



# Redd School

*Academic Excellence with a HEART!*

## Registration Forms

Starting Date: \_\_\_\_\_

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

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

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 \_\_\_\_\_

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.) \_\_\_\_\_

YES, I have signed all releases.

Please Initial \_\_\_\_\_  
(See pages 2 & 3)

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

Hours Requested \_\_\_\_\_

# Redd School/Redd Ranch General Accident Release

I, \_\_\_\_\_, hereby grant my child,  
 \_\_\_\_\_, full permission to participate in riding instruction and related activities given by D. Travis McDonald and other instructors at the Redd School/Redd Ranch facilities at 4820 Strack Road, Houston, Texas. I understand that under Texas Law (Chapter 87, Civil Practice and Remedies Code) an equine professional is not liable for injuries to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

I have read and understand the above and take full and complete responsibility for any and all related expenses and discomforts arising from any related incidents.

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

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

I, the undersigned, being the individual, parent or legally authorized and qualified guardian of \_\_\_\_\_, agree to hold Redd School/Redd Ranch, 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/Redd Ranch facilities.

I authorize the Redd School/Redd Ranch 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)

**Horseback Riding:** I give \_\_\_\_\_ do not give \_\_\_\_\_ my consent for my child to participate in horseback riding activities.

\_\_\_\_\_  
*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 beginning March, 2007. 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.

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

\_\_\_\_\_  
Date

# Medical Information

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

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

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

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

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

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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.

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*Signature of Parent or Legal Guardian*

*Date*

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

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*Signature of Parent or Legal Guardian*

*Date*

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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.

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*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

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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*

# 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 \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Other Numbers (cell, pager, etc) \_\_\_\_\_  
 Relationship to Student \_\_\_\_\_ Driver's License # \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Other Numbers (cell, pager, etc) \_\_\_\_\_  
 Relationship to Student \_\_\_\_\_ Driver's License # \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Other Numbers (cell, pager, etc) \_\_\_\_\_  
 Relationship to Student \_\_\_\_\_ Driver's License # \_\_\_\_\_

# 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 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. Thanks!

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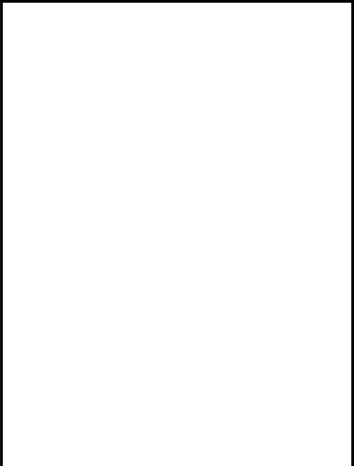
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Please attach a recent photo