



Please sign one form for each Metro Nashville Public Schools (MNPS) student in your household and return the form to each student's school or complete the online versions at permissions.mnps.org.

2023-2024 STUDENT-PARENT HANDBOOK ACCESS & ACKNOWLEDGEMENT

I understand the 2023-2024 MNPS Student-Parent Handbook is available online at www.mnps.org/handbook. The signature below acknowledges that I have read and understand the handbook and related policies.

Student's Name (please print): _____ **Student ID:** _____

Student's School (please print): _____

Parent or Guardian Name (please print): _____

Parent or Guardian Signature _____ **Date** _____

NOTE: Failure to sign and return this form to the school does not relieve the student from the responsibility of complying with the rules and policies referenced in the MNPS Student-Parent Handbook.

SCHOOL ATTENDANCE & TRUANCY

I understand that my student is subject to compulsory school attendance laws. The Compulsory Attendance Law (TCA 49-6-3001) of the State of Tennessee mandates that children ages 6-17 attend school. In accordance with state law (TCA 49-6-3007), failure to comply with the Compulsory Attendance Law can result in further action, including but not limited to, school level supports and interventions, a referral to the Metro Student Attendance Center and/or a petition to Juvenile Court for truancy/educational neglect. (See bit.ly/mnpsattendance for more information.)

Additionally, I understand that if my student attends an out of zone school, their placement may be forfeited, and they will need to return to their zoned school if they have 10 or more unexcused absences and a truancy petition is filed with the Metro Student Attendance Center.

Parent or Guardian Signature _____ **Date** _____



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FERPA DIRECTORY INFORMATION

Notice: If you do not request to opt-out by signing and returning this form or submitting your request online at permissions.mnps.org, it will be assumed you are granting permission to share directory information for your student.

Student's Name (please print): _____ **Student ID:** _____

NOTICE OF DIRECTORY INFORMATION:

In accordance with the Federal Educational Rights and Privacy Act of 1974 (FERPA), as amended, a student's education records are maintained as confidential and, except for a limited number of special circumstances listed in that law, will not be released to a third party without the prior written consent of the parent/guardian or student (if student is 18 or older). The law, however, does allow schools to release student "directory information" without obtaining the prior consent of the parent/guardian or student. If you **DO NOT** want the release of certain types of directory information without your prior consent, you may choose to "opt-out" of this FERPA exception by signing the form below. Directory information of a student who has opted-out from the release of directory information, in accordance with this policy/procedure for opting out, will remain flagged for the current school year, until the parent/guardian or student requests that the flag be removed by completing and submitting a revocation of the opt-out to the school or MNPS Family Information Center.

I _____ (parent/guardian name or student name*), request the withholding of the following personally identifiable information identified as Directory Information under FERPA:

- Student name
- Address
- Photograph
- Date and place of birth
- Major field of study
- Dates of attendance
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Degrees, honors and awards received
- Most recent educational agency or institution attended
- Phone number
- Email address
- Grade level completed

I understand that upon submission of this form, the information listed above cannot be released to third parties without my written consent or unless the school is required by law or permitted under FERPA to release such information without my prior written consent; and that directory information will not otherwise be released from the time the school receives this form until my opt-out request is rescinded. I understand that I may not opt out of use of the student ID number because it is necessary identifying information for the school. I further understand that if directory information is released prior to the school receiving my opt-out request, the school may not be able to stop the disclosure of my directory information. I understand that I may request and challenge how my/my student's directory information is used by contacting the school.

Do you give permission for your student's directory information to be shared as described above?

- Yes
- No

I am a student who is 18 years of age or older, or the authorized parent or guardian for the named student.

Parent or Guardian Signature _____ **Date** _____

Student Signature (18 yrs./older) _____ **Date** _____



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HEALTH SCREENINGS

Notice: Parent/guardian permission is **required** for participation in health screenings. Failure to return this form or provide permission online will result in your student not being able to participate in this program.

Student's Name (please print): _____ **Student ID:** _____

School Name: _____

Student's Date of Birth (Month/Day/Year): _____ / _____ / _____

HEARING, VISION, HEIGHT, WEIGHT AND BLOOD PRESSURE SCREENINGS

Do you give permission for your student to participate in hearing, vision, height, weight and blood pressure screenings?

