



# Redd School

*Academic Excellence with a HEART!*

## **Registration Forms** J-10

Enrollment Date: \_\_\_\_\_

Referred by: \_\_\_\_\_

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Subdivision \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Addresses (1) \_\_\_\_\_

(2) \_\_\_\_\_

Previous School/Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade Entering \_\_\_\_\_

Student lives with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

Step-Parent Name \_\_\_\_\_

Other children in the family - Names/Ages \_\_\_\_\_

Father's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Firm \_\_\_\_\_ Business Phone \_\_\_\_\_

Other phone numbers (Cell, Pager, Etc.) \_\_\_\_\_

Mother's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Firm \_\_\_\_\_ Business Phone \_\_\_\_\_

Other phone numbers (Cell, Pager, Etc.) \_\_\_\_\_

Photography: I \_\_\_\_\_ DO \_\_\_\_\_ DO NOT give my permission for my child's photographs to be used on the Redd School website and/or for public relations purposes. I \_\_\_\_\_ DO \_\_\_\_\_ DO NOT give permission to give my contact information to other parents. Please initial \_\_\_\_\_

YES, I have signed all releases.  
Please Initial \_\_\_\_\_

Extended Care Services? Yes \_\_\_\_\_ No \_\_\_\_\_

## Information Updates

I understand that it is my responsibility as the parent or legal guardian to update information on this form as changes occur.

\_\_\_\_\_

*Signature of Parent or Legal Guardian*

\_\_\_\_\_

*Date*

## Redd School General Accident Releases

I, the undersigned, being the individual, parent or legally authorized and qualified guardian of \_\_\_\_\_, agree to hold Redd School, its administration, and/or faculty, harmless from all liability from any injuries which any member of my family may receive while participating in any recreational activities or utilizing the Redd School facilities.

I authorize the Redd School director and/or responsible employee to secure medical services for any family member if necessary, and I agree to pay, either directly or through my personal health and accident insurance policy, all related expenses including medical, hospital, etc.

\_\_\_\_\_

*Signature of Parent or Legal Guardian*

\_\_\_\_\_

*Date*

**Water Activities:** I give \_\_\_\_\_ do not give \_\_\_\_\_ my consent for my child to participate in water activities (swimming, wading pools, etc)

\_\_\_\_\_

*Signature of Parent or Legal Guardian*

\_\_\_\_\_

*Date*

# Field Trips

Student's Name \_\_\_\_\_ has my permission to go on any and all field trips that are part of the scheduled activities of his/her class at Redd School for the 2017-2018 school year. I hereby release the Redd School and its representatives from any and all claims, collectively and individually, which might arise as a result of any injury received by the above mentioned student during the course of any field trip. I understand that each trip will be properly supervised. Buses or private cars will be used for transportation as needed.

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

I, \_\_\_\_\_, am willing and able to drive on field trips.

My car/van holds \_\_\_\_\_ children safely in seatbelts.

Call me at \_\_\_\_\_ to make arrangements.

\_\_\_\_\_  
*Signature*

# Conferences

Redd School has an open door policy. Conferences are welcome and encouraged at your convenience. We feel that communication between teachers and parents is very important. I understand that I, as a concerned parent, may request conferences at any time during the school year and that if the teacher calls a conference it is important to attend as soon as possible.

\_\_\_\_\_

# Medical Information

Student's Name \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Hospital Used \_\_\_\_\_

Medical Insurance \_\_\_\_\_

Policy # \_\_\_\_\_ ID# \_\_\_\_\_

I give my permission for any faculty member to transport my child for emergency medical services and I give my permission for emergency treatment by emergency personnel. I agree to be responsible for all expenses.

*Signature of Parent or Legal Guardian*

*Date*

My child's immunization record is on file at Redd School and all immunizations and tuberculosis tests are current.

*Signature of Parent or Legal Guardian*

*Date*

My child has \_\_\_\_\_ will be \_\_\_\_\_ examined by a licensed physician and is able to participate in the school program. I am submitting a statement from my physician.

*Signature of Parent or Legal Guardian*

*Date*

# Medication

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Is this student taking any medication at this time? Yes \_\_\_\_\_ No \_\_\_\_\_  
At home? \_\_\_\_\_ At School? \_\_\_\_\_

Please list ALL prescriptions, dosages and prescribing doctor for medications given at school AND at home.

| Medication Name | Dosage (Measurement) | Dosage (Times) | Prescribing Physician |
|-----------------|----------------------|----------------|-----------------------|
|                 |                      |                |                       |
|                 |                      |                |                       |
|                 |                      |                |                       |
|                 |                      |                |                       |
|                 |                      |                |                       |

Special Instructions for any medications taken during school hours. Some medications may require doctor's signature.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Signature of Parent or Legal Guardian*

*Date*

**NOTE:** Please complete separate form available in office for dispensing medication at school. Some medications may require doctor's signature.

# Emergency Information

Person(s) to Contact \_\_\_\_\_

Relationship \_\_\_\_\_

Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

Other Phone # (cell, pager, etc) \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Doctor's Phone \_\_\_\_\_

Accident/Medical Insurance Company \_\_\_\_\_

Policy Information \_\_\_\_\_

Allergies \_\_\_\_\_

Special information for emergency personnel:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give my permission to transport my child to a doctor or hospital if Redd School/Redd Ranch personnel consider it necessary. An ambulance or other emergency vehicles may be used, if deemed necessary by our staff.

*Signature of Parent or Legal Guardian*

*Date*

# Rules and Regulations

Redd School rules and regulations are designed for safety, academic excellence and in an effort to create an environment where we encourage students to be ladies and gentlemen, thus enhancing the ability to focus and learn. As a parent, I will read the handbook and see that my child follows the rules and I will support the school in these endeavors.

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

## Festival Participation

Redd School has two festivals per school year and it is the responsibility of all stakeholders to make each festival successful. Your participation is required, both in the planning stages and on the day of each festival. Please look at the school year calendar and save the dates for both the Fall and Spring festivals.

I have read the above statement and agree to participate in the festivals.

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

## Deposits and Fees

Registration, Enrichment, Testing and Tuition Fees are NON-REFUNDABLE. Registration secures a place for your child in a limited enrollment situation.. Enrichment pays for special programs and/or field trips Testing fees pay for electronic assessment of test results. Tuition pays for the day to day education of your child. If a student leaves or is asked to leave, the above rules preside. I have read the above and understand these statements. I agree and will comply with the preceding statements.

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

Redd School wants to make your time with us as positive as possible. Please use the space below to give us information about your child or family that may be helpful.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

