

Grade: _____
Enrollment Date: _____
Last School Attended: _____

RICHARD HARDY MEMORIAL SCHOOL

2023-2024

Student Enrollment Form



STUDENT INFORMATION

Student Name (as it appears on Birth Certificate) _____
First Middle Last

Student's Preferred Name: _____ Gender: Male Female Social Security # _____
(Optional)

Birth Date (MM/DD/YYYY) ____ / ____ / ____ Mother's Maiden Name _____ Birth Country: _____
Birth City: _____ Birth County: _____ Birth State: _____

ETHNICITY: (check one) Hispanic/Latino Not Hispanic/Latino

RACE: (check all that apply) American Indian/ Alaskan Native Asian White/Caucasian Black/African-American Hawaiian/Other Pacific Islander
Language: English Spanish Other: _____

Military: Check the appropriate box if this student has a parent/guardian that is:
 Active Military Military National Guard Reserve Military

Internet Connection: Do you have internet connection in your home? Yes No

List Other Children in Home: _____

GUARDIAN/CUSTODIAL INFORMATION and POWERSCHOOL INFORMATION

Are there Legal/Custody issues we should be aware of? Yes _____ No _____ What? _____

CUSTODY: Both Parents Father Mother State Custody Sibling Other-Legal Guardian _____

1. Parent/Guardian: _____ Relationship: _____
 Custodial Parent Emergency Contact Can Pick Child up PowerSchool Access

Physical Address: _____
Number & Street City State Zip

Mailing Address: _____
(if different) Number & Street City State Zip

Phone # () _____ Home Work Cell

Phone # () _____ Home Work Cell Occupation: _____

E-mail Address _____ (Required for PowerSchool Access)

2. Parent/Guardian: _____ Relationship: _____
 Custodial Parent Emergency Contact Can Pick Child up PowerSchool Access

Physical Address: _____
Number & Street City State Zip

Mailing Address: _____
(if different) Number & Street City State Zip

Phone # () _____ Home Work Cell

Phone # () _____ Home Work Cell Occupation: _____

E-mail Address _____ (Required for PowerSchool Access)

I give my permission for the numbers listed below to be used to receive calls and/or texts regarding information from Richard Hardy Schools and understand that I may opt-out at any time.

() () _____

EMERGENCY INFORMATION

Please list Emergency Contacts other than those listed on page 1

Name	Relationship	Phone

STUDENT HEALTH INFORMATION

Does your student have health problems we should be aware of (including any allergies)?
 Yes No If yes, please fill out medication form with the School Nurse.

Please mark all that you give the school permission to do for your student Call Doctor Call Ambulance Treat

STUDENT PICKUP INFORMATION

Please list anyone allowed to pick your student up from school.

Please list anyone **NOT ALLOWED** to pick your student up from school.

Housing

Where does the student stay at night? Please check one.

____ Home/Apartment owned or rented by the parent(s)/guardian(s), ____ With a relative or friend (family does not have a residence),
____ In a shelter, ____ In a motel, ____ In an automobile, ____ A campsite, ____ In housing that is inadequate (no electricity, no
water, etc.), ____ Other housing (Please explain.) _____

RESIDENCY

****All students must show proof of residency.** Students that reside within Richard City Special School District qualify for free tuition. Proof of residency can only be shown through utility bills with a parent/guardian name listed on the bill with the physical address.

I declare under the penalty of perjury that this student resides at the address stated on this enrollment form. I also agree to notify the school within two (2) weeks when residency has been changed.

Failure to notify or falsification of any information of documents required for residency verification or the use of the address of another person without actually residing there may result in: a) revocation of student enrollment; b) being held liable to reimburse the district for expenses incurred to educate the student; and/or c) civil action resulting from fraud, negligent misrepresentation and negligence.

Parent/Guardian Signature: _____ Date: _____

Payment plans for tuition can be set up through the Business Office. (423)837-7282 ext. 319

Richard Hardy Memorial School
1620 Hamilton Avenue
South Pittsburg, TN. 37380
Phone: (423) 837-7282

Date: _____ Grade Entering: _____

Previous School: _____

Previous School Address: _____

Previous School Phone Number: _____

Previous School Email: _____

The student named below has enrolled at Richard Hardy Memorial School.
Please forward complete copies of the school records indicated below to
sblevins@richardhardy.org

Student's Name: _____

Student's Date of Birth: _____

Soc. Security #: _____

Records Requested:

Attendance ____

Standardized Test Scores ____

Academic Records ____

Health Records (Birth Cert., SS Card, Shot Record) _____

Discipline Records _____

Speech and Hearing _____

Special Education Records _____

504 Records _____

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

Parent 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 (\$100.00) 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)

**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 _____



Richard Hardy Special School District

Director: Sharon Allison Newcom

Date: 2023-2024

Dear Parents and Guardians:

We are pleased to announce that **Richard Hardy Memorial** will continue to participate in the National School Lunch and School Breakfast Programs, for the 2023-2024 school year.

