

Student Information Sheet (per child)

2019-2020 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 2019-2020.

_____ 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 all board-adopted policies 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

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, 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 because 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 all financial responsibility for the costs associated to this medical or emergency treatment.

Signed this _____ day of _____, 20____.

Parent / Guardian Signature: _____ Printed Name: _____



USE OF CORPORAL PUNISHMENT AGREEMENT 2019-20

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.

Parents/Legal Guardians signature required

Signature of Parent Date

Witness Date

Madison County Schools

HOME LANGUAGE SURVEY

Student Name: _____ Birth Date: _____ Sex: Male Female

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

1. Was your child born in the United States? Yes No

If yes, in which state? _____

If no, in what other country? _____

2. Has your child attended any school in the United States for any three years during their lifetime? Yes No

If yes, please provide school name(s), state, and dates attended:

Name of School _____ State _____ Dates Attended _____

Name of School _____ State _____ Dates Attended _____

Name of School _____ State _____ Dates Attended _____

3. What language is spoken by you and your family most of the time at home? _____

4. If available, in what language would you prefer to receive communication from the school? _____

5. Please check if your child is:

A. Native American Indian

C. Native Pacific Islander

B. Alaska Native

D. Native U.S. Virgin Islander

6. Is your child's first-learned or home language anything other than English? Yes No

If you responded "Yes" to question number 6 above, please answer the following questions:

7. What language did your child learn when he/she first began to talk? _____

8. What language does your child most frequently speak at home? _____

9. What language do you most frequently speak to your child? (Father) _____

(Mother) _____

10. Please describe the language understood by your child. (Check only one)

A. Understands only the home language and no English.

B. Understands mostly the home language and some English.

C. Understands the home language and English equally.

D. Understands mostly English and some of the home language.

E. Understands only English.

Parent or Guardian's Signature

Date

OFFICE USE ONLY

Student ID #	Date Distributed	Date Received	
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Tri-County Academy

After School/Summer Program

2019- 2020

_____ Drop In Start Date _____

_____ Summer Program Withdrawal Date _____

_____ After School

Child's Name _____ DOB _____ Grade _____

Address _____

Medication _____

Allergies _____

Doctor's Name and Phone Number _____

Mother's Name _____

Home Number _____ Work Number _____

Cell Number _____ Other _____

Father's Name _____

Home Number _____ Work Number _____

Cell Number _____ Other _____

Emergency Contact (other than parents) _____

Who is allowed to pick up child other than parents _____



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:** _____

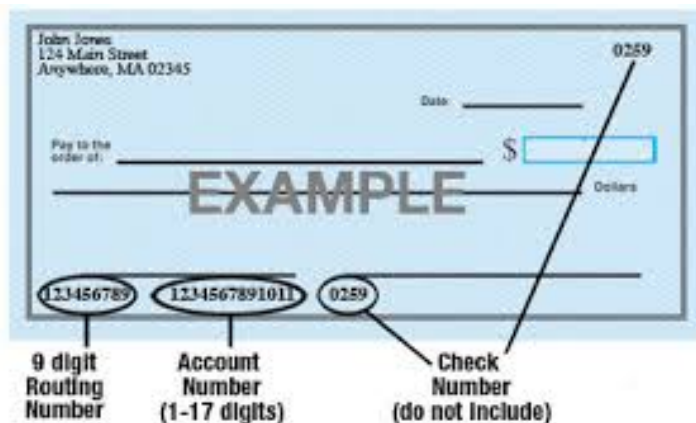
Amount of Draft: _____ **Date of Draft:** 5th 5th & 20th June July

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.



Tri-County Educational Foundation

400 Cox Ferry Road

Flora, MS 39071

601-879-8517

Dr. Tom Taylor, Headmaster



All new students entering TCA in grades 7-12 are required to have a drug screening before they are eligible to attend classes or participate in any school activities. The drug test should be administered at Med Screens in Pearl, MS. The cost is \$20. Their hours are Monday-Friday, 8AM-5PM. After the screening, the results will be sent directly to TCA.

MedScreens

3825 US-80

Pearl, MS 39208

Phone: 601-939-3030



If you have any questions, please contact Med Screens directly or you may contact the school at 601-879-8517.