- Yes
- No

I am a student who is 18 years of age or older, or the authorized parent or guardian for the named student.

Parent or Guardian Signature _____ **Date** _____

Student Signature (18 yrs./older) _____ **Date** _____

COVID-19 TESTING

MNPS is seeking your permission to test your child for COVID infection when/if symptoms are present. Testing will be conducted by a school nurse.

Do you give permission for your student to participate in COVID-19 testing?

- Yes
- No

I am a student who is 18 years of age or older, or the authorized parent or guardian for the named student.

Parent or Guardian Signature _____ **Date** _____

Student Signature (18 yrs./older) _____ **Date** _____



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PERMISSION PREFERENCES

Notice: Parent/guardian permission is **required** for participation in Family Life & Sexual Education instruction. Failure to return this form or provide permission online will result in your student not being able to participate in this program.

Student's Name (please print): _____ **Student ID:** _____

FAMILY LIFE & SEXUAL HEALTH EDUCATION

The Lifetime Wellness course includes Family Life Education and Sexual Health Education. The following topics are covered: abstinence, self-esteem, healthy relationships, gender identity, sexual orientation, consent, reproductive systems, sexually transmitted infections (STIs), including HIV/AIDS, methods of protection, pregnancy, adoption, Safe Haven Law, Tennessee Human Trafficking Law, and Erin's Law.

Parents and guardians have the option of waiving their child's participation of any portion of family life and/or the sexual health education unit. Students will not be penalized for not participating; rather, those students will receive independent and equitable health and wellness lessons in a different location.

Do you give your student permission to participate in all these lessons?

- Yes
- No

If you selected no, please check the box(es) below for lessons your student can participate in. If you do not select the lessons you want your student to participate in, your student will not be allowed to participate in any of the lessons.

- abstinence
- self-esteem
- healthy relationships
- gender identity
- sexual orientation
- consent
- reproductive systems
- sexually transmitted infections (STIs), including HIV/AIDS
- methods of protection
- pregnancy
- adoption
- Safe Haven Law
- Tennessee Human Trafficking Law
- Erin's Law

I am a student who is 18 years of age or older, or the authorized parent or guardian for the named student.

Parent or Guardian Signature _____ **Date** _____

Student Signature (18 yrs./older) _____ **Date** _____



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Notice: If you do not request to opt-out by signing and returning this form or submitting your request online at permissions.mnps.org, it will be assumed you are granting permission for MNPS to provide your student access to the internet and/or use of laptop or other device.

Student's Name (please print): _____ **Student ID:** _____

USE OF THE INTERNET (Policy 4.406)

I have read the MNPS Use of the Internet Policy 4.406 (www.mnps.org/board-of-education/policies-and-procedures). I understand that the internet is a worldwide group of computer networks and that MNPS does not control the content available on, or through, these internet sites. I understand that MNPS will undertake good faith efforts to filter objectionable material available on sites that can be accessed by MNPS students but that filtering efforts may not completely block objectionable content.

Do you give your permission for MNPS to provide your student with access to internet?

- Yes
- No

I am a student who is 18 years of age or older, or the authorized parent or guardian for the named student.

Parent or Guardian Signature _____ **Date** _____

Student Signature (18 yrs./older) _____ **Date** _____

LAPTOP/DEVICE USE (Procedure 3.301.1P)

MNPS students may be issued a laptop or similar device for learning both on and off campus. Any parents wishing to restrict their student's access to a laptop or similar learning device must give permission.

I have read the MNPS Student Device Procedure 3.301.1P (www.mnps.org/board-of-education/policies-and-procedures). MNPS may issue a laptop or similar device for digital learning opportunities both on campus and off campus. This laptop or similar device will utilize the internet filtering provided by MNPS, as explained in the Use of Internet Policy.

Do you give permission for MNPS to provide your student access to a device for both on- and off-campus learning?

- Yes
- No

I am a student who is 18 years of age or older, or the authorized parent or guardian for the named student.

Parent or Guardian Signature _____ **Date** _____

Student Signature (18 yrs./older) _____ **Date** _____



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PERMISSIONS FOR WRAP-AROUND SERVICES

Notice: If you do not request to opt-out by signing and returning this form or submitting your request online at permissions.mnps.org, it will be assumed you are granting permission for MNPS to provide your student with school psychologist and social work services described below.

