

Redd Middle School Leadership Academy

4820 Strack Road
Houston, Texas 77069
281-440-1106

Current Math

CONFIDENTIAL REFERENCE FORM

This part to be completed by applicant

Applicant's Name

Street Address

City

State

Zip

Grade Applied For: _____

CONFIDENTIALITY STATEMENT

I understand that the information furnished by the reference named below will become the property of Redd School. Furthermore, I waive all rights to examine the responses given.

Signature of Applicant's Parent or Guardian

The applicant named above has applied for admission at Redd Middle School. Your name has been given as a reference. We appreciate your providing the information we need as indicated in the questions and ratings below. Please provide information to the best of your personal knowledge. Thank you for your help in this important process. This information will be held in the strictest confidence.

Please return this document directly to Redd Middle School or fax to 281- 440-3225

- How long have you known the applicant? _____
In what capacity? _____
- Do you have knowledge of this applicant being involved in any of the following offenses:
Using tobacco yes__no__
Drinking alcohol yes__no__
Participating in immoral behavior yes__no__
Involved with legal authorities for unlawful acts yes__no__
Involved in any other questionable activities yes__no__
Suspended or involved in school problems yes__no__
- To your knowledge, has this family been supportive of school or classroom policy? yes__no__
- Can you recommend this applicant to Redd Middle School? yes__no__
- Is the applicant in good physical and mental health? If no, please explain. yes__no__ Explain _____

- Please rate the applicant on the following traits using a scale of one to four (Excellent=4; Good=3; Average=2; Poor=1)
Academic promise _____
Dependability _____
Honesty _____
Reputation _____
Social Habits _____
Attitude toward authority _____
Cooperation _____
- Please provide any additional information you think would be helpful: _____

Reference Information

Name _____ Subject taught applicant _____ # years _____

School _____ Telephone _____

Signature _____

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2006-07 APPLICATION INFORMATION

ADMISSION POLICIES

Applicants for admission to Redd Middle School must be physically and emotionally fit, of good moral character, and academically capable. All applicants must:

- Be eligible for re-enrollment in all schools previously attended;
- Have not been suspended or expelled from school or assigned alternative school within past twelve months;
- Have acceptable conduct grades and work habits;
- Be free of *severe* learning or behavioral problems;
- Not be coming directly from any type of rehabilitation program (i.e., drug, alcohol, behavioral, mental, etc.)
- Agree to comply with all policies in the Parent-Student Handbook

All new students will be accepted on behavioral and academic probation for a period of one calendar year. During this period, conduct and academic status will be monitored closely. Continued enrollment is dependent upon acceptable levels of attendance, punctuality, behavior, psychological maturity and academic achievement.

APPLICATION PROCEDURES

1 All Students, 6-8

Complete an Application for Enrollment. Return it to the Redd School with the registration fee of \$385. This Enrollment Fee is non-refundable. The application and fee should be accompanied by report card from previous year, immunization records; birth certificate and available standardized test scores.

2 All Students, 6-8

Complete a Student Background Survey Form. This document should be returned to the Redd School office with the application.

3 All Students, 6-8

Give Confidential Reference Forms to two (2) classroom teachers: Math and English from the current school year. (Be sure to complete the applicant's section of each form.) These recommendations must be mailed or faxed directly to Redd Middle School (281) .

4 All Students, 6-8

Schedule an interview with the Redd Middle School Administrator, by calling (281) 440-1106.

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Middle School Student Background Survey

Applicant's Name: _____

As part of the enrollment process at Redd Middle School, each middle school student (grades 6-8) must complete this form. It must be signed by the applicant and a parent or legal guardian. This form should be returned to Redd Middle School with the Application for Enrollment.

The following information will remain confidential.

Please explain any YES answer on the back of this page.

1. Has this applicant ever been suspended or expelled from any school or assigned to an alternative learning center? Yes___No___
2. Has this applicant been declared ineligible to re-enroll from any school from which she/he has attended? Yes___No___
3. Has this applicant ever been diagnosed as having Attention Deficit Disorder (ADD), Hyperactivity Disorder (ADHD), or any other learning difference(s)? Yes___No___
4. Has this applicant ever been in consultation with a counselor, diagnostician or doctor concerning emotional or behavioral problems? Yes___No___
5. Has this applicant ever been charged with selling, possessing, or using of illegal drugs or controlled substances? Yes___No___
6. Has this applicant ever been involved in gang, satanic, or cult-related activities? Yes___No___
7. Has this applicant ever been involved in inappropriate sexual activities? Yes___No___
8. Has this applicant ever been accused of or involved in the illegal possession of a dangerous weapon? Yes___No___
9. Has this applicant ever been arrested or convicted by any civil authorities, including juvenile courts? Yes___No___

We agree to the immediate dismissal of the applicant named above from Redd Middle School for any misstatement or omission of information on this form.

Signature of Student

Signature of Parent/Legal Guardian

Date

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Attach photo here.

Starting Date

Referred by

APPLICATION FOR ENROLLMENT 2006-2007

STUDENT DATA

Student's Name _____

(Last) (First) (Middle) (Preferred)

Address _____

City _____ State _____ Zip _____

Subdivision _____ Home Phone _____

Email Address _____

Date of Birth _____ Grade Entering _____

Student Lives With: Mother _____ Father _____ Both _____ Other _____

Step Parent Name _____

Other children in Family: Name _____ Age _____

Name _____ Age _____

FAMILY INFORMATION

Father's Name _____

Occupation _____ Firm _____

Business Phone _____ Cell/Pager _____

Mother's Name _____

Occupation _____ Firm _____

Business Phone _____ Cell/Pager _____

Legal Guardian (other than parent) _____

Occupation _____ Firm _____

Business Phone _____ Cell/Pager _____

Please Initial:
Yes, I have signed all releases. _____

Extended Care Services? Yes _____ No _____
Hours Requested: _____

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MEDICAL INFORMATION

Student's Name _____

Doctor's Name _____ Doctor's Phone _____

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/Legal Guardian

Date

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

Signature of Parent/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/Legal Guardian

Date

MEDICATION *(Please complete separate form available in office for dispensing medication at school. Some medications require a doctor's signature.)*

Student's 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

Please list any special instructions for medications taken during school hours:

Signature of Parent/Legal Guardian

Date

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EMERGENCY INFORMATION *Person(s) to contact in case of an emergency :*

_____ *Name* _____ *Relationship*

_____ *Home Phone* _____ *Work Phone* _____ *Cell Phone/Pager*

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/Legal Guardian* _____ *Date*

CONTACTS (If you, the parent, are not available or cannot be reached, the people listed below have your authorization to be contacted. They are also authorized to take your child from the Redd School/Redd Ranch premises.)

Name _____	Drivers License # _____	Relationship to Student _____
Address _____	City _____	State _____ Zip _____
Home Phone _____	Work Phone _____	Cell/Pager _____

Name _____	Drivers License # _____	Relationship to Student _____
Address _____	City _____	State _____ Zip _____
Home Phone _____	Work Phone _____	Cell/Pager _____

Name _____	Drivers License # _____	Relationship to Student _____
Address _____	City _____	State _____ Zip _____
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Deposits and Fees

Deposits and Fees are NON-REFUNDABLE. They ensure a place is being held for your child. In the event that the child enrolled does not abide by the Redd School/Redd Ranch rules and regulations, NO REFUND or REIMBURSEMENT will be issued for ANY FEES, DEPOSITS or TUITION, as these are used to secure a position in a limited enrollment situation. I have read the above and understand these statements. I agree and will comply with the preceding statements.

Signature of Parent/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. Thanks!
