff of Ft. Thomas Elementary School will:

- Respect the school organization, staff, students and families.
- Provide high quality curriculum and instruction in a supportive and effective learning environment.
- Hold parent-teacher conferences at least once a semester.
- Provide Progress reports for each student every nine weeks.
- Be available to conference with parents Monday through Thursday from 3:00 to 3:30 pm or through appointments if these times do not fit parent schedules.
- Provide parent opportunities to participate in their child's education by volunteering in the classroom and participating in school and related activities.

As the representative of the School, I certify that the teachers and staff have read and agree to the above expectations.

5/7/19  
Date

  
Principal

  
Jay St. S

Parent Responsibilities: As a parent/guardian, I will support my child's learning by:

- Respecting the school, staff, students and families.
- Making sure my child attends school every day possible.
- Making sure homework is completed.
- Monitoring the amount of television my child watches.
- Attending parent-teacher conferences.
- Participating, as appropriate, in decisions, in decisions relating to my child's education.
- Staying informed about my child's education by communicating with the teacher/school, by reading notices sent from the school and responding as needed.
- Contacting the teacher and/or principal when I have a concern about my child.
- Reading to or with my child for at least 30 minutes a day.

As a parent of a Ft. Thomas Elementary School student, I certify that I have read and agree to the above compact expectations.

\_\_\_\_\_  
Date

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

Student Responsibilities: As a student, I will support my learning by:

- Respecting my school, teachers, staff and family.
- Doing my work and homework every day.
- Asking for help when I need it.
- Doing my best every day.
- Obeying the school rules.
- Giving all notices and information sent home with me to my parent or guardian.

As a student, I agree to do these things.

\_\_\_\_\_  
Date

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

**School Bus Rules**

Please review the following rules with your child and sign below so we can ensure all of our students and drivers can remain safe at all times while being transported to and from school each day.

**Bus Stop Rules:**

- 1.) Arrive to your designated bus stop at least 5 minutes prior the bus arriving
- 2.) Stand at least 10 feet away from any roadway
- 3.) No horseplay, throwing objects or running in the street while waiting for the bus
- 4.) Allow the bus to come to a complete stop, doors open and wait for the driver to signal it is safe to board the bus.
- 5.) Never push, or rush to get onto the bus.
- 6.) When getting off the bus after school, if crossing the road is necessary, make sure to
  - a. Watch for other vehicles while walking across the street
  - b. Always walk in front of the bus, never behind
  - c. Make sure you are at least 10 feet in front of the bus before crossing so the driver can see you at all times.
  - d. Headphones should never be worn when crossing the street, cross quickly and safely

**Rules While Riding the Bus:**

- 1.) Remain in your seat at all times, if the bus stops and it is not your turn to get off the bus, do not get out of your seat. Musical chairs is not a game to be played on the bus.
- 2.) Sit correctly, feet on the floor, back against the back of the seat, no feet in the aisle.
- 3.) Bus seats hold 3 children, personal belongings should be in your lap, not on the seat or floor.
- 4.) No children should be sitting on laps
- 5.) No body parts should ever be out the window.
- 6.) Trash belongs in the trash can, not the floor or out the window and should be thrown away when its your turn to get off the bus, not while the bus is in motion.
- 7.) Respect the other passengers on the bus, hands and feet to yourself
- 8.) Respect the bus, it is school property and damage to the seats/windows will not be tolerated.
- 9.) Cooperate and follow the directions of the driver

Failure to follow any of these rules may result in suspension of bus privileges. Damage to property may result in fines to repair/replace damaged property.

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Student Signature

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Parent Signature

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Date



# Eye Exams And Glasses...



## ...AT SCHOOL!

About 80% of learning happens through the visual *system*. Because sight and vision are so important to the success of your student, his or her eye health, eye sight, and other necessary visual skills used in the learning process can be examined at school using computerized, state of the art equipment! By having your child's eyes examined at school, he or she will miss little class time and travel time away from school will not be an issue.