Student Name (*Printed*): _____ Student ID: _____

SCHOOL PSYCHOLOGIST SERVICES

School psychology services are available in every MNPS school. Among other services, school psychologists provide free group-based, general education services to students during the school day at their school. All records regarding a student's session with the school psychologist are kept confidential except as required by law.

Do you give your student permission to have access to group-based (Tier 2) services from the school psychologist?

- Yes
- No

I am a student who is 18 years of age or older, or the authorized parent or guardian for the named student.

Parent or Guardian Signature _____ **Date** _____

Student Signature (18 yrs./older) _____ **Date** _____

SCHOOL SOCIAL WORK SERVICES

School social work services are available in every MNPS school. School social workers provide free counseling to students during the school day at their school. All records regarding a student's session with the school social worker are kept confidential except as required by law.

Do you give your student permission to have access to school social work services?

- Yes
- No

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Parent or Guardian Signature _____ **Date** _____

Student Signature (18 yrs./older) _____ **Date** _____



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NAVIGATOR PROGRAM

Notice: If you do not request to opt-out by signing and returning this form or submitting your request online at permissions.mnps.org, it will be assumed you are granting permission for your student to participate in the Navigator Program described below.

Student Name (*Printed*): _____ Student ID: _____

The MNPS Navigator initiative helps to connect students with teachers and school staff who will meet with your child throughout the year, learn more about their interests and needs, and help them navigate their school experience in a positive way. The Navigator program uses a tool called Sown To Grow to support these informal conversations and check-ins. The Sown To Grow platform is an easy and engaging online app where students complete weekly/monthly interactive journaling with their Navigator on their academic progress and well-being. These check-ins may be completed by the student independently or with assistance from a teacher or staff member. The Navigator program has been implemented across MNPS since 2020, and students have shared that it helps them feel more connected at school and meaningfully improves their experience.

Do you give permission for your student to participate in the Navigator Program?

- Yes
- No

I am a student who is 18 years of age or older, or the authorized parent or guardian for the named student.

Parent or Guardian Signature _____ **Date** _____

Student Signature (18 yrs./older) _____ **Date** _____

TRANSITIONS PROGRAM

Notice: If you do not request to opt-out by signing and returning this form or submitting your request online at permissions.mnps.org, it will be assumed you are granting permission for your student to participate in the Transitions Program described below.

Student Name (*Printed*): _____ Student ID: _____

The MNPS Transitions program is for students who are transitioning to the next tier level of school (for example, Pre-K to elementary school, 4th/5th to middle school, middle school to high school, and high school to post-secondary/career). Transition activities will include student goal setting, reflection, and college and career readiness activities. These activities are designed to help better prepare students for their upcoming and future transitions.

Do you give permission for your student to participate in Transitions activities?

- Yes
- No

I am a student who is 18 years of age or older, or the authorized parent or guardian for the named student.

Parent or Guardian Signature _____ **Date** _____

Student Signature (18 yrs./older) _____ **Date** _____



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SOCIAL-EMOTIONAL COMPETENCY/SKILLS ASSESSMENT

Notice: Parent/guardian permission is **required** for participation in social-emotional competency/skills assessments. Failure to return this form or provide permission online will result in your student not being able to participate in this program.

Student Name (*Printed*): _____ Student ID: _____

This assessment is a short, formal survey that students complete to assess their skills in social-emotional competencies such as self-awareness, self-management, and social skills. The survey includes a pre-assessment (beginning of the year) and post-assessment (end of the year) so student growth in these competencies can be measured over time. This assessment also allows the district to better understand and develop instructional materials for student social and emotional needs (for example, lessons on stress management, anti-bullying, conflict resolution, academic perseverance, etc.).

Do you give permission for your student to participate in these assessments?

- Yes
- No

I am a student who is 18 years of age or older, or the authorized parent or guardian for the named student.

Parent or Guardian Signature _____ **Date** _____

Student Signature (18 yrs./older) _____ **Date** _____

UNIVERSAL BEHAVIOR SCREENER

Notice: Parent/guardian permission is **required** for participation in the Universal Behavior Screener. Failure to return this form or provide permission online will result in your student not being able to participate in this program.

