

GLEASON SCHOOL REGISTRATION FORM

Today's Date: ____/____/____

Student's Name: _____
(Last) (First) (Middle)

SSN: ____ - ____ - ____ Date of Birth: ____/____/____ Age: ____
(month) (day) (year)

Gender (circle): M F Race (circle): B H W Other: ____ Grade: ____

Name of Parent(s)/Guardian(s): _____

Home Address (including city & zip code): _____

Mailing Address (only if different from home address) _____

Telephone Contact Information (three different working phone numbers are required):

Home Phone: _____ Father's Cell Phone: _____ Mother's Cell Phone: _____

Emergency Phone: _____ Emergency Contact Name: _____ Relationship to Student: _____

Father's Work Phone: _____ Work Place: _____ Unemployed (circle): Y or N

Mother's Work Phone: _____ Work Place: _____ Unemployed (circle): Y or N

E-Mail Address: _____@_____

Other Emergency Contacts & Phone Number(s): _____

Previous School Information:

Last School Attended (Please provide the school's full name, city, and state):

Has this student ever been a student at Gleason School (please circle)? Yes or No

Has this student ever been a student in another Weakley County School (please circle) ? Yes or No

If Yes, circle previous school attended: Dresden Greenfield Martin Sharon

Other Important Information:

Has this student ever been in Special Education (please circle)? Yes or No

Who has legal custody of this student (please circle)?
Mother & Father Mother Only Father Only Other: _____

In what county does this student reside (please circle)?
Weakley Carroll Henry Other: _____

Will this student be riding a bus (please circle)? Yes or No
If yes, what #? _____

Social Media Permission:

I give permission to Gleason School to post photos of my child on the school's Dawg Dialogue News Page.

Parent Signature: _____ Date: _____

For School Use Only:
HR: _____
Locker #: _____

Homeroom _____

PERMISSION FOR ALL FIELD TRIPS

Dear Parent or Guardian:

It is the policy of Gleason School to take students on field trips at various times during the school year. We are asking for your official permission for your child to participate in these activities while attending Gleason School during the _____ school year.

Thank you for your cooperation.


Trish Price, Principal

We believe that necessary precautions will be taken for the care and supervision of the children during field trips away from the school. Beyond this, we will not hold the school, school system, or those supervising the field trips responsible. We, as parents or guardians, will be notified before any trip is taken.

We give consent for _____ in Grade _____ to participate in these school sponsored activities while enrolled in Gleason School during the _____ school year.

Date

Parent or Guardian Signature

Gleason School

School-Parent-Student Compact

At Gleason School, we are committed to working together, providing a quality-learning environment in which all children can learn and develop. It is our view that as teachers, parents, and students, we each have important roles and must share in both the opportunity and responsibility of learning. Because of this view, we the undersigned, enter into this compact together.

As a Teacher. I will show respect for each child and his/her family, believing that each student can learn. I will come to class prepared to teach, providing an environment conducive to learning that will help each child become the best student possible. I will make sure homework activities are meaningful and appropriate. I will enforce school and classroom rules fairly and consistently, maintaining open lines of communication with the student and his/her parents. And lastly, by demonstrating professional behavior and a positive attitude, I will seek ways to help parents be involved in Gleason School and the learning process.

As a Parent. I will see that my child attends school regularly and on time and provide a home environment that encourages my child to learn. I will insist that all homework assignments are completed, and communicate regularly with my child's teachers. I will encourage my child to read at home and monitor his/her TV viewing. I will make every effort to talk with my child about his/her school activities every day. And lastly, I will show respect and support for my child, the teacher, and Gleason School.

As a Student. I believe that I can learn and will learn, coming to school prepared with my homework and my supplies. I will always try to do my best in my work and my behavior. I will work cooperatively with my classmates, showing respect for myself, other people, and Gleason School. I believe it is important for me to obey all school rules, in class, on the playground, in the cafeteria, and on the bus. And lastly, because I have done these things, I can take pride in myself and in Gleason School.

**HAND IN HAND, WE WILL WORK TOGETHER
TO CARRY OUT THIS AGREEMENT.**

(Student Signature)

(Parent Signature)

(Teacher Signature)

To: Parents/Guardians of Weakley County School System Students
From: The Weakley County School Nurses
Re: Medication Administration

We want to make you aware of our medication administration policies for students in our school system. These are designed to ensure the best possible care and overall educational experience for your child. Please review this closely so that you will be prepared for the this school year.