What does CEP mean for my student(s) who attend Richard Hardy Memorial? In a CEP school, all students receive a nutritious breakfast and lunch at no cost, regardless of family income. There will however still be a charge for extra meals or ala carte items purchased. If students wish to purchase an additional meal the cost will be \$1.50 for breakfast and \$3.00 for lunch. Ala carte items can also be purchased; this includes any extra item other than what is initially served with each meal. For example: an extra milk, juice, fruit, cereal, ice cream etc. Ala carte items range from 50 cents to \$1.00 in cost. Students can only get additional meals or additional ala carte items with cash or from their accounts. **There will be no charging for any extra items.** Students may still deposit money into their accounts to allocate for any extra items purchased.

What if my child changes schools? Your child is eligible for free meals at the school where he/she is currently enrolled. If he/she eats meals at or transfer to a non-CEP school during the 2023-2024 school year, you may be responsible for meal charges.

Why is Richard Hardy Memorial requesting financial information? The information you provide will help ensure that your child continues to have access to the level of resources he/she currently has at school. It impacts funding that each school receives from the federal and state government, affecting provisions such as ... supplemental instructional material, technology, new teachers or aides, etc. **(Our Federal/State funding is based on these surveys so please make sure this gets returned to school.)**

How will this information be protected? In keeping with current practices, all information provided is private and confidential as required by state and federal statute. State and federal formulas use only aggregate information for funding calculations.

What do I need to do? Please complete the attached form and return it to **Richard Hardy Memorial**. Your assistance in maintaining current funding levels is greatly appreciated.

If you have any questions, please contact **Susan Layne or Teresa Lakey @ 423-837-7282**

**RHMS Household Information Survey
2023-2024 School Year**

Richard Hardy Memorial School 1620 Hamilton Avenue South Pittsburg, TN 37380 423-837-7282		PLEASE FILL OUT AND CHECK YOUR INCOME. THIS HELPS US WITH TITLE I FUNDING AND IT IS KEPT CONFIDENTIAL.		
Parent Name:				
Street Address:				
City:		State:		Zip:
Student's Legal Name <small>(As it appears on birth certificate)</small>	Student ID	Date of Birth	School Name	Grade
1.	NA			
2.	NA			
3.	NA			
4.	NA			
5.	NA			
6.	NA			
7.	NA			
8.	NA			
Number in Household _____ (Fill in the blank)				
Please check the box below that represents your Annual Gross Income:				
<input type="checkbox"/> Less than \$21,978				
<input type="checkbox"/> Between \$21,978 and \$29,637		<input type="checkbox"/> Between \$67,951 and \$75,647		
<input type="checkbox"/> Between \$29,637 and \$37,296		<input type="checkbox"/> Between \$75,647 and \$83,343		
<input type="checkbox"/> Between \$37,296 and \$44,955		<input type="checkbox"/> Between \$83,343 and \$91,039		
<input type="checkbox"/> Between \$44,955 and \$52,614		<input type="checkbox"/> Between \$91,039 and \$98,735		
<input type="checkbox"/> Between \$52,614 and \$60,273		<input type="checkbox"/> Between \$98,735 and \$106,431		
<input type="checkbox"/> Between \$60,273 and \$67,951		<input type="checkbox"/> Over \$106,431		
Signature An adult household member must sign this survey. I certify (promise) that all information on this survey is true and that all income is reported. I understand that the school will receive federal funding based on the information provided.				
Sign here:			Date:	

Please submit form with all other registration paperwork.

Tennessee Parent Occupational Survey

In order to better serve your child, our school district wants to identify students who may qualify to receive additional educational services, such as tutoring, school supplies, free or reduced-price lunch, summer camps, and other services. **The information provided below will be kept confidential.** Please answer the following questions and return this form to your child's school.

Today's Date **Parent/Guardian First & Last Name**

Student First Name **Student Last Name**

School Name **Student Grade**

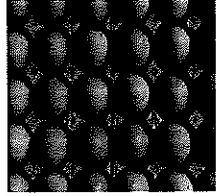
1. Have you or an immediate family member performed any of the jobs listed below temporarily or seasonally, in any part of the United States, in the past three years?

- No
 Yes. **Check all that apply and list the total number of months worked:**



Agriculture/Field Work (planting, picking, sorting crops; soil preparation; irrigation; fumigation)

Total Months Worked: _____



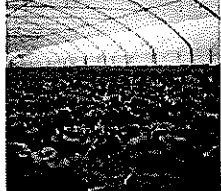
Processing & Packaging (fruit, vegetables, chicken, eggs, pork, beef)

Total Months Worked: _____



Dairy/Cattle Raising (feeding, milking, rounding up)

Total Months Worked: _____



Nursery/Greenhouse (planting, potting, pruning, watering, harvesting)

Total Months Worked: _____



Forestry (soil preparation, planting, cutting trees; landscaping not included)

Total Months Worked: _____



Commercial Fishing & Processing (catching, sorting, packing, transporting)

Total Months Worked: _____

2. In the past three years, has your family moved to another state, city, school district, and/or county?

- No
 Yes. **How long have you resided at your current address?**

_____ Years _____ Months _____ Weeks

If you answered "Yes" to questions 1 and 2, please complete the information below.