Dr. Charles Ferrin, O.D. has received permission to examine students at the \_\_\_\_\_ School. Comprehensive eye exams and glasses (if needed) are offered as a convenience to you and your child. Because there is **no charge** to the parents, family, or school, the exam and glasses are limited to students with active I.H.S insurance only.

Please neatly complete and include all necessary insurance information so proper authorizations can be obtained quickly.

Childs Name \_\_\_\_\_ (Boy/Girl) Birthday \_\_\_\_\_  
Please Print clearly                      First                      Last

Address: \_\_\_\_\_ City \_\_\_\_\_ State: Arizona

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

AHCCCS ID # \_\_\_\_\_ Childs SS# \_\_\_\_\_  
(Please look this number up and include)                      (Please look this number up and include)  
(Important for finding insurance eligibility)                      (Used only to help find insurance eligibility)

I authorize Dr. Ferrin to examine my child, provide glasses if needed and bill my child's insurance at no charge to me.

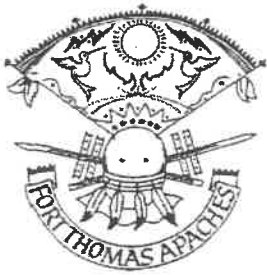
\_\_\_\_\_  
(Parent/Guardian signature)

Office (928) 428-7948

FAX (928) 428-0563

HIPPA Notice: All information is held in total confidence. Your information may only be used to communicate with your insurance company to process an insurance claim or to another healthcare provider only for further medical or optometric care, or the school to complete their records.





# Fort Thomas Unified School District #7

15560 W. Elementary School Road  
P.O. Box 300  
Fort Thomas, Arizona 85536  
www.ftusd.org

## DISTRICT OFFICE

**Shane Hawkins**  
*Superintendent*

**Derrick Bryce**  
*Business Manager*

**Lynne Jones**  
*Federal Projects*

P. (928) 485-9423  
F. (928) 485-3019

## FORT THOMAS HIGH SCHOOL

**McKay DeSpain**  
*Principal*

P. (928) 485-2427  
F. (928) 485-2834

## FORT THOMAS ELEMENTARY SCHOOL

**Lonnie Lunt**  
*Principal*

P. (928) 485-2433  
F. (928) 485-3068

## MT TURNBULL ELEMENTARY SCHOOL

**Marthalean Talkalai**  
*Principal*

P. (928) 485-9423  
F. (928) 485-3019

## MT TURNBULL ACADEMY

**Jayson Stanley**  
*Director*

P. (928) 475-3050  
F. (928) 475-3051

## USE OF TECHNOLOGY RESOURCES IN INSTRUCTION ELECTRONIC INFORMATION SERVICES USER AGREEMENT

I have read and agree to abide by the School District policy and regulations (Policy I-6431 IJNDB-E ©) of the electronic information system.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

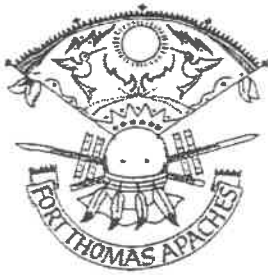
### Parent or Guardian Cosigner

As the parent or guardian of the above-named student, I have read this agreement and understand it. I agree to abide by the School District policy and regulations (Policy I-6431 IJNDB-E ©) of the electronic information system.

Parent or Guardian Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_





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## PARENT PERMISSION FOR THE PUBLICATION OF STUDENT WORK AND/OR IMAGES

Throughout the school year, students may be highlighted in efforts to promote FTUSD activities and achievements and as a part of our commitment to the communication process. For example, students may be featured in materials to train teachers and/or increase public awareness of our schools through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media. Our webpages provide information about the activities of FTUSD, its employees, and students and can be viewed by anyone with access to the Internet. Children are not identified by name on our web pages. This form documents that you are willing to release your child's projects, photographs, video images and/or voice recordings into the public domain (includes news media and Internet.) There is no monetary compensation for the use of these projects and images.

YES, I give permission.

NO, I do not give permission.

Student Name (print)

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

DATE: \_\_\_\_\_