- 1) All medication must be personally handed to a school system employee by a parent or guardian, so please do not send any medication with your child. Medications should be given directly to an employee of the Weakley County School System.
- 2) All medications must be provided to the school system in the original pharmacy labeled container. The container must display all of the following information:
 - A) The student's first and last names,
 - B) Prescription number,
 - C) Medication name and dosage,
 - D) Administration route and other directions for administration,
 - E) Date prescription filled,
 - F) Licensed prescriber's name, and
 - G) Pharmacy name, address, phone number.

Note: If your child will be taking this medication at home and at school, ask the pharmacy to provide you with two labeled bottles, one for home and one to be left at school.

- 3) Non-prescription drugs (including lotions, salves, ointments, Tylenol, cough syrups, etc.) must be delivered to an employee of the Weakley County School System. It must also be delivered in the manufacturer's original labeled container with ingredients listed. The student's name must be affixed to the container. A permit to administer and direction for administration must accompany the medication.
- 4) All medications will be kept under lock in a designated area within each school and will be dispensed only by duly appointed employees of the Weakley County School System.
- 5) Prescription medications must have a permit from the parent/guardian for administration. Please discuss with your child's physician the feasibility of administering medications outside school hours. Non-Prescription medications must also have a signed permission form from the parent/guardian for administration. These permits must be written. Permission given verbally or over the telephone is not acceptable. The Weakley County School System will allow 24 hours leniency with the permit and administer situations so that it may be completed and signed by the parent and returned the following day. If no written permit is provided the following day, the medication will not be administered.

These policies are recommended by the State Department of Health and Education for safety and well-being of your child. Thank you in advance for your cooperation!

After you have read and understand the Weakley County School System Medication Policy, please fill out and sign the form below.

I, _____, the parent/legal guardian of
_____, have read and understand the
policy
regarding the steps that must be followed for my child to be allowed to take
medications while at school.

Signature

Date Signed

Homeroom Teacher: _____

Bus: _____

Weakley County Schools Student Medical/Accident Information Form (5/12)

Parents/Guardians: Please provide the most accurate information possible regarding your student. Please print clearly and with enough pressure to ensure the information will be copied on **all** pages.

Student Name: _____ **Date of birth:** _____
Last name First Name Middle Initial

Address: _____ **Home phone:** _____

Father: _____ Address: _____ Employer: _____ Email: (home) _____ (work) _____	Cell phone: _____ Home phone: _____ Work phone: _____ Additional phone: _____
Mother: _____ Address: _____ Employer: _____ Email: (home) _____ (work) _____	Cell phone: _____ Home phone: _____ Work phone: _____ Additional phone: _____

Please provide contact information for Two (2) Emergency Contacts

Emergency Contact: _____	Home phone: _____
Cell phone: _____ (work) _____	Relationship: _____
Emergency Contact: _____	Home phone: _____
Cell phone: _____ (work) _____	Relationship: _____
Physician preferred: _____	Phone: _____
Hospital preferred: _____	Phone: _____

Brief Health Background: Please list medical conditions for which your student is currently being treated or which may be helpful for the nurse or other healthcare provider to be aware (i.e. history of asthma, seizures, headaches, etc.)

Please list any medications your child is currently taking (please provide dosage if known)

Note: medications which are to be given by school staff MUST be in the original container and include instructions/permission to administer. The student's name must be clearly affixed to the prescription bottle or over the counter medication. See student handbook for complete instructions.

Allergies: Has your child ever experienced an allergic reaction to medicine(s)? Please list: _____

Is your child allergic to food items or insect bites? yes no if you answered "yes" please list the specific items: _____

Does your child carry an "Epi-Pen"? yes no Does your child use any of the following (please mark any that apply):

Glasses yes no contacts yes no dental devices yes no

wheelchair/walker yes no hearing aids? yes no

Does the school nurse have permission to give the following per labeled directions?

Acetaminophen (Tylenol) Yes No or **Ibuprofen** (Motrin) Yes No (for pain or fever)

Tums (calcium carbonate) Yes No or **Pepto-Bismol** (bismuth subsalicylate) Yes No or **Roloids** (calcium carbonate/magnesium sulfate) Yes No (for upset stomach)

Benadryl (diphenhydramine HCl) Yes No (for allergic reaction to insect bites or food and we are unable to reach you)

Signature of person completing form: _____ Date: _____

Relationship to student: _____

In case of an accident or serious illness, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements which may seem necessary. I agree to pay for any medical costs incurred for emergency treatment.

