

# Central Day School Student Profile 2010-2011

Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City/ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birth date: \_\_\_\_\_ Race: \_\_\_\_\_ Gender:  M  F Grade: \_\_\_\_\_

Student will attend Central Learning Center Aftercare:  Y  N Church: \_\_\_\_\_

T-shirt Size:  YS  YM  YL  AS  AM  AL  XL Short Size (grades 5-8):  YS  YM  YL  AS  AM  AL  XL

Marital Status of Parents:  Single\*  Married  Separated\*  Divorced\*  Widowed

Student resides with:  Mother\*  Father\*  Both  Other \_\_\_\_\_

\*If applicable, CDS requires a copy of legal custody or guardianship papers to be on file in the student's permanent record.

Name Parent/Guardian 1 : \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Can pick up?  Y  N Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

Name Parent/Guardian 2 : \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Can pick up?  Y  N Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Doctor Address: \_\_\_\_\_ City/ST: \_\_\_\_\_ Zip: \_\_\_\_\_

List all allergies and indicate if any are life-threatening \_\_\_\_\_

List any chronic medical conditions your child has \_\_\_\_\_

List medications your child takes on a regular basis \_\_\_\_\_

## Emergency contact or persons authorized to pick up student (other than parent/guardian listed above)

Contact 1 : \_\_\_\_\_ Relationship: \_\_\_\_\_ Can pick up?  Y  N

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Employer: \_\_\_\_\_

Contact 3 : \_\_\_\_\_ Relationship: \_\_\_\_\_ Can pick up?  Y  N

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Employer: \_\_\_\_\_

Contact 3 : \_\_\_\_\_ Relationship: \_\_\_\_\_ Can pick up?  Y  N

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Employer: \_\_\_\_\_

Name of person who completed this form: \_\_\_\_\_ Date: \_\_\_\_\_

# Central Day School Student Profile

Student Name: \_\_\_\_\_ Preferred: \_\_\_\_\_ Birth date: \_\_\_\_\_

1. Previous School Attended: \_\_\_\_\_ City/State: \_\_\_\_\_

Grades Attended: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

2. Has this student ever repeated a grade? \_\_\_\_\_ Grade(s) \_\_\_\_\_

3. Has this student ever attended summer school or received tutoring?  Y  N If yes, please explain.  
\_\_\_\_\_

4. Has this student ever had disciplinary difficulty in school?  Y  N If yes, please explain.  
\_\_\_\_\_

5. This student attends church:  Regularly  Occasionally  Seldom  
Name of Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

6. Please list this student's special abilities, needs, talents and interests.  
\_\_\_\_\_

7. Has this child ever been recommended for special education, been diagnosed with a learning disability, been recommended for testing for ADD/ADHD, been diagnosed with ADD/ADHD had any childhood illnesses, developmental delays, or premature birth which might impair his or her ability to learn?  Y  N If YES, please explain.  
\_\_\_\_\_

8. Has your child been seriously ill?  Y  N Had an operation?  Y  N Had a serious accident?  Y  N  
If YES, please explain \_\_\_\_\_

9. Current Health Status—Please check all that apply:

|   |   |   |  |  |
|---|---|---|--|--|
| <input type="checkbox"/> Sting Allergy        | <input type="checkbox"/> Seasonal Allergies | <input type="checkbox"/> Food Allergies       | <input type="checkbox"/> Environmental Allergies | <input type="checkbox"/> Asthma                  |
| <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Seizures           | <input type="checkbox"/> Hearing Difficulties | <input type="checkbox"/> Visual Difficulties     | <input type="checkbox"/> Abnormal Bleeding       |
| <input type="checkbox"/> Cardiac Difficulties | <input type="checkbox"/> Fainting Spells    | <input type="checkbox"/> Sickle Cell Disease  | <input type="checkbox"/> Cystic Fibrosis         | <input type="checkbox"/> Congenital Difficulties |
| <input type="checkbox"/> Urinary Difficulties | <input type="checkbox"/> Wears Glasses      | <input type="checkbox"/> Frequent Headaches   | <input type="checkbox"/> Tourette's Syndrome     | <input type="checkbox"/> Tics                    |
| <input type="checkbox"/> Emotional Problems   | <input type="checkbox"/> Scoliosis          | <input type="checkbox"/> Other: _____         |  |  |

10. List any other medical concerns: \_\_\_\_\_

11. Does your child wear any dental appliance such as:  Braces  Bridge  Retainer

12. Does your child have any limitations relating to participate in physical education activities?  Y  N  
If YES, please explain \_\_\_\_\_

13. Has your child experienced any event in his or her life that might affect his or her spiritual, psychological, or academic well being? (i.e. death of someone close, divorce, or recent move) If yes, please explain:  
\_\_\_\_\_

14. Is there anything else you would like for the teacher to know about your child?  
\_\_\_\_\_

# Central Day School

## Field Trip Blanket Permission Form

### 2010/2011

Educational research confirms that effective education balances facts, application and experience. High educational achievement includes opportunities for students to implement and practice what they learn academically, socially and spiritually.