Student Name (*Printed*): _____ Student ID: _____

Through our Multi-Tiered System of Support (MTSS) framework, educators and administrators have proven tools at their disposal to support a timely and effective response to academic and behavioral needs for each student.

The MTSS Universal Screening Process provides a starting point for identification of students who may need additional support using nationally normed assessments. As part of MTSS, all students are screened for behavior risks so educators can better identify a student's needs.

Do you give your student permission to participate in the Universal Behavior Screener?

- Yes
- No

I am a student who is 18 years of age or older, or the authorized parent or guardian for the named student.

Parent or Guardian Signature _____ **Date** _____

Student Signature (18 yrs./older) _____ **Date** _____



MEDIA PERMISSIONS

Notice: If you do not request to opt-out by signing and returning this form or submitting your request online at permissions.mnps.org, the district will assume permission is granted for options one and two below and that permission is **not** granted for the third, which is interview, photography or digital recording by news or non-MNPS media.

Student Name (*Printed*): _____ Student ID: _____

For more information regarding policies related to these permissions, visit www.mnps.org/students-families/student-resources/handbook/handbook-rights-and-responsibilities.

Do you give permission for the following?

MEDIA		
1. MNPS has permission to honor my student publicly, including submitting honors received to the media.	YES	NO
2. MNPS has permission to interview, photograph or video record my student for use in print, advertising, on the internet, and in all other forms of media.	YES	NO
3. MNPS has permission to allow news media and other non-MNPS media to interview, photograph or video record my student.	YES	NO

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Parent or Guardian Signature _____ **Date** _____

Student Signature (18 yrs./older) _____ **Date** _____



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SCHOOL CLIMATE SURVEY

Notice: For grades 3-12, only. Parent/guardian permission is **required** for participation in the School Climate Survey. Failure to return this form or provide permission online will result in your student not being able to participate in this program.

Student Name (*Printed*): _____ Student ID: _____

During the 2023-2024 school year, MNPS will conduct two to three short (10-20 minute) surveys **for students in third grade and above**. These surveys will help us to learn more about our students and their perceptions of school. Your student's participation in these surveys is voluntary. You must provide permission before the survey is administered for your student to participate. In addition, your student can choose whether to take the survey or to answer any question. There will be NO penalty if you or your student choose not to participate.

- **School Climate Survey(s):** The purpose of the School Climate Survey(s) is to help us improve school climate and culture. The survey(s) will ask your student about experiences at school, including relationships with teachers, connection to school, perceptions of safety, and overall school climate. Completing the survey(s) does not involve any risk to your student.

These surveys will be administered securely online by Panorama Education. Your student's responses will be linked to his/her student ID and will be kept secure and confidential by the MNPS research office and Panorama Education. Although we do not ask, if a student reports harm to self, harm to others, or someone harming them in a survey, confidentiality will be breached solely for the purpose of protecting students or others from harm. Panorama Education's Privacy Policy is available at www.panoramaed.com/privacy.

MNPS will share survey results grouped at the school level without any identifying information with school and district staff and may share this aggregated data publicly. MNPS may provide individual survey responses without any identifying information to external researchers.

You will receive notifications prior to each survey administration. You will have the opportunity to review each survey online or at your student's school before the survey begins.

If you **DO** permit your student to participate in MNPS School Climate Surveys, please check "Yes" below.

If you **DO NOT** permit your student to participate in School Climate Surveys, please check "No" below.

Do you give your student permission to participate in the MNPS School Climate Survey(s)?

- Yes
- No

I am a student who is 18 years of age or older, or the authorized parent or guardian for the named student.

Parent or Guardian Signature _____ **Date** _____

Student Signature (18 yrs./older) _____ **Date** _____

This form only applies to the specific MNPS-administered surveys listed above for the 2023-2024 school year. Researchers and program evaluators from inside or outside the district must ask for separate permission for any other surveys that the district or school approves.

