



Registration for the 2017-2018 School Year

Membership Dues: \$20 per family

Optional Donation for Teacher Christmas Bonus: \$20 per student. Please make checks payable to SAPA & turn into SAPA table at orientation or give to the office. You may write one check for your SAPA dues, your optional donation, & your printed directory (see #4 below).

1. **Starkville Academy Patron's Association: SAPA acts as the Starkville Academy parent-teacher organization.** SAPA conducts various projects throughout the year to fund the 'extras' that benefit the education of Starkville Academy's students.
2. **SAPA Goal:** SAPA's goal is to utilize the parent-teacher relationship to aid Starkville Academy in reaching high academic standards. This goal is met through fundraising efforts and donating those funds raised back into Starkville Academy for the enrichment of student education, teacher appreciation, and technology extras.
3. **SAPA Membership:** Membership is open to all SA patrons, teachers, and staff members. To join SAPA, please complete the information below. One form per family is sufficient. **When completed, please return your form and payment to your Room Mother, to the SAPA table at orientation, or to the school office.**
4. **School Directory:** All families who opted to have their information included in the SAPA directory during contract signing will be included in the 2017-2018 school directory. The goal for this school year is to publish the SAPA directory online through a link to a password protected site. Publishing the directory online will allow SAPA to use the funds normally designated for printing the directory for academic enrichment. However, **we will offer a printed version of the directory at a cost of \$8 per directory. If you want a printed directory for the 2017-2018 school year, please circle YES below. You may write one check for your SAPA dues, optional donation, and SAPA directory.**
5. **We Need Your Participation:** It is our desire that you are extremely involved with SAPA events this year! For each event SAPA hosts, SAPA members will receive an email asking you to sign up (through signupgenius.com) if you are interested in helping with the event. Sign up for the events will be on a first-come, first-served basis. **Please look for our emails (and social media posts and sign up early to volunteer when it fits your schedule!**
6. **Rodeo Roundup:** Rodeo Roundup, our largest fundraiser, is set for August 19 from 4-7 p.m. at the MS Horse Park. Please make plans to join us in raising funds for this year's school projects and extras! **If you or your business would like to be a sponsor for the event, please contact Emily Waters at 662.719.1609 or emwaters1@gmail.com before August 11th.**

Your Name: _____ Phone: _____ Email: _____

Student Name

Grade for 2017-2018 school year

SAPA dues: _____ Optional Donation(\$20 per student) _____ Printed Directory \$8(circle): YES NO Directories Ordered: _____ TOTAL paid _____

SAPA Use Only

SAPA Dues, Donation, & Directory: _____

SAPA Dues: _____ Donation: _____ Directory: _____

AFTER SCHOOL CARE 2017-2018

Pre-authorized Payment (Debit) Service Authorization Agreement For After School Care

Oktibbeha Educational Foundation, Inc.
Starkville Academy
505 Academy Road
Starkville, MS 39759

Please attach a voided check as well as your August 2017 payment of \$87.50.

I (we) authorize STARKVILLE ACADEMY and the financial institution listed below to electronically debit my (our) Checking Savings Account specified below on the 5th of the month for After School Care.

This draft will be 9 payments beginning September 2017 through May 2018 for the amount of \$87.50 per month.

Bank Name

Bank Address

City

State

Zip Code

Bank Transit / ABA Number

Account Number

This authority is to remain in full force and effect until May 2017 or until STARKVILLE ACADEMY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford STARKVILLE ACADEMY a reasonable opportunity to act on it. A copy of this Authorization Agreement will be provided by STARKVILLE ACADEMY, upon request, to the BANK and/ or patron.

Patron's Name (Please Print)

Student(s) Name(s)

Grade (s)

Signature

Date

Special Note:

Any returned draft will be charged a return fee and will be re-drafted on the 18th of the month along with the return fee.

Any draft returned after the 18th of the month will be charged a return fee as well.

The amount of the return fee will be stated in the student handbook for the current school year.

EMERGENCY TELEPHONE NUMBERS

This form must be completed and on file prior to the student's first day of school.