Our field trips are considered part of our learning objectives which supplement our in-school learning objectives. They are not considered extracurricular or optional. All students are expected to attend these field trips and programs as a part of the regular curriculum. Because of the importance we place on these activities, CDS reserves the right to lower the student's grade in a particular discipline for non-attendance if he/she does not have an excused absence.

There are normally no more than three field trips per year per grade.

Your written permission is required for your child to participate in these trips. We are providing a blanket permission form for you to complete and sign. This form will be kept on file at the school. If you wish your student to **not** participate in a certain field trip, you may notify the teacher in writing.

Before each trip, you will be sent a note from the teacher specifying the arrangements and details regarding the field trip. Payments for the field trip must be made in advance. **Siblings are not permitted to attend field trips even when parents go as chaperones.**

- I request that my child, be allowed to participate in the school field trips planned by the teacher or administration at Central Day School during the 2010/2011 school year. I understand that if I do not wish my child to participate in a particular trip, I must notify the teacher or school in writing prior to the trip.

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

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

Relationship to Student: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ ST: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**A copy of your drivers license and insurance card must be on file in the school office 72 hours prior to a field trip in order to drive any CDS students. Copies will not be made/accepted on the day of the field trip.**

# Central Day School Student Computer Usage Policy 2010/2011

## *Parent Acknowledgement Form*

Central Day School provides access to the Internet for the purpose of educational research and as a tool to facilitate lessons as part of the Technology Curriculum. Computers are **not** provided for personal use and personal usage is prohibited without the express consent of the instructor. Access to the Internet and use of the Central Day School computers and computer systems is a privilege, not a right. Central Day School has instituted technical methods to regulate students' Internet access; however, these systems cannot guarantee compliance with Central Day School's Acceptable Use Policy.

The following activities will not be permitted on any Central Day School or Central Church computer:

- Sending or displaying offensive messages, photos or images.
- Accessing, uploading, downloading, or distributing sexually explicit material.
- Using obscene language.
- Providing personal information or photos without the permission of the teacher.
- Damaging or modifying computers, computer systems or computer networks.
- Violating copyright laws or any other use of the intellectual property of another individual or organization without permission.
- Using another's password.
- Accessing other's files or information without permission.
- Intentionally wasting resources.
- Gaining unauthorized access to resources or entities.

Decisions of appropriate behavior and usage are at the sole discretion of the faculty and/or administration of CDS.

**All students are provided with access to Central Day School computer resources. As the parent or legal guardian, I have read and agree to the CDS Student Computer Acceptable Use Policy:**

- I have read and understand the 2010/2011 Computer Usage Policy and agree to comply with the policies.

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

Authorized by Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

# Central Day School

## Corporal Punishment Authorization Form

### 2010/2011

It is the desire of Central Day School for disciplinary measures to be appropriate to the offense and effective in correcting and teaching behavior. Therefore, the school may use a number of disciplinary methods. Discipline should be fair and consistent and the measure will be evaluated by the administration and/or teacher. Under no circumstances does Central Day School allow for continual non-compliance with rules, guidelines and policies, dishonor to God's Word or disrespect to school personnel. It is expected that parents will support the proper use of discipline within the school.

One form of discipline utilized by CDS is corporal punishment. Corporal punishment is a Biblical form of correction when deemed appropriate based on Proverbs 13:24, 22:15 and 29:15. *Corporal punishment is rarely utilized*, but the possibility of corporal punishment is a motivator for students to consider their actions and can be an effective deterrent to unacceptable behavior before it occurs.

The administration of corporal punishment after parental notification will be only under the supervision of the Principal, Assistant Principal, or other designated administrator and only on a same sex basis with a staff witness present. The punishment will involve spanking with a wooden paddle with no more than three firm strokes. There will be a Discipline Report completed with a copy sent home to parents.

If corporal punishment is not an option available in disciplining students, then the administration will move to the next level of discipline available - normally a form of suspension. As stated in the CDS Handbook, suspension will result in an academic and conduct grade reduction as well as parents making accommodations for the student during the period of suspension.

Central Day School will utilize corporal punishment as a form of punishment **if a signed authorization from parents (guardians) is on file in the school office. Furthermore, the parents or guardians will be contacted before corporal punishment is administered.**

Please mark the appropriate line below, sign and complete the information. An incomplete or missing form will be treated as a denial of authorization.

