



**BOONEVILLE
SCHOOL DISTRICT**
201 North First Street, Booneville, MS
Phone: 662-728-2171 | Fax: 662-728-4940

PARTNERS IN EDUCATION COMPACT

It is the mission of Anderson Elementary School, in partnership with the parents and community, to empower each child to achieve his or her fullest potential to become a lifelong learner and responsible citizen. We are committed to foster high expectations and to promote positive attitudes to achieve equity and excellence in a safe and nurturing environment.

As a teacher, I, _____, will strive to

- believe that each child can learn;
- respect and value the uniqueness of each child and his or her family;
- provide an environment that promotes active learning;
- assist each child in achieving the essential academic learning requirements;
- document ongoing assessment of each child's academic progress;
- maintain open lines of communication with students and parents;
- seek ways to involve parents in the school program; and
- demonstrate professional behavior and a positive attitude.

As a parent/guardian, I, _____, will strive to

- believe my child can learn;
- show respect and support for my child, the staff, and the school;
- see that my child attends school regularly and is on time;
- provide a quiet place for my child to study at home;
- encourage my child to complete all homework assignments;
- attend parent-teacher conferences;
- support the school in developing positive behaviors in my child;
- talk with my child about his or her school activities each day; and
- encourage my child to read at home and apply all their learning to daily life.

As a student, I, _____, will strive to

- believe that I can learn;
- show respect for myself, my school, and other people;
- always try to do my best in my work and my behavior;
- work cooperatively with students and staff;
- obey the rules in the classroom and throughout the school; and
- come to school prepared with my homework and supplies.

We are partners in your child's education as we hold the intent of this compact.

As principal, I, Laquita McDonald, represent all Anderson Elementary School staff in affirming this compact.

*Note: THESE COMMITMENTS ARE VOLUNTARY AND NOT LEGALLY BINDING.

Student Handbook Agreement 2016-2017 School Year

I have received an AES Student Handbook for the 2016-2017 school year. As a parent of an AES student, I will read this handbook with my child. We will follow the rules and regulations of Anderson Elementary.

Student's Name: _____

Parent's Signature: _____

Anderson Elementary faculty and staff have permission to administer any medications I send for the 2016-2017 school year.

Parent's Signature _____ Date _____

HOME LANGUAGE SURVEY

Name of Student: _____

Grade: _____ Homeroom: _____

Please answer the following questions:

Does your child speak any language other than English? yes no

If yes, please answer the following questions:

1. What was the first language your child learned to speak? _____

2. What language does your child speak most often? _____

3. What language is most often spoken in your home? _____

4. When did the student first enroll in U.S. schools? _____

BOONEVILLE SCHOOL DISTRICT

Chromebook usage and Internet/Intranet Secondary AUP Signature Form

Please note that both the student and parent / guardian, must sign the INTERNET/INTRANET USE portion of this form annually for continued access to the Internet/ Intranet in the Booneville School District.

Student Application Section:

Student Name (print) _____

Grade _____ School _____

I have read the AASD Acceptable Use Policy and agree to abide by its provisions. I understand that violation of the Acceptable Use Policy may result in suspension or revocation of network privileges or other appropriate disciplinary action.

Student Signature _____

Date _____ Parent or Guardian Application Section:

Parent/Guardian Name (print) _____

Phone Number: _____ Home Address _____

I have read the BSD Acceptable Use Policy. I understand that I am ultimately responsible for my child's actions on the district's technology resources and release the BSD from any liability for harm or damages incurred through inappropriate or prohibited use.

Parent/Guardian Signature _____ Date _____

Anderson Elementary School Absence Excuse

Date: _____

Student Name: _____

Date(s) Missed: _____

Reason for Absence:

Parent Signature: _____

Office Use Only: Excuse Code _____

Date Received: _____

Booneville School District
ActiveParent
Setup

For existing users:

IF YOU HAVE AN ACCOUNT BUT CANNOT GET IN, PLEASE EMAIL DUSTIN POUNDERS:
dpounders@boonevilleschools.org

For NEW Users:

To sign up for an ActiveParent Account:

1. Go to www.boonevilleschools.org
2. Click on the Parent tab at the top
3. Choose ActiveParent
4. Click on "Sign up for an ActiveParent account" (Located below the "Login" button)
5. READ THE INSTRUCTIONS CAREFULLY!
6. **PLEASE NOTE:** The beginning of the school year is very busy. It could take several days for your account to be active. IT WILL NOT BE ACTIVE IMMEDIATELY!!!!

If you have any trouble please contact Dustin Pounders by email
dpounders@boonevilleschools.org

BOONEVILLE SCHOOL DISTRICT

RESIDENCY AFFIDAVIT

Updated 03/23/15

SECTION 1- RESIDENCY INFORMATION (Please Print)

I/We _____ hereby attest that I/we currently reside at _____
Name of Parent(s)/Guardians Address

City, Zip Telephone

SECTION 2 - CHILD(REN'S) INFORMATION

I/We attest that the children listed below live at the address provided above.

NAME(S) OF SCHOOL AGED CHILD	RELATIONSHIP TO CHILD (of whom they are living in home with)	DATE OF BIRTH (mm/dd/yy)	CURRENT GRADE LEVEL	STUDENT ID NUMBER

SECTION 3- HOMEOWNER OR TENANT VERIFICATION (Please Print)

I, _____, hereby attest that I am the legal owner or lessee (Renter) of the property
Property Owner or Lessee of the residence
 Located at _____ . I further swear that _____
Current Address, Zip Name of Parent(s)/Guardian(s)
 and the above mentioned child(ren) is/are living on a permanent basis at the above address. **I also attest that the above child(ren) are not living with me for the sole purpose of attending school in BSD, and I understand that such arrangements are not permissible.**

Homeowner or Tenant's Signature Date

SECTION 4- SIGNATURE AND NOTARY (Please read the entire statement before signing.)

I assume responsibility for notifying the Booneville School District should the above described circumstances change.

I also understand that I am stating, under oath, that I and my child(ren) do, in fact, live at the stated address above. I am aware that the facts as stated are subject to investigation, and should it be determined that the above statements are not true, either now or in the future, my child(ren) will be withdrawn from the District.

I understand that if this affidavit is violated, the Booneville School District may pursue civil and/or criminal proceedings.

Signature of Parent/Legal Guardian Date

NOTARY ONLY

Sworn to and subscribed before me this _____ day of _____ 20____ _____ <p style="text-align: center;">Signature of Notary Public</p>	Notary Stamp
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Parent/Guardian must submit (2) proofs of residency that are the same address as listed.