

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: _____

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
- 2) Support the dress code
- 3) Support the discipline policy
- 4) Use proper channels of contacting school personnel
- 5) Ensure that your child's homework is completed
- 6) Review papers brought home
- 7) Sign and return papers promptly
- 8) Make sure your child arrives to 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 delinquent, child/children will not be allowed to return to school.

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

(Parent signature)

PLEASE CHECK ONE OF THE FOLLOWING:

- I do want corporal punishment administered.
- I do NOT want corporal punishment administered.

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.)

EMERGENCY CARD

GRADE _____ Teacher _____ Date _____

STUDENT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____

MOTHER'S NAME _____

ADDRESS (IF DIFFERENT FROM STUDENT) _____

BUSINESS PHONE _____

HOME PHONE _____

CELL PHONE _____

E-MAIL ADDRESS _____

FATHER'S NAME _____

ADDRESS (IF DIFFERENT FROM STUDENT) _____

BUSINESS PHONE _____

HOME PHONE _____

CELL PHONE _____

E-MAIL ADDRESS _____

EMERGENCY NAMES AND PHONE NUMBERS OTHER THAN PARENTS:

- 1.
- 2.
- 3.

PHYSICIAN _____

ALLERGIES _____

MEDICAL PROBLEMS _____

MEDICATIONS _____

I GIVE TRACY FOUCHE', ELEMENTARY PRINCIPAL, PERMISSION TO PROVIDE
TYLENOL IF NEEDED.

Parent's signature _____

Transportation Method of Student

Student's name:

Grade:

Please check the appropriate box:

_____ I will pick up my child each day.

_____ My child will attend Manchester After-school program.

_____ My child will ride the _____ bus/van to daycare.

_____ My child will be picked up by _____

Please list any other methods or instructions for your child:

Parent's signature:

Date: