

# STARKVILLE ACADEMY

## STUDENT HANDBOOK ACKNOWLEDGEMENT PAGE

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Student Name: \_\_\_\_\_  
(PLEASE PRINT- LAST NAME, FIRST NAME)

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

Parents'/Guardians' Name: \_\_\_\_\_

This is the Starkville Academy Student Handbook for the 2022-2023 school year. We hope you find it informative regarding our school's philosophy and policies. Should you have questions regarding school policies after reading the handbook, please contact the school office.

It is very important that each Parent/Guardian and Student(s) read the handbook.

### **IMPORTANT: PLEASE READ CAREFULLY**

Starkville Academy may disclose "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance.

Additionally, Starkville Academy will use pictures and works of its students on its website and/or in advertising.

**Parents, guardians, or other persons signing below must notify Starkville Academy and request that said information not be disclosed about their child/children or their child's/children's photo or works not be displayed on the school website/advertising. Email Noa Katherine Hampton at [nhampton@starkvilleacademy.org](mailto:nhampton@starkvilleacademy.org) to make this request.**

Please complete this page and return it to the school Each student in your family attending Starkville Academy should return a form.

I, \_\_\_\_\_ (PLEASE PRINT PARENT/GUARDIAN NAME), accept parental responsibility regarding all rules as described in the Starkville Academy Student Handbook.

**PARENTS'/GUARDIANS' SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

I, \_\_\_\_\_ (PLEASE PRINT STUDENT NAME), have read and will follow all rules, policies, and procedures as described in the Starkville Academy Student Handbook.

**STUDENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# 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 NUMBER (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 #: \_\_\_\_\_

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NAME OF PHYSICIAN: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

OTHER SPECIAL PRECAUTIONS: \_\_\_\_\_

VISION DEFECT? \_\_\_\_\_ HEART DEFECT? \_\_\_\_\_

DATE

PARENT 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.

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**Name, Phone Number, and Relationship to Student**

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**Name, Phone Number, and Relationship to Student**

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**Parent Signature**

**Date**

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**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 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:** \_\_\_\_\_

**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.

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**Parent or Guardian Signature**

**Date**

**Student's Grade:** \_\_\_\_\_ **Parent 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, give employer:** \_\_\_\_\_

**Group #:** \_\_\_\_\_

\_\_\_\_\_ The above named participant is not covered by hospitalization insurance. In 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.

# FACTS Family Portal for Parents

To **create** a FACTS Account:

1. Go to [www.starkvilleacademy.org](http://www.starkvilleacademy.org) and click on 3 petal icon in the top right corner.
2. Click on “Create Family Portal Account”
3. Enter the email address [you provided to the school](#). If you need to verify your email, contact Mrs. Prosser or Mrs. Prestridge in either school office.
4. Follow the directions to create an account.

If you have an account from last year, it is still active. Login with District Code: stk-ms and your username and password  
Make sure the button next to “Parent” is highlighted.