**I authorize the use of corporal punishment for the student named below.    Y    N**

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

Authorized by Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

# CDS Phone Directory

## 2010-2011 “Buzz Book” Authorization

CDS publishes a phone directory of students and parents at the beginning of each school year. In order to accomplish this as quickly as possible, we need the permission of parents to print your name, address, phone number and email address . Below is an example of the Buzz Book entry:

|                        |                       |
|------------------------|-----------------------|
| <b>Joe Student</b>     | <b>(901) 555-1234</b> |
| 1234 Main Street       |                       |
| Collierville, TN 38017 |                       |
| Joe Student, Sr.       | (901) 555-4321        |
| joestudentsr@aol.com   |                       |
| Jane Student           | (901) 555-1342        |
| janestudent@aol.com    |                       |

**Please complete the form below with only the personal information you would like included in the Buzz Book. DO NOT list any information you do not want published in the Buzz Book.**

- Yes, please publish items listed below in the 2010-2011 Buzz Book.
- No, please do not publish any personal information in the Buzz Book.

---

Student’s First and Last Name

Home Phone Number

---

Address

---

City

ST/ZIP

---

Parent/Guardian #1 First/Last Name

Cell Phone Number

---

Parent/Guardian #1 Email Address

---

Parent/Guardian #2 First/Last Name

Cell Phone Number

---

Parent/Guardian #2 Email Address

I give permission for our names, phone numbers, and address, and email address to appear in the CDS phone book.

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Parent/Guardian

---

Date

# Central Day School

## TeacherEase Authorization Form

### 2010/2011

TeacherEase is a grade-keeping and attendance program that will help facilitate better communication between school and home. Parents may logon to access student assignments, grades and other relevant information. It will also allow teachers to email parents with important information. One middle school study showed a significant increase in a student's performance and completed work when parents accessed the TeacherEase program on a regular basis.

TeacherEase is a password protected sight. No one else will be able to access your child's information but you. In order to access TeacherEase you must login with a user name and password. This password will be assigned to you via email. Your email address will then become your user name. Thus, only someone with your email address (your TeacherEase user name) and password may access your child's information.

If you used TeacherEase last year and have the same email address, then your log-in and pass word are the same. If your information has changed in the past year or if you are a new family, please complete below in order to participate in the program. Please provide an email address along with the other information requested below.

Up to two (2) contacts may receive emails. Please note that contacts #1 and #2 will receive the same emails from the teacher.

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

Parent/Guardian #1: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Email Address: \_\_\_\_\_

# Central Day School Photo Release Policy 2010/2011

Frequently, photographs are taken at Central Day School functions and programs. Students are often included in the photographs, which are sometimes used in various publications regarding Central Day School.

This photo release will be kept on file at the school, and can be changed at any time *in writing* from the parents/guardian.

- I agree** that photographs of my child may be used and reproduced in newsletters, newspapers, press releases, publications, electronic media, and websites involving publicity and promotional and communicational purposes for Central Day School and Central Church. This agreement covers all future use of the photographs.
  
- I do not agree** that photographs of my child may be used and reproduced in newsletters, newspapers, press releases, publications, electronic media, and websites involving publicity and promotional and communicational purposes for Central Day School and Central Church. This agreement covers all future use of the photographs.

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

Authorized by Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

# Central Day School Medical Release Form 2010/2011

In case of emergency medical situation, I give CDS permission to have medical care administered to my child named on this sheet. I also give permission for my child to be transported to the hospital for medical care if necessary.

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

Authorized by Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

# Central Day School Authorization Form 2010/2011

By submitting this packet\*, parents and/or guardians are confirming that all information provided in these documents are accurate and are agreeing to the terms and conditions contained herein for student acceptance at Central Day School for the school year 2010/11. If you have any questions, DO NOT submit, but contact the Central Day School office (255-8134) without delay.

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

Authorized by Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

**\*Packet includes: Student Profile, Field Trip Blanket Permission Form, Student Computer Usage Policy, Corporal Punishment Authorization Form, 2010-2011 "Buzz Book" Authorization, TeacherEase Authorization Form, Photo Release Policy, and Medical Release Form**

## **To submit the Student Profile Packet:**

- Please save this entire packet to your computer (as one file)**
- Open your e-mail**
- Send the saved document as an attachment to [staceyfleming@centralschool.com](mailto:staceyfleming@centralschool.com)**

**Once the packet is received by CDS, you will receive a confirmation email from [staceyfleming@centralschool.com](mailto:staceyfleming@centralschool.com)  
If you do not receive a confirmation email within 48-hours of your submission, please call 255-8212.**