

Student Information Sheet (per child)

2017-2018 School Year

Student's Legal Name _____ Preferred Name _____
Last First Middle

Mailing Address

Street or P. O.Box City State Zip

Social Security Number _____ Date of Birth _____

Age _____ Male / Female _____ Grade Entering _____

School Presently Attending and address (for new students only) _____

Student lives with (list all that apply) _____

Parent/Guardian Information:

Father/Guardian _____ Mother/Guardian _____

Stepfather _____ Stepmother _____

Home Address _____ Home Address _____

City/State/Zip _____ City/State/Zip _____

Home Telephone _____ Home Telephone _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Email _____ Email _____

Emergency Contact (Other than listed above) _____ Phone # _____

Who is Eligible to pick up child (list all that applies) _____

Where does your child stay after school? _____

Parent/Guardian Signature

Date



Parental Consent Agreement

Please read and initial below granting your consent for the following policies which have been adopted by the Tri County Educational Foundation, Inc. Board of Directors for the academic session 2017-2018.

_____ I (we) hereby acknowledge that I (we) agree to read and follow the guidelines set forth within the online handbook for Tri-County Academy Educational Foundation, Inc. The handbook may be found online at www.tricountyacademy.org.

_____ I (we) have read the board-adopted policies on Internet and Computer Use and the Social Networking Policy as set forth in the online handbook.

_____ I (we) understand and agree that my child may be required to submit to urinalysis testing for detection of prohibited drugs and other substances. I (we) understand that all results will be kept confidential.

_____ I (we) consent that photography of my child may be used by Tri-County Academy in whatever they may desire, including newspapers, audiovisual productions, television, or the Tri County Educational Foundation, Inc. website.

Print Student's Name:

Parent/Guardian Printed Name

Parent/Guardian Printed Name

Parent/Guardian Signature

Parent/Guardian Signature

Date



USE OF CORPORAL PUNISHMENT AGREEMENT 2017-18

Tri County Academy through its Board, Administration, Faculty and Staff offers and provides an educational environment which is conducive to learning. That environment is based upon Christian values that incorporate a system of discipline designed and used to maintain the desired learning environment. This system of discipline includes the potential use of corporal punishment.

The use of corporal punishment as a form of student discipline is, and shall be at the discretion of the Headmaster pending notification of the student's parents. As part of any notification, the Headmaster shall provide the underlying cause(s) for the use of corporal punishment and obtain consent from both parents prior to the use of any corporal punishment.

By signature below, we the parents of _____ agree/do not agree to the use of corporal punishment as a means of discipline, upon notification by the Headmaster. Further, that we agree to save and hold harmless Tri County Academy, its Board, Administration, Faculty and Staff from any and all reasonable injury, markings and or bruises that may result or appear upon the student subsequent to the use of corporal punishment. Additionally, we understand and agree that should we decline and or withhold agreement to the use of corporal punishment, then in that event, suspension will be used as an alternative with the Headmaster having sole discretion as to the length and duration of the suspension pursuant to the Student Handbook.

_____: This agreement has been explained and we agree to the use of corporal punishment as set out in this agreement.

_____: This agreement has been explained and we do not agree with the use of corporal punishment as set out in this agreement.

Signatures are Required by Both Parents/Legal Guardians

Signature of Parent

Date

Signature of Parent

Date

Witness

Date

**Madison County School District
Home Language Survey**

Appendix A

School _____

Teacher _____

Public law 100-297 requires schools to determine the language(s) spoken in the home by each student. This information is essential for the district to provide meaningful instruction for all students.

Your cooperation in helping us meet this important requirement is requested. Please answer the following questions and return this form to the office. Thank you for your help.

Student's Name

_____, _____, _____

Last

First

Middle

_____, _____

Grade Entering

Age

_____ 1. Was this student born in the United States? If no, What is your student's country of birth?

_____ 2. Which language did your son/daughter learn when he /she began to talk?

_____ 3. Which language does your son/daughter use most frequently at home?

_____ 4. Which language do you use most frequently to speak to your son/daughter?

_____ 5. Name the language most often spoken by the adults at home?

_____ 6. Has your child attended any U.S. school in any three years of his/her lifetime?

If yes, please provide the school name and state. _____

Signature of parent or guardian / Date



Medical Treatment Authorization and Liability Release Form

Minor's Name: _____

Home Address: _____

Date of Birth: _____ Gender: _____

Medical Information

Primary Care Physician's Name: _____

Phone #: (____) _____

Medical Insurance Provider: _____ Policy #: _____

Allergies to Medications: _____

Medical Conditions for which the minor is receiving treatment:

Prescription Drugs the minor is taking:

Other pertinent medical information:

AUTHORIZATION AND RELEASE AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

As custodian of the aforementioned minor, I grant my authorization and consent for an employee at Tri County Academy to administer general first aid treatment for minor injuries or illnesses and to administer medical treatments or prescription medications **with doctor's orders**. If the injury or illness is severe, I authorize him or her to seek professional emergency personnel to attend, transport, and treat the minor and to issue consent for any medical care deemed advisable by a licensed medical professional or institution. I authorize an employee at Tri County Academy to exercise best judgment upon the advice of medical or emergency personnel. I hereby waive, release, and discharge any and all claims for damage, for personal injury, or death which I may have or which may hereafter accrue to me as a result of a Tri County Academy employee administering medical treatment or prescription medication. This release is intended to discharge in advance Tri County Academy, its employees, and board of directors from any liability, costs and damages which might arise from issuing medical treatment to minor named above even though liability may arise out of negligence on the part of the persons or entities mentioned above. It is understood and agreed that this waive and release is to be binding on my heirs and assigns. I agree to accept any and all financial responsibility for the costs associated to this medical or emergency treatment.

Signed this _____ day of _____, 20_____.

Parent / Guardian Signature: _____ Printed Name: _____



ACH Debit Authorization

Authorization Agreement for Direct Payments (ACH Debits)

Company Name: Tri County Educational Foundation

Company ID Number: 57-0884063

I (we) hereby authorize Tri County Educational Foundation, herein after called COMPANY, to initiate debit entries to my (our) account as indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Bank Name: _____

Checking Account Savings Account

Routing Number (9 Digits): _____ **Account Number:** _____

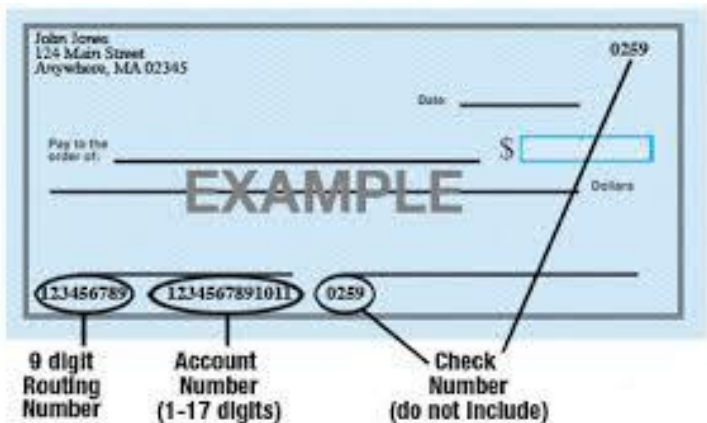
Amount of Draft: _____ **Date of Draft:** 5th 5th & 20th June July

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____
(Please Print)

Signature: _____ **Date:** ____/____/____

Please attach a VOIDED CHECK to this authorization if a checking account will be debited.



Note: the routing and account numbers may be in different places on your check.