


FCPS Forms Available From the Warehouse

Admit Slip:
 2-part NCR (5.5" x 3")
 Inventory ID: **006051**
 100 per package



ADMIT SLIP

Frederick County Public Schools

DATE: _____ CODE: _____


NAME OF STUDENT _____

ARRIVED AT SCHOOL AT _____ (TIME OF ARRIVAL)


NOTE ATTACHED { YES _____ BUS DELAYED _____
 NO _____

OFFICE SIGNATURE: _____

Bus Pass:
 Pad (5.5" x 4.25")
 Inventory ID: **006034**
 50 sheets per pad



BUS PASS



Frederick County Public Schools

Student: _____

Has permission to ride BUS#: _____


To/With: _____

On (Date): _____

Authorized Signature _____

CS-SEP2011

Detention Assignment:
 2-part NCR (8.5" x 11")
 Inventory ID: **006035**
 50 per package



Frederick County Public Schools
Bus Driver Form

DETENTION ASSIGNMENT

NAME _____ GRADE _____

is to report for detention on _____ as a result of _____

IF THE ABOVE NAMED STUDENT MISSES ANY OF THE ASSIGNED DETENTIONS, IS LATE OR CAUSES A DISRUPTION, HE/SHE MAY BE:

REFERRED TO AN ADMINISTRATOR
 ASSIGNED TO SATURDAY SCHOOL

DETENTION RULES

- Assigned detention will be from _____ a.m./p.m. to _____ a.m./p.m. and will be held in _____.
- Students must report no later than _____ a.m./p.m. Students who arrive late may not be admitted and may be referred to the appropriate administrator. Students are required to bring pens, pencils, books and school-related assignments to detention. Students are expected to be on task throughout the assigned time. Work may be assigned if the student brings none. Students are expected to demonstrate appropriate behavior. Sleeping, talking, making noises, leaving an assigned seat and other forms of behavior that distract others will not be tolerated. Eating and drinking are not allowed. All electronic devices must be powered off.
- If the student is absent on the day of scheduled detention, the student is required to:
 - attend detention on the day he/she returns to school
 - reschedule through the administrator
- Students may not reschedule extension dates. If rescheduling is necessary, the parent must contact the administrator prior to the scheduled date.
- Students may not be dismissed from detention for any school activities.
- Other: _____

TRANSPORTATION

Please note that school bus transportation is not provided for before- or after-school detention. Transportation to and from the detention assignment is the parent's responsibility.

MY SIGNATURE BELOW INDICATES THAT I HAVE RECEIVED A COPY OF THIS DOCUMENT, HAVE REVIEWED IT WITH AN ADMINISTRATOR, UNDERSTAND THE RULES AND AGREE TO SHOW THIS FORM TO MY PARENTS THIS EVENING.

Student's Signature _____ Date _____

Administrator's Signature _____ Date _____


CS/10-11 White Copy to Student/Parent Canary Copy to File

FCPS Forms Available From the Warehouse

Gate Receipt Reconciliation:
 3-part NCR (8.5" x 11")
 Inventory ID: **006032**
 25 per package

GATE RECEIPTS RECONCILIATION FORM					
SCHOOL: _____		EVENT: _____			
DATE: _____					
I. TICKET REVENUE CALCULATION:					
A. Adult Tickets					
Ending Number	.....			
Beginning Number	.....			
Total Sold	.....	X			(Adult Revenue)
B. Student Tickets					
Ending Number	.....			
Beginning Number	.....			
Total Sold	.....	X			(Student Revenue)
C. No-Charge					
Ending Number	.....			
Beginning Number	.....			
Total Issued	.....	X	N/A		N/A
D. Online Tickets Sold					
Adult Tickets	.....	X			(Ticket Rate)
Student Tickets	.....	X			(Ticket Rate)
Total Online Sold	.....	X			(Ticket Rate)
(PLEASE INCLUDE A COPY OF THE CHECK PAYOUT REPORT)					
I. TOTAL TICKET REVENUE					\$ _____
II. CASH RECONCILIATION:					
Check #	.....	(ONLINE SALES)			\$ _____
Hundreds	-		X	\$100.00	-
Fifties	-		X	\$ 50.00	-
Twenties	-		X	\$ 20.00	-
Tens	-		X	\$ 10.00	-
Fives	-		X	\$ 5.00	-
Ones	-		X	\$ 1.00	-
Fifty Cents	-		X	\$.50	-
Quarters	-		X	\$.25	-
Dimes	-		X	\$.10	-
Nickels	-		X	\$.05	-
Pennies	-		X	\$.01	-
Total Cash in Cash Box					\$ _____
Less: Beginning Cash					\$ _____
II. CASH REVENUE					\$ _____
III. TOTAL REVENUE					
LESS REVENUE FOR BOE ATHLETIC ADULT GATE RECEIPTS (\$2 PER ADULT TICKET)					
(ACCT CODE 21340-100100-013-88-00000)					
TOTAL REVENUE FOR ATHLETIC DEPARTMENT					\$ _____
Administrator _____ Cashier _____					
Cash Short (i. Exceeds 1)		Cash Over (i. Exceeds 1)		OR	
COMMENTS: _____					