STUDENT'S NAME _____ HOME PHONE # _____

STUDENT'S GRADE _____ STUDENT CELL PHONE # (grades 7-12) _____

HOME ADDRESS _____

MOTHER'S NAME _____

EMAIL _____

EMPLOYED BY _____ PHONE # _____

CELL # _____

FATHER'S NAME _____

EMAIL _____

EMPLOYED BY _____ PHONE # _____

CELL # _____

OTHER SIBLINGS at SA: Name and Grade

PERSONS TO NOTIFY IF PARENTS CANNOT BE REACHED:

NAME _____ PHONE # _____
RELATIONSHIP _____ CELL # _____

NAME _____ PHONE # _____
RELATIONSHIP _____ CELL # _____

NAME _____ PHONE # _____
RELATIONSHIP _____ CELL # _____

NAME OF PHYSICIAN _____ PHONE # _____

ALLERGIES _____

OTHER SPECIAL PRECAUTIONS _____

VISION DEFECT? _____ HEARING DEFECT? _____

DATE _____

PARENT'S SIGNATURE

**STARKVILLE ACADEMY
STUDENT CHECK-OUT AUTHORIZATION**

I understand that in order for my child to be able to leave campus for any reason other than a school sponsored activity, I must come to the office and sign her/him out of school. If I am unable to do so, the following people are authorized to sign my child out of school.

Name, Phone Number, and Relationship to Student

Name, Phone Number, and Relationship to Student

Parent Signature

Date

Student Name

Grade

STARKVILLE ACADEMY AUTHORIZATION TO ADMINISTER MEDICATION

Whenever possible, medication schedules should be arranged so medication is given at home. If medication is to be administered at school, please complete the following information where applicable:

Student's Name _____ Grade _____ Date _____

Over the Counter Medications

The school is prepared to provide over-the-counter medications to your child upon request (i.e. Tylenol, aspirin, Benadryl, etc.) Does the school have your permission to administer such medications?

__ Yes or __ No _____ (parent/guardian signature)

Limitations on types of over-the-counter medications: _____

Any known allergies: _____

Existing medical conditions: _____

Prescribed Medications

Prescription medication can be administered at school provided these guidelines are followed:

1. Medication must be delivered to the school office by a parent or guardian.
2. Medication should be in the container in which it was purchased (dispensed). Pharmacists will give an extra labeled bottle.
3. Medication label must indicate the student's name, name of medication, physician's name, dosage, frequency, and date.
4. Any sample medications must be accompanied by orders from the physician.
5. A separate supply of medication must be kept at school. Medication will not be transported between home and school on a daily basis.
6. If a dropper, spoon, cup, etc., is required for administration of medication, it should be provided to the school labeled with the student's name.
7. This form should be updated if changes are made to medication type and/or dosage.
8. Any medication not taken home by parent at the end of the school year will be destroyed.

As the parent/guardian of the student named above, I request the principal/principal's designee to administer the prescription medication described below to my child.

Name of Medication _____ Dosage _____

Time to be given _____ Date to Start _____ Date to End _____

Health condition requiring medication: _____

Possible side effects/special instructions: _____

Name of physician prescribing medication: _____ Phone _____

I understand that school personnel cannot be held liable for reactions to or effects from the administration of the medication. I also grant permission for school personnel to contact the physician if there are urgent questions or concerns about the medication. I have read the guidelines and agree to abide by them.

Parent/Guardian signature _____ Date: _____ Phone: _____
Home _____ Work _____ Cell _____

STARKVILLE ACADEMY ACTIVITY PERMISSION

It is my desire to allow _____, a student at Starkville Academy, to participate in school sponsored sports, band, or other activities for the current school year. I understand that occasionally injuries occur in these activities and that Starkville Academy assumes no risk or responsibility for these injuries.

While Starkville Academy is not an agency for any company selling student accident policies, the school will make available a low-cost insurance policy for its students. I release Starkville Academy, the Board of Directors, the Head of School, Coaches, and Teachers from all responsibility in case of injury.

_____ Date _____

Parent or Guardian

Student's Grade _____ Parent's Phone Cell _____ Home _____

Work _____

Please complete fully: THIS IS VERY IMPORTANT!

Medical Information: The above named participant is covered for hospitalization under

Policy# _____ Name of Insurance

Company _____ Address of Insurance Company

_____ If Group Policy Policy, give employer _____ Group # _____

_____ The above named participant is not covered by hospitalization insurance. In the case of athletics, student must present current physical form to the coach prior to first practice. This form will remain on file in Athletic Director's office.

Planned Absence Form for Elementary Students

If your child will be absent from school for a planned family trip or activity, this absence must be preapproved by the school administration. You must complete a form (one per child) in the elementary office in order for it to be sent to each teacher for their signatures. Arrangements must be made to complete in advance the work that would be missed during the absence.

Name _____ Grade _____

Dates absent _____

Reason for absence _____

Parent's Signature _____ Date _____

This form must be completed and returned at least one week prior to the planned absence.

