

## Manchester Academy Media Release Form

During the school year, our students may be photographed, interviewed and/or videotaped as they participate in school activities. We use the photographs, statements and interviews for the school website, publications, on bulletin boards, news releases, and for external marketing. In addition, representatives from the local media visit Manchester to observe special events and activities. Please indicate your preferences below:

(please print)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Yes, Manchester has my permission to use photos and videos of my child, interviews or statements from my child on the school website, in publications, displays, news releases or for marketing materials.

\_\_\_\_\_ No, Manchester may NOT use photos, videos, interviews or statements from my child on the school website in publications, displays, news releases or for marketing materials.

Parent/Guardian: \_\_\_\_\_

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

CONTRACT ON BULLYING

STUDENT:

1. I will treat all my fellow students with respect.
2. I will not humiliate or hurt any other student physically or verbally.
3. I will do the best I can to help any student who is obviously being upset or hurt by one or more other students.

Student's Signature \_\_\_\_\_

PARENT/GUARDIAN:

I have read the above and will do my utmost to ensure that my son/daughter will abide by this contract.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## PARENT CONTRACT

By choosing to enroll your child at Manchester Academy, you have provided your child with an opportunity to receive an excellent education. In addition, you have accepted responsibility to provide the proper interest, encouragement, guidance, and home environment to foster the best learning situation possible.

As a parent of a Manchester student, I agree to

- (1) Support the academic philosophy and assist in its continuity.
- (2) Support the dress code.
- (3) Support the discipline policy.
- (4) Use proper channels of contacting school personnel.
- (5) Provide a suitable time and place for homework and ensure the homework is completed.
- (6) Review papers brought home by students.
- (7) Sign and return promptly all school related papers requiring parental response.
- (8) Maintain mutual responsibility with the child for arriving at school on time.
- (9) Participate in school sponsored activities needing parental assistance.
- (10) Adhere to the Drug/Alcohol Policy
- (11) Make tuition payments promptly. If after two months delinquency child/children will not be allowed in school.

I fully understand, accept, and support all of the above provisions in the contract.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Parent's Signature)

**CORPORAL PUNISHMENT IS ADMINISTERED UPON NECESSITY, BUT ONLY AS A LAST RESORT**

Please check one of the following:

\_\_\_\_\_ I do want corporal punishment administered.

\_\_\_\_\_ I do not want corporal punishment administered.

(Tear out and have student return to first period teacher.)

Parents' e-mail address: \_\_\_\_\_

## Emergency Card

Student \_\_\_\_\_ Grade \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address ( if the same indicate) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address (if the same indicate) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_

Address (if the same indicate) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Phone Numbers (If none, write NONE.)

Preferred Contact Number \_\_\_\_\_

Home Phone \_\_\_\_\_

Student Phone \_\_\_\_\_

Mother's Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_

Father's Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_

### E-mail Addresses (If none, write NONE.)

Student E-mail \_\_\_\_\_

Mother's E-mail \_\_\_\_\_

Father's E-mail \_\_\_\_\_

### EMERGENCY NAMES AND PHONE NUMBERS OTHER THAN PARENTS:

1. \_\_\_\_\_ Relationship \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_

3. \_\_\_\_\_ Relationship \_\_\_\_\_

Manchester Academy Medical Permission and Release Form

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/ Legal Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

In case of emergency notify \_\_\_\_\_ Phone No. \_\_\_\_\_

Another person to notify \_\_\_\_\_ Phone No. \_\_\_\_\_

Family Physician \_\_\_\_\_ Hospital \_\_\_\_\_ Phone No. \_\_\_\_\_

Insurance Company and Policy Number \_\_\_\_\_

Are you allergic to any medications, insect stings, food, etc? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, explain \_\_\_\_\_

Are you presently taking any medication? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, explain \_\_\_\_\_

Is there any special medical information we need to be aware of, such as previous  
surgeries, special diet, or illnesses? \_\_\_\_\_

Permission for Treatment

I, \_\_\_\_\_, a parent/legal guardian of the above named person, do hereby grant my permission for Bryan Dendy or other responsible adult of Manchester Academy to obtain necessary medical attention in case of sickness or injury to the above named person. I further grant my permission to any doctor, nurse or otherwise trained and authorized medical personnel to administer medication, to perform surgery, and to further perform any medical necessity necessary for the welfare of the above named person. I furthermore take full financial responsibility in case of such emergency.

Parent/Legal Guardian \_\_\_\_\_

Sworn to me and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_

(A copy of this form is as legally binding as the original.)

## **Directions to Access Grades**

- 1. Go to the Manchester Academy website.  
On the left hand side, click on "Student Grades."**
- 2. A Manchester Academy login will appear. Type the student's User Name in the first box.**
- 3. Type mavs2020, the temporary password, in the second box. Click login.**
- 4. A new screen will appear. You will be prompted to enter the old password. Enter mavs2020.**
- 5. Create a new password. Then enter the new password twice and press OK.**
- 6. You should then see your access screen.**
- 7. Call Mrs. Choate at (662) 746-5913 if you would like for her to record your password or if you need any other assistance.**