



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](https://www.mnps.org/permissions.mnps.org). **If you do not sign and return this packet, it will be assumed that you are giving permission for your student to participate in each of the activities described in this packet.**

2022-2023 STUDENT-PARENT HANDBOOK ACCESS & ACKNOWLEDGEMENT

I understand the 2022-2023 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.)

Parent or Guardian Signature _____ Date _____



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FERPA DIRECTORY INFORMATION

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

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

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

In the event there is a surge in COVID-19 cases, MNPS is seeking your permission to test your child for infection. Testing will be conducted by a school nurse. A student will not be selected for random testing more often than once a week. We will make every effort to test outside of core instructional time.

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

- Yes
- No

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Parent or Guardian Signature _____ **Date** _____

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



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PERMISSION PREFERENCES

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 of these lessons?

- Yes
- No

If you selected no, please check the corresponding box below. I understand that if I do not submit a written request to opt-out, my student will participate in all 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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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

Student Name (Printed): _____ Student ID: _____

NAVIGATOR PROGRAM

The MNPS Navigator program connects students with faculty and staff with supplemental check-ins outside of the school day. Your student's assigned Navigator will check-in throughout the school year with your student and/or families. These check-ins can occur in-person or over the phone.

Do you give permission for your student to participate?

- 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 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. The Social Work Department is committed to helping students reach their highest academic potential. 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

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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UNIVERSAL BEHAVIOR SCREENER

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** _____



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MEDIA PERMISSIONS

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, 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
*If MNPS does not receive this permission form with a preference marked, the district will assume permission is granted for options one and two above and that permission is not granted for the third, which is photography or digital recording by news or non-MNPS media.		

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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SCHOOL CLIMATE SURVEY

Student Name (Printed): _____ Student ID: _____

During the 2022-2023 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 may exempt your student from participating in these surveys at any time prior to survey administration. In addition, your student can choose whether to take the survey or to answer any particular 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 phone 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 for any reason you do not wish your student to participate in MNPS School Climate surveys, please check the box(es) below and return a signed form to your student's school.

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 2022-2023 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.



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MILITARY STATUS OF PARENTS & LEGAL GUARDIANS

ONLY COMPLETE THIS FORM IF YOUR 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** _____



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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. Are you 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. Are you 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. Are you 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, child care 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 _____



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

METRO PUBLIC HEALTH DEPARTMENT YOUTH RISK BEHAVIOR SURVEY

Student Name (Printed): _____ Student ID: _____

Metro Nashville Public Schools (MNPS) is participating in the 2023 Youth Risk Behavior Survey (YRBS), as we did in 2019 and 2021. This survey focuses on the health and risk behaviors among U.S. high school students in grades 9–12. The Metro Public Health Department, through a cooperative agreement with MNPS and the Center for Disease Control, will conduct the survey with a random sample of students. While we encourage participation, a student may decide at any time not to participate. As well, parents/guardians may choose in advance for their student to not participate. You may review a copy of the survey on MPH's Web site <http://health.nashville.gov> or at your school's front office. If you would like to opt out your child from participating in this survey, please do so now.

Do you give your student permission to participate in the Metro Public Health Department Youth Risk Behavior Survey?

- Yes
- No

Student Name (First, Middle, Last): _____

Student Grade: _____

School Name: _____

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 _____