Classroom Teacher's Signature _____

Additional 5th/6th Grade Teacher _____

Enrichment: Art _____

Band _____

Computer _____

Discovery/Resource _____

Dyslexia Therapy Program _____

Library _____

Music _____

PE _____

STEM _____

Elementary Principal's Signature _____

**STARKVILLE ACADEMY SECONDARY SCHOOL
PLANNED ABSENCE FORM**

Name _____ Dates Absent _____

Reason for absence _____

If you know you are going to be absent from school, you must present this form to each of your teachers for their signature. Their signature indicates that you will have either done your work for the time you will be absent or that you have made arrangements with your teachers to make up the work that you will miss. This absence may be unexcused. You will follow guidelines in the handbook under unexcused absences for make-up work.

This Planned Absence must be approved and signed by the principal.

Principal's signature: _____

1st period teacher: _____

2nd period teacher: _____

3rd period teacher: _____

4th period teacher: _____

5th period teacher: _____

6th period teacher: _____

7th period teacher: _____

Student's signature: _____

A note from your parent must be attached to this form or it will not be accepted.

Return this form to the office at least one (1) day prior to the day of absence.

Parent's signature: _____ Date _____

STARKVILLE ACADEMY SECONDARY SCHOOL
COLLEGE PLANNED ABSENCE FORM
STUDENTS ALLOWED 4 TOTAL VISITS
2 IN JUNIOR YEAR/ 2 IN SENIOR YEAR

Name _____ Dates Absent _____

College you will be visiting _____

If you know you are going to be absent from school, you must present this form to each of your teachers for their signature. Their signature indicates that you will have either done your work for the time you will be absent or that you have made arrangements with your teachers to make up the work that you will miss. This absence is excused.

You must present documentation of your visit to the guidance counselor from the college upon your return to school.

This College Planned Absence must be approved and signed by the principal and the guidance counselor.

Principal's signature: _____

Counselor's signature: _____

1st period teacher: _____

2nd period teacher: _____

3rd period teacher: _____

4th period teacher: _____

5th period teacher: _____

6th period teacher: _____

7th period teacher: _____

Student's signature: _____

A note from your parent must be attached to this form or it will not be accepted.

Return this form to the office at least one (1) day prior to the day of absence.

Parent's signature: _____ Date _____

**Starkville Academy After School
Student Information Form**

Student's Name: _____

Grade: _____ Homeroom Teacher: _____

Parent's Name: _____

Home Phone Number: _____

Mother's Place of Employment: _____

Work Phone Number: _____ Cell Phone Number: _____

Father's Place of Employment: _____

Work Phone Number: _____ Cell Phone Number: _____

Emergency Contact (to be used if parents cannot be reached)

Name: _____ Phone Number: _____

Relationship to student: _____

Any known allergies: _____

Special Instructions: _____

Name of person(s) picking up child regularly: _____

The following people have permission to pick up my child from After School:

Parent Signature: _____ Date: _____

Elementary Art Fees

Dear Parents,

It's art fee time again for Pre-K- 6th graders! The fees are needed so that supplies for this school year can be purchased in a timely manner.

Amount \$15.00 Check _____ Cash _____

Thank you,
Eliza Miller
Elementary Art Teacher
Starkville Academy

Please return art fees with this form.

Child's Name	Grade	Homeroom Teacher

Total: _____

STARKVILLE ACADEMY ATHLETIC BOOSTERS ASSOCIATION MEMBERSHIP FORM

Pd _____

Ck _____

Membership Information:

	Father	Mother
Name		
Home Address		
City, State, Zip		
Cell Phone		
Work Phone		
Email Address *		

**Email will be used to notify parents of athletic events, booster meetings, and other school notices*

Please check level of membership:

- Basic** \$40/year Basic membership is expected of all athletes
- Super Vol Blue** \$100/year Basic membership, 1 football program and \$25 gift card.
- Super Vol Orange** \$200/year Basic membership, (1) reserved parking for football, (2) football programs, (2) Athletic Banquet tickets
- Corporate** \$500/year Basic membership, 1 All Sports Pass, (2) reserved parking for football, PLUS (1) full page ad (black and white, +\$40 for color) in Football Program, (2) Football Programs, and **exemption from all concession duty**
- "Jr. Vol"** \$20/year Elementary only membership, receive a free SA gift (no concession duty) (only one membership per family - elementary athletes)

Student Information:

Child's Name (First and Last)

Grade

Child's Name (First and Last)

Grade

Child's Name (First and Last)

Grade

PLEASE CHECK ALL COMMITTEES WHERE YOU HAVE AN INTEREST IN HELPING:

- Fundraising Committee (Gun Raffle, SA Product Sales, Football Program and Scoreboard Ads, Fence Signs)
- Events Committee (Awards Banquet, Meet the Vols Dinner, Orientation Sessions, Etc.)
- Concessions Committee (planning and management of concessions outside of normal parent duty)