“NEW STUDENT ENROLLMENT FORM”

(Please fax or e-mail this document to Brenda)

To: School Nutrition Program

Date: _____

“REQUIRED” Information to assign a pin number:

School _____

Student name _____

Birthday _____

Student Social Security # _____

Student **STATE** ID number _____
Not Perm #

Grade _____

Homeroom Teacher
(exact spelling used in Synergy) _____

For Cafeteria use only, comments or other information:

_____ Is not on a Direct Certification list

_____ Is on the (month) _____ Direct Certification list

_____ Does not have a meal application

_____ Has a meal application

HOME LANGUAGE SURVEY

THE HOME LANGUAGE SURVEY IS ADMINISTERED FOR IDENTIFICATION OF
NON-ENGLISH LANGUAGE BACKGROUND STUDENTS IN COMPLIANCE WITH
TITLE VI OF THE CIVIL RIGHTS ACT OF 1964.

Student Name _____

School _____ Grade _____

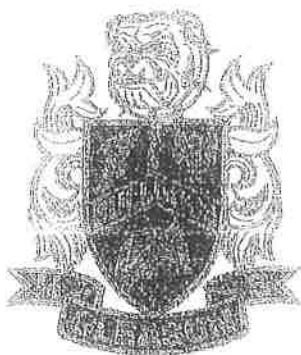
1. What is the first language you/your child learned to speak? _____

2. What language does you/your child speak most often outside of school? _____

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

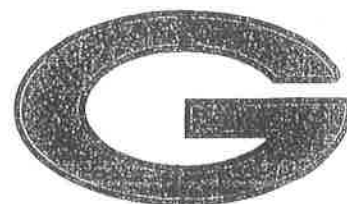
Signature (K-5 must be signed by parent or guardian)
(6-12 may be signed by the student)

Date



Gleason School

92-99 State Championship Drive
Gleason, TN 38229



(731) 648-5351

Fax (731) 648-9199

Trish Price
Principal

Lee Lawrence
Asst. Principal

I give permission to post a photo of my student on the Dawg Dialogue News Page for Gleason School.

Student's Name: _____

Parent's Name: _____

AGREEMENT OF PARENT – FREE COUNTY TEXTBOOKS

Date _____

I hereby agree that I will be responsible for all Free County Textbooks used by my child or children. I hereby further agree that I will reimburse the Weakley County Board of Education for the replacement cost of any book or books that are badly damaged, destroyed or misplaced which my child or children have used during the scholastic year _____ in the _____ School and the _____ grade.

Student's Name

Signature of Parent

ENCL...



PHIL BREDESEN
GOVERNOR

STATE OF TENNESSEE
DEPARTMENT OF EDUCATION
6th FLOOR, ANDREW JOHNSON TOWER
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243-0375

TIMOTHY K. WEBB, Ed.D.
COMMISSIONER

Migrant Education Program Occupational Survey

Student Information: _____
Last Name First Name Gender Race

School: _____ Grade: _____ Year: _____

The Migrant Education Program through the Tennessee Department of Education provides support and instructional services to children and families that have migrated to Tennessee within the last 3 years. To qualify for the program, the families must have migrated out of financial necessity and obtained temporary or seasonal work in agriculture, fishing, dairy or food processing. The program enrolls children in the ages of 3 to 21 years of age (whether they attend school or not). Please answer the following questions and return the survey to the school so that we can determine if your child qualifies for migrant services.

1. Did you or someone in your family come in search of temporary or seasonal work in agriculture (examples: working with tobacco, tomatoes, cotton, strawberries, nurseries, trees, etc.) or fishing processing or dairy or in any plant processing foods (pork, chickens, vegetables, etc)?

YES _____ NO _____

If yes, please indicate which member of the family performs or did this kind of work:

Mother _____ Father _____ Children _____ Other _____

2. Do you or someone in your family currently work in agriculture (examples: working with tobacco tomatoes, cotton, strawberries, nurseries, trees, etc.) or fish processing or dairy or in any plant processing foods (pork, chicken, vegetables, etc).

YES _____ NO _____

If yes, please indicate which member of the family performs or does this kind of work:

Mother _____ Father _____ Children _____ Other _____

3. How long ago did you arrive to this county? month _____ year _____

4. If your current job is not related to temporary work in agriculture or fishing, did you or someone in your family work in such activities in the last 3 years?

YES _____ NO _____

If yes, where? _____
City State Country

5. What is your current address? _____
6. What is your current telephone number? _____

*NOTE TO THE LEA: PLEASE RETURN COMPILED SURVEYS TO JESSICA CASTANEDA 4660 HILLS CREEK ROAD,
MCMINNVILLE TN 37110 CALL 931-668-4139 IF YOU HAVE QUESTIONS*