

ROBERT C. BYRD HIGH SCHOOL
STUDENT GUIDELINES FOR CREDIT RECOVERY PROGRAM

- You have enrolled in this program because of failure in a core area class.
- Every student must comply with all provisions of the Harrison County Student Code of Conduct and Discipline Policy. Students enrolled in this program will not be permitted to disrupt the education of other students.

While enrolled in this program, students will adhere to the following guidelines:

- Daily attendance is necessary in order to be successful in this program. A conference will be scheduled with parent(s) after the third day of absence.
- Arrival 3:00 p.m. Pick up **no later** than 5:15 p.m. If students are not picked up on time, they will be terminated from the program.
- BE PREPARED. You must stay in your assigned area at all times
- There will be **no sleeping** or laying down your heads. If you are sick, stay home.
- Students must follow all directions, and remain quietly.
- Students must work on assignments the entire time—no free time.
- Students must be respectful of staff, students, and all property.
- No pager, cell phone, headphones, IPOD, MP3 player, games, or other electronic devices may be used by the student.
- There will be no tobacco, alcohol, illegal drugs, or weapons permitted.
- THERE WILL BE NO PHYSICAL CONTACT WITH OTHERS
- THERE WILL BE NO PROFANITY

NON-COMPLIANCE OF ANY OF THE ABOVE MENTIONED ITEMS MAY RESULT IN IMMEDIATE REMOVAL FROM THE PROGRAM.

Parent Signature

Student Signature

Harrison County

Student Code of Conduct

All students of Harrison County are charged with the responsibility to conduct themselves in a manner appropriate to good citizenship everywhere. Student conduct shall be founded on the basic concept of respect and consideration for the rights of others.

Students may be held responsible for their conduct to and from school if it affects school organization.

In order for every student to have the opportunity to reach his/her potential, every student in the public schools of West Virginia shall:

- 1. Attend school faithfully, complete his/her assignments on time, and work to his/her full potential.**
- 2. Behave in a manner that does not disrupt classroom learning or the operation of the school.**
- 3. Obey teachers and principals and others in authority.**
- 4. Refrain from aggressive or threatening behavior toward fellow students, teachers or other school staff.**
- 5. Refrain from the possession or use of any weapons, illegal drug, alcohol, or tobacco products.**

File: JCD

ROBERT C. BYRD HIGH SCHOOL CREDIT RECOVERY PROGRAM

REGISTRATION SHEET

Date Entered: _____

Class: _____

Name: _____

Student ID#: _____

Address: _____

Home School: _____

Grade: _____

Home Phone #: _____

Birth Date: _____ (Month-Day-Year)

PARENT INFORMATION

Natural Father: _____
(First) (Last)

Natural Mother: _____
(First) (Last)

Do you live with him? ___Yes ___No

Do you live with her? ___Yes ___No

If Yes, place of employment:

If Yes, place of employment:

Work Phone #: _____

Work Phone #: _____

Cell Phone #: _____

Cell Phone #: _____

Note: If you do not live with your natural father, indicate the name of the adult male in your home:

Note: If you do not live with your natural mother, indicate the name of the adult female in your home

Work Phone #: _____

Work Phone #: _____

Cell Phone #: _____

Cell Phone #: _____

In case of emergency notify: _____
(Name and Relationship)

List any health problems and any medications taken: _____

EMERGENCY CARE CARD

Student's Name: _____ Date of Birth: _____

Parent/Guardian Names: _____

Phone: _____ Cell: _____ Work: _____

IN CASE OF EMERGENCY, AND IT IS NECESSARY TO CALL A PHYSICIAN, OUR FAMILY PHYSICIAN'S NAME: _____ PHONE: _____

If unable to contact parent or doctor, permission is granted to arrange for emergency hospital treatment if required in keeping with West Virginia State and Harrison County Board of Education Policies and Regulations.

_____ Date _____ Signature of Parent or Guardian

Please list unusual health conditions (diabetes, heart condition, allergies) which should be known by doctor/school.

List any medications the students takes on a regular basis.

Does the student have any allergies? If yes, please list?

Directions to student's home:

Dear Parents,

Because of the need to safeguard your child's safety, we require your assistance in providing names and signatures of those to whom the school may release your child. If parents are separated or divorced we need a copy of the court order awarding custody of the child. Please do not call the office to change this, you must stop at school in order to make changes in this form.

Signature of Father or Guardian

Please Print Name

Signature of Mother or Guardian

Please Print Name