Home Street Address **Apt #**

City **State** **Zip Code**

Telephone Number **Best Day of Week & Time of Day to Call**

For School Use Only: Please send survey with two **YES** responses to your district migrant liaison. If you have questions, call (931) 212-9539 to speak with the Tennessee Migrant Education Program.

Student State ID:	Enrollment Date:	District ID:
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Richard Hardy Memorial School

School/Student/Parent Compact

Student Name: _____ Grade: _____

PARENT/GUARDIAN AGREEMENT

Any person who is interested in helping this student may sign in place of the parent.

I want my child to achieve: therefore, I will encourage them by doing the following:

- See that my child attends school regularly and arrives on time with all supplies.
- Provide the school with current and updated phone numbers and addresses.
- Establish a time for homework and review it regularly.
- Encourage my child's efforts and be available for questions.
- Promptly read and return all notices from the school.
- Communicate frequently with my child's teacher/s to find out how my child is doing in school and what my child is learning.
- Support the school in its efforts to maintain proper discipline.
- Volunteer in my child's school and classroom if time or schedule permits.
- Attend parent-teacher conferences.

Signature _____

STUDENT AGREEMENT

It is important that I work to the best of my ability: therefore, I shall strive to do the following:

- Come to school regularly.
- Report to class on time and be prepared with all my work and supplies.
- Complete and return homework assignments when due.
- Obey school rules.
- Show respect for myself, my school, my teachers, and other students.

Signature _____

TEACHER AGREEMENT

It is important that students achieve: therefore, I shall strive to do the following:

- Provide high quality curriculum and instruction in a supportive, safe and effective learning environment that enables the student to meet the State's academic achievement standards.
- Display respect for each child and their family.
- Provide assistance in understanding academic achievement standards and assessments and how to monitor your child's progress.
- Provide opportunities for ongoing communication between parent/guardian and teachers through at a minimum: semiannual parent/teacher conferences, frequent reports regarding your child's progress, and opportunities to talk with staff, volunteer in class, and observe classroom activities.

Signature _____

PRINCIPAL AGREEMENT

I shall strive to provide a safe environment that encourages positive communication between teacher, parent and student and to insist that homework assignments reinforce classroom instruction, ensuring that all teachers and parents have high expectations for students' academic success.

Signature _____

Home Language Survey

Student's Name

(Nombre): _____
First (Primer) Middle Last (Apellido)

Homeroom Teacher

(Profesor de aula): _____

Grade: _____

Please answer the following questions:

(Favor de conlestar 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 out 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 cu la casa?) _____

Parent's Signature

(Firma de los padres): _____ Date: _____

Locker Rules

(Grades 4-12)

1. You must keep your things in your assigned locker only. No trading is allowed. Do not put your things in anyone else's locker.
2. Keep your locker clean and free of old food or dirty clothing which could cause and offensive odor.
3. All locker/lock problems should be reported to your homeroom teacher.
4. Do not slam your locker door with excessive force. The noise is disruptive and slamming bends the latch. If you have difficulty shutting your locker and making it catch without slamming it, report the problem and we will fix the latch. Slamming the door will cause you to lose your locker privileges.
5. Do not put stickers or adhesive-backed items on your locker door. Use magnets to stick items to your locker.
6. You will be expected to pay for any damage caused by your actions, such as slamming the door and bending the lock, graffiti, ect.....
7. Keep your locker locked at all times and keep your combination a secret. The school will not be responsible for items stolen from the lockers.
8. Never tamper with someone else's lock or locker. even if you are joking.
9. Your locker will be inspected if we think you have violated a school rule for contraband items, or for abuse of the lockers.
10. Violation of any of these Locker rules could result in loss of locker privileges for the rest of the year.

I have read the locker rules and understand that I could lose my locker privileges if I violate them. I understand that I will be expected to pay for the repair of any damage done by my actions.

Student Name: _____ Grade: _____

Signature _____ Date _____

MILITARY-CONNECTED STUDENT INFORMATION

Student Name: _____ Grade: _____

Every Student Succeeds Act (ESSA) requires all schools to collect military information on students.

Districts are required to identify students whose parents or legal guardian is a member of the Armed Forces. Please check the option that best describes your child(ren)'s Military Student Identifier status for the new school year.

Not Applicable

Active Duty – Student is a dependent of an active-duty member of the Army, Navy, Air Force, Marine Corps, or Coast Guard on Active Duty.

National Guard – Student is a dependent of a member of the Tennessee National Guard (Army, National Guard or Air National Guard).

Reserve – Student is a dependent of a member of a reserve force in the United States military (Army, Navy, Air Force, Marine Corps, or Coast Guard).

Parent Signature: _____ Date: _____

Corporal Punishment Form

As the parent or guardian or _____ Grade: _____

I make the following request about the use of corporal punishment for the child listed above:

_____ Never use corporal punishment.

_____ Corporal punishment only with parent or guardian present.

_____ Corporal punishment only if parent or guardian is contacted by phone before it is administered.

Parent/Guardian Signature _____

Date _____