



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.) _____

Photography: 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. *Please initial* _____

YES, I have signed all releases.
Please Initial _____
(See pages 2 & 3)

Extended Care Services? Yes _____ No _____
Approximate 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 for Summer, 2010 and School years 2009/2010 and 2010/2011. 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.

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# _____

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

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 # _____

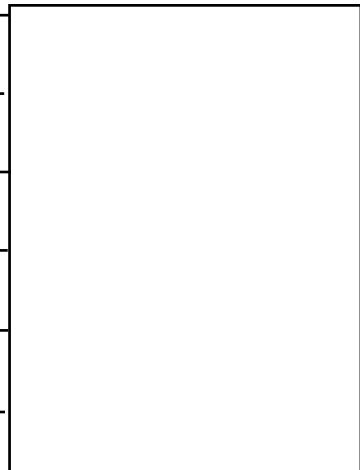
Deposits and Fees

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. Thanks!



Please attach a recent photo