

**Richard Hardy Memorial School
1620 Hamilton Avenue
South Pittsburg, TN 37380**

Registration Form

Name of Student _____ Age _____

Date of Birth _____ Grade Entering _____ Sex: M F

Race: Cau African Am Hisp Asian Am Native Am

Soc Sec # (Optional) _____

Place of Birth _____

Birth Cert # (optional) _____

Father's Name _____ Mother's Name _____

Child's 911 Address _____

Child's Mailing Address _____

Resident of Richard City Yes No

Who has legal custody of the child? _____

Father's Place of Work _____ Work Phone: _____

Mother's Place of Work _____ Work Phone: _____

***Kindergarten Students Only: Does your child participate in the Imagination Library program? _____ Yes _____ No**

We must have a phone number where you or someone can be reached at all times in case of an accident or your child becomes ill.

Home Phone # _____ Cell Phone# _____

Emergency Phone # _____

Parents' Email Address _____

Signature of Parent/Guardian indicating that this information is correct.

Signature _____ Date _____

Official Use Only
Original to : Attendance

Richard Hardy Memorial School
1620 Hamilton Avenue
South Pittsburg, TN 37380
Fax 423-837-0641 Phone 423-837-7282

REQUEST FOR RECORDS

Date _____ **Grade Entering** _____

Previous School _____

Previous School Address _____

The student below has enrolled at Richard Hardy Memorial School. Please forward complete copies of the school records indicated.

Student's Name _____

Student's Date of Birth _____

Social Security # (optional) _____

Records requested: _____ **Speech and Hearing** _____ **Attendance**

_____ **Discipline Records** _____ **Standardized Test Scores**

_____ **Academic Records** _____ **Title I** _____ **Psychological Tests,**

_____ **IEPs** _____ **Academic Records** _____ **Health Records**

_____ **Discipline Records** _____ **Special Education Records**

I, the undersigned parent/guardian, grant permission for the records of the dependent child to be transferred to Richard Hardy Memorial School.

Parent/Guardian Signature

_____ **Date** _____

For Official Use
Original to: Attendance

**Richard Hardy Memorial School
1620 Hamilton Avenue
South Pittsburg, TN 37380**

RESIDENCE VERIFICATION

I, the undersigned person, hereby acknowledge that I am registering a student(s) at Richard Hardy Memorial School. By signing below, I certify that I am the custodial parent/guardian for the name student(s) and I reside

___ **Inside the Richard City Special School District**

___ **Outside the Richard City Special School District, but in the State of Tennessee**

___ **Outside the State of Tennessee**

If the student resides outside of the Richard City School District and inside the State of Tennessee, I agree to pay the amount of Fifty Dollars (\$50.00) per year tuition.

If the student lives outside the State of Tennessee, I agree to pay the amount of \$_____ per year tuition.

If I move out-of state or out of the Richard City School District after the date of this statement, I understand that I am responsible for paying out-of-state tuition and the out-of-district tuition, unless my student(s) is/are no longer attending Richard Hardy Memorial school.

Name of student(s) registering at Richard Hardy Memorial School

_____ **Grade** _____
_____ **Grade** _____
_____ **Grade** _____
_____ **Grade** _____

Address: _____

Date: _____ **Signature of Custodial Parent/Guardian** _____

Date: _____ **Signature of Notary Public** _____

(Notary Seal)

HOME LANGUAGE SURVEY

Student's
Name: _____

(Nombre)
(apellido)

First (Primer)

Middle

Last

Homeroom Teacher: _____

Grade: _____

Please answer the following questions:

(Favor de contestar estas preguntas:)

1. What is the first language you learned to speak? _____

(Cual fue la primera lengua que aprendiste a hablar?)

2. What language do you speak most often outside of

School? _____

Cual lengua hablas mas fuera de la escuela?)

3. What language do people usually speak in your home?

(Cual lengua hablas mas frecuente en la casa?)

4. Did the child move (alone or with a parent, spouse, guardian) within the last 36 months to obtain work that is temporary or seasonal AND agricultural?

(Se ha trasladado el niño/la niña.) durante los últimos 36 meses (solo, con o acompañado por un pariente, esposa/a, tutor) para obtener un empleo temporario o de estacion y agricultura?)

Date: _____ Parents Signature: _____

Official Use Only
Given Upon Request Only

Original to Principal

Copy to Teacher

Corporal Punishment Form

As the parent or guardian of _____ Grade: _____

I make the following request about the use of corporal punishment on this child:

_____ Never use corporal punishment.

_____ Corporal punishment only with parent or guardian present.

_____ Corporal Punishment only if parent is contacted by phone before it is administered.

Parent Signature _____

Date _____

Richard Hardy Memorial School Medical Treatment Form

Medication Policy: Prescribed medications can only be administered at school when failure to do so could jeopardize a student's health.

Medication Order Form:

Because it is necessary for _____ to receive medication while attending school, the following medication is to be dispensed by staff members at school, during the school day.

Grade: _____

Medication: _____

Dosage/Route _____

Dose Schedule _____

Reason _____

Date _____ Physician's Signature: _____

Physician's Address: _____

Physician's Phone # _____

PARENT/GUARDIAN PERMISSION

I hereby request that the above named student be given the above prescribed medication while at school. I agree to cooperate with the school system's policies on medication.

Date: _____

Parent/Guardian Signature: _____

EMERGENCY FORM

We must have a current address and emergency phone number at all times. If your address or phone number changes during the school year, please notify the school office.

Child's Name:

_____ Grade _____

Parent's Name: _____

Phone numbers where someone can be reached during school hours:

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Mother's Work Phone # _____ Father's Phone _____

Complete direction to your home in case of emergency

Does your child have any health problems the teacher needs to know about? (Allergies, seizures, etc.)
If so list them

Is there a court order giving one of the natural parent custody of this child ___ Yes ___ No

If yes, which parent? _____

Has there been a legal adoption of this child by the person(s) having custody of child?

___ Yes ___ No If yes, please give date _____

Is there a court order restraining any person(s) from seeing this child at school?

___ Yes ___ No If yes, name of person(s) _____

Is there a court order restraining any person(s) from requesting custody or dismissal of this child from the school personnel?

___ Yes ___ No If yes, name of person(s) _____

In case of a medical emergency, I authorize the staff of Richard Hardy Memorial School to transport my child to Grandview Medical Center for any needed treatment. I understand that I take full responsibility for this authorization, including any financial responsibility.

Signature of Parent/Guardian _____

Date _____