Hall Pass:
 Pad (5.5" x 2.75")
 Inventory ID: **006031**
 50 sheets per pad



FCPS HALL PASS
Frederick County Public Schools

NAME: _____ DATE ISSUED: _____

FROM: _____ FROM: _____


TO: _____ TO: _____

TIME: _____ TIME: _____

REASON: _____

SIGNATURE _____ SIGNATURE _____ CS-SEP2011

High School Admit/Attendance Slip:
 2-part NCR (5.5" x 3")
 Inventory ID: **006026**
 100 per package



ADMIT/ATTENDANCE SLIP
Frederick County Public Schools

Name: _____

Date Absent/Dismissed/Late: _____

Date Issued: _____

Code: _____

Time: _____

Authorized by: _____

STUDENT ASSISTANTS ARE NOT AUTHORIZED TO SIGN THIS PASS

TEACHER'S SIGNATURE BY PERIOD

1. _____

2. _____

3. _____

4. _____

CS-SEP2011

FCPS Forms Available From the Warehouse

Internal Deposit Slip:
 3-part NCR (3.666" x 8.5")
 Inventory ID: **006022**
 100 per package

INTERNAL DEPOSIT SLIP

SCHOOL _____

Date _____

Account Name _____

Source of funds being deposited _____

Amount - Currency \$ _____

Coins _____

Checks _____

Total of Deposit \$ _____

Teacher _____
signature

Bookkeeper _____
signature


Please complete the following if the deposit consists of taxable sales.

Total Collected \$ _____

Taxable Sales \$ _____

Sales Tax Collected \$ _____
(6% of taxable sales)

Late Pass:
 2-part NCR (4.25" x 2.75")
 Inventory ID: **006025**
 100 per package



LATE PASS

DATE _____

STUDENT _____


TIME _____

TEACHER _____

REASON _____

CS-SEP2011

Out of School Pass:
 2-part NCR (5.5" x 3")
 Inventory ID: **006052**
 100 per package



OUT-OF-SCHOOL PASS

DATE: _____

NAME: _____ HAS PERMISSION

TO LEAVE SCHOOL AT: _____ (TIME) FOR THE FOLLOWING

PURPOSE: _____


NOT EXPECTED TO RETURN TODAY: _____

EXPECTED TO RETURN AT: _____ (TIME) TODAY

OFFICE SIGNATURE: _____

FCPS Forms Available From the Warehouse

Saturday School Contract:
 2-part NCR (8.5" x 11")
 Inventory ID: **006036**
 50 per package



SATURDAY SCHOOL CONTRACT

NAME _____ GRADE _____
 is to report for Saturday School on _____ as a result of _____

SATURDAY SCHOOL GENERAL INFORMATION

- Saturday School will be from _____ a.m. to _____ a.m. and will be held in _____
 Students are to report to _____ no later than _____ a.m. to gain entrance to the building. Students arriving late will not be admitted. Early dismissals are not allowed.
- Saturday School is cancelled if school is closed all day or closes early on Friday due to inclement weather. Saturday School is also cancelled if the snow emergency plan is in effect by 6 a.m. on Saturday.

SATURDAY SCHOOL RULES

- Students are required to bring pens, pencils, books and school-related assignments to detention. Work may be assigned if the student brings none. Students are expected to be on task throughout the assigned time.
- Students are expected to demonstrate appropriate behavior: sleeping, talking, making noise, leaving an assigned seat and other forms of behavior that distract others will not be tolerated. Electronic devices must be powered off and may be confiscated if they are not.
- No food or drinks are permitted.
- Electron privileges must be requested through the proctor.
- Use of library materials must be arranged with permission from staff.
- Absence from Saturday School is unacceptable unless the absence is certified in writing by a doctor.
- Other: _____

CONSEQUENCES

- Refusal to follow the proctor's requests and/or any disruptive behavior may result in immediate removal from Saturday School. A reasonable attempt will be made to notify the student's parent/guardian that the student has been removed.
- If the student fails to attend the assigned Saturday School, is late or causes a disruption, he/she may be suspended out of school for a minimum of _____ days.

TRANSPORTATION


Please note that school bus transportation is not provided for Saturday School. Transportation to and from Saturday School is the parent's responsibility.