MILITARY STATUS OF PARENTS & LEGAL GUARDIANS

Only Complete This Form if a Student's Parent or Legal Guardian Currently Serves in the Military

State and federal policymakers seek to help school districts assess the performance of students whose parent(s) or legal guardian(s) serve in the military to better understand the relationship between military life and child development. State legislation requires districts to identify students whose parent(s)/legal guardian(s) serve in the military. Every Student Succeeds Act (ESSA) defines students with parent(s) or legal guardian(s) on active-duty military service as a subgroup for assessment reporting. Students are identified whose parent(s)/legal guardian(s) fall within the three military-related classifications:

- **4 - Active-Duty Military** – Parent/guardian on National Guard duty or Active Guard Reserve (full-time Reserve duty) or Active duty.
- **5 - National Guard Military** – Parent/guardian who participates in the National Guard on a part-time basis.
- **6 - Reserve Military** – Parent/guardian who participates on a part-time basis in the Reserves of a branch of the armed forces.

Classifications are only collected for parent(s)/legal guardian(s) of students, not for students enlisting in the military. **To collect this data for reporting purposes, the Military Connections Survey must be completed for each Metro Nashville Public Schools (MNPS) student in your household and returned to each student's school.**

For more information about USED commitment and services for military families visit www.ed.gov/veterans-and-military-families.

MILITARY CONNECTIONS SURVEY

School Name: _____ Grade: _____

Student #: _____ Student Name: _____ Birthdate: _____

Parent(s)/legal guardian(s) of students must match guardian information contained in MNPS student records.

NAME OF PARENT OR LEGAL GUARDIAN	START DATE OF CURRENT MILITARY SERVICE	CLASSIFICATION: 4 (Active Duty), 5 (National Guard) or 6 (Reserve)	BRANCH: Army, Navy, Air Force, Marine Corps or Coast Guard

I am a student who is 18 years of age or older, or the authorized parent or guardian for the named student.

Parent or Guardian Signature _____ Date _____

Student Signature (18 yrs./older) _____ Date _____

This form is for high school students (grades 9-12) only.

SPECIAL POPULATIONS FORM FOR PARENTS/GUARDIANS

Parents or guardians **of high school students only** should complete this form. The Strengthening Career and Technical Education for the 21st Century Act (Perkins V) requires higher education institutions to “provide activities to prepare special populations who are enrolled in career and technical education programs for high-skill, high-wage, or in-demand industry sectors or occupations.” **To collect this data for reporting purposes, you have the option of completing this Special Populations Form for each MNPS high school student in your household and returning to each student’s school.**

School Name: _____ Grade: _____

Student #: _____ Student Name: _____ Birthdate: _____

Parent(s)/legal guardian(s) of students must match guardian information contained in MNPS student records.

For each question below, circle yes or no. More information is provided about the definitions for each item.

<p>1. Is the student a single parent or a single pregnant woman? <i>A single parent is an individual who is unmarried or separated from a spouse and has a child or children of which they have custody or joint custody OR is unmarried or separated from a spouse and is pregnant.</i></p>	YES	NO
<p>2. Is the student an out-of-workforce individual or displaced homemaker? <i>An out-of-workforce individual or displaced homemaker is an individual who is under-employed or unemployed and is experiencing difficulty in obtaining employment or upgrading employment AND has worked primarily without remuneration to care for a home and family, and for that reason has diminished marketable skills; OR has been dependent upon the income of another family member but is no longer supported by that income.</i></p>	YES	NO
<p>3. Is the student homeless or affected by homelessness? <i>Individuals who lack a fixed, regular, and adequate nighttime residence. The term includes: Individuals sharing the housing of other persons due to loss of housing; Individuals living in motels, hotels, trailer parks, camping grounds, emergency or transitional shelters, cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, abandoned in hospitals; Individuals who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; or Migratory children, who qualify as homeless because they are living in circumstances described in this definition.</i></p>	YES	NO
<p>4. Are you the parent/guardian of a youth (age 14-24) who is in or has aged out of the foster care system? <i>The term ‘foster care’ means 24-hour substitute care for children placed away from their parents or guardians and for whom the State agency has placement and care responsibility. This includes, but is not limited to, placements in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, childcare institutions, preadoptive homes. The term ‘age out’ refers to the time frame after which a foster care child is eligible for state services. Transitioning out of the child welfare system may occur as early as 18 or as late as age 23.</i></p>	YES	NO

I am a student who is 18 years of age or older, or the authorized parent or guardian for the named student.

Parent or Guardian Signature _____ Date _____

Student Signature (18 yrs./older) _____ Date _____