MY SIGNATURE BELOW INDICATES THAT I HAVE RECEIVED A COPY OF THIS DOCUMENT, HAVE REVIEWED IT WITH AN ADMINISTRATOR, UNDERSTAND THE RULES OF SATURDAY SCHOOL AND AGREE TO SHOW THIS FORM TO MY PARENTS THIS EVENING.

Student's Signature _____ Date _____
 Administrator's Signature _____ Date _____

CS 10-11 White Copy to Student/Parent Canary Copy to File

Student Absence, Late Arrival, Dismissal Change:
 Pad (5.5" x 8.5")
 Inventory ID: **006033**
 50 sheets per pad



STUDENT ABSENCE, LATE ARRIVAL, DISMISSAL CHANGE
 School Office Notification

Student _____ Grade _____
 Teacher _____ Date _____ Time _____

ABSENT / LATE

Absent Tardy Will Arrive Late / Time Expected _____
 Illness Missed bus Dr. appt. Overslept Car trouble
 Religious Other _____


DISMISSAL CHANGE

Dismiss at (time) _____ Returning at _____ / Not returning
 Will be picked up by _____
 Will ride bus# _____ to/with _____
 Will be a car rider with _____
 Will be a walker Other _____

PERMISSION FROM PARENT/GUARDIAN

Called Sent Note Other _____
 Rec'd by _____ on (date) _____ at (time) _____ CS-SP2011

Student Detention Notice From Teacher:
 3-part NCR (8.5" x 5.5")
 Inventory ID: **006027**
 100 per package



STUDENT DETENTION NOTICE FROM TEACHER

Student _____ Grade _____
 Detention Date _____ Detention Room # _____ Detention Time _____
 Teacher _____ Class _____

Behavior Reasons: Late to class **Academic Reasons:** Failure to complete class assignment(s)
 Disruptive in class (see note) Make-up of test
 No class materials; repeated Tutorial help
 Other (see note) Class enrichment
 Other (see note)

NOTE:

My signature below indicates that I have received a copy of this Detention Notice and agree to show this notice to my parents/guardians this evening.

Student Signature _____ Date _____
 White copy – Parent/Student Yellow copy – Teacher Pink copy – Office CS-SP2011

FCPS Forms Available From the Warehouse



RECESS DETENTION NOTICE

Student Name _____ Date _____

Referring Teacher _____ Homeroom Teacher _____ Detention Teacher _____

REASON FOR DETENTION:

Behavior: _____

Academic: _____

Please sign and return to teacher:

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

White copy – Parent/Student Yellow copy – Teacher Pink copy – Office

CS-SEP2011

Recess Detention Notice:

3-part NCR (8.5" x 5.5")

Inventory ID: 006028

100 per package

HEALTH SCREENING										STUDENT RECORD CARD 5 SIDE 1 Maryland State Department of Education Revised SY 2019-2020			
First Name: _____										Date of Birth: _____			
Middle Name: _____										SASID: _____			
Last Name: _____										LOCID: _____			
Preferred Name: _____										<input type="checkbox"/> 504 <input type="checkbox"/> IEP			
IDENTIFIED HEALTH CONCERNS:										ALLERGIC TO:			
VISION SCREENINGS													
Date	Grade Level	P	F	Date of Notification	NO GLASSES		WITH GLASSES		Muscle Balance		Color	Comments (include date, signature, and title)	
					R	L	R	L	Far	Near			
HEARING SCREENINGS										OTHER HEALTH TESTS, EVALUATIONS, OR HOSPITALIZATIONS			
Date	Grade Level	P	F	Date of Notification	Hearing		Comments (include date, signature, and title)		Date	Grade Level	Follow-up Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
					R	L							
ROUTINE PHYSICAL EXAM			ROUTINE DENTAL EXAM			FORMS							
Date	Grade Level	Follow-up Needed	Date	Grade Level	Follow-up Needed	<i>The following forms must be filed in student's record:</i>							
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	Maryland Schools Record of Physical Examination <input type="checkbox"/>							
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	Maryland Immunization (MDH Form 996) <input type="checkbox"/>							
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	Blood Lead Testing Certificate (if required) <input type="checkbox"/>							
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: <input type="checkbox"/>							

Student Record Card 5 (Vision/Hearing Screening):

Double-sided form (11" x 8.5")

Inventory ID: 006053

50 per package

HEALTH SCREENINGS, EXAMINATIONS, AND EVALUATIONS (When Appropriate)										STUDENT RECORD CARD 5 SIDE 2 Maryland State Department of Education Revised SY 2019-2020			
First Name: _____										Date of Birth: _____			
Middle Name: _____										SASID: _____			
Last Name: _____										LOCID: _____			
Preferred Name: _____													
Date	Grade Level	Comments								Name/Title			