



Executive Name _____

Grade Level _____

Date _____

Executive Enrollment Packet 2017-2018

Memphis Business Academy Middle and High School
3306 Overton Crossing, Memphis, TN 38127

Middle School (901) 357-2711 Office; Fax (901) 357-2442 Fax
High School (901) 357-8680 Office; (901) 357-8681 Fax

Enrollment Paperwork

- Completed Enrollment Packet
- 2016-2017 (Last School Year's) Final Report Card
- 2016-2017 (Last School Year's) TCAP, EOC, or Standardized Test Scores
- 2016-2017 Transcript
- 3 proofs of address (copies only)
 - _____ MLG&W
 - _____ Telephone Bill
 - _____ Payroll letter (company letter head)
 - _____ Insurance papers (medical, car, dental, etc.)
- Birth Certificate
- Social Security Card
- Shot Record (If entering 7th Grade must have required immunizations)



MBA Middle and High School Enrollment Packet Checklist

Executive's Name _____

Executive's Grade _____

Please write "Yes" beside each document that you have reviewed and signed.

_____ I agree to the No Child Left Behind Family Engagement Policy, 2017-2018

_____ I agree to the No Child Left Behind School/Teacher/Parent Compact, 2017-2018

_____ I agree to the MBA Textbook Care Policy.

_____ I agree to the MBA Technology Policy.

_____ I agree to the MBA Media & Video Release Policy.

_____ Occupational Survey

_____ Primary Language Form

_____ Parents' Right to Know

_____ Household Survey 2017-2018

Executive Parent's Name _____

Executive Parent's Signature _____

Date _____

I have read and agreed to the guidelines and information in the paperwork.



Memphis Business Academy No Child Left Behind Family Engagement Policy, 2017-2018

Memphis Business Academy encourages parental involvement in the educational process. The school and home have a shared goal of promoting success in our Executives. Our Family Engagement Policy was developed jointly with parents, and they will act as advisors and resource persons in the following ways:

1. Attend school events and serve as advisors
2. Serve as ex-office members of the Board of Directors
3. Use their talents/resources to enhance the instructional program
4. Become school supporters and advocates
5. Respond to memos and questionnaires expressing ideas and concerns

The administration, faculty, and staff will provide a strategic plan and implement Title I requirements according to the guidelines set forth in law. These requirements include:

1. Make parents aware of Title I and participation
2. Allow parents to observe all regular and support classrooms
3. Provides parents with timely information and progress reports so they have ample opportunity to attend meetings and activities
4. Provide two-way communication between parents and school
5. Provide parents with assessment results, the school curriculum, proficiency levels, and expectations
6. Provides parents with a copy of the Family Engagement Policy

To ensure that parents participate in the development and implement of the school's program, we will do the following:

1. Provide opportunities to complete 20 hours of volunteer service per year
2. Provide an annual meeting to explain the components of Title I
3. Involve parents in planning and developing the school's improvement projects and professional development in an ongoing and timely manner
4. Jointly develop a parent-school compact showing how parents, schools, and Students share responsibilities. Disseminate the compact to all parents and acquire appropriate signatures
5. Encourage parents to regularly visit and take an active role in school planning through regularly scheduled meetings
6. Support an organized parent group which meets throughout the entire school year in an ongoing and timely fashion
7. Develop programs that enable parents to participate in their children's education
8. Flexible, ongoing, and regular parent meetings will be offered during the school year.

Note: Parent can also mean a guardian or person who has custody of the child or individual who has care giving authority.



Memphis Business Academy

No Child Left Behind School/Teacher/Parent Compact, 2017-2018 -pg 1

Memphis Business Academy has developed jointly with parents a school parent compact.

MBA Executive Parent/Guardian's Agreement

It is important that I take a more responsible role in helping my Executive. Therefore, I shall strive to do the following:

- Provide **20 volunteer hours** per year to MBA, **10 per semester**
- See that my child is punctual, has necessary supplies, and attends school regularly
- Support MBA in its efforts to maintain proper discipline
- Establish a time for homework and review it regularly
- Provide a quiet, well-lighted place for study and homework
- Encourage my child's efforts and be available for questions
- Stay aware of what my child is learning and communicate about the progress
- Review, sign, and return all paperwork from MBA
- Arrange for my child to take advantage of after school tutoring
- Volunteer at MBA in various capacities and observe my child during classes
- Make sure that my child wears proper uniform attire every day
- Develop a partnership with MBA to help my child achieve the highest standards, and excel on End of Course (EOC), ACT, and other standardized tests.
- Attend scheduled parent meetings, conferences, and workshops

Executive Parent/Guardian's Name _____

Parent/Guardian's Signature _____

(Any person who is interested in helping this child may sign in lieu of parent.)

MBA Executive Student Agreement

It is important that I work to the best of my ability. Therefore, I shall strive to do the following:

- Attend school regularly, arrive on time, and actively participate in all classes
- Complete and return all homework assignments on time
- Do my best to do quality work at all times
- Observe regular study hours
- Conform to rules of MBA Executive conduct
- Observe and follow classroom policies and procedures
- Wear uniforms everyday
- Respect myself and other MBA Executives and Staff
- Take responsibility for my actions and grades and cooperate with others so that I may receive a quality education

Executive's Name _____

Executive's Signature _____



Memphis Business Academy
No Child Left Behind School/Teacher/Parent Compact, 2017-2018 pg 2

MBA Executive Teacher's Agreement

It is important that Executives achieve. Therefore, I strive to do the following:

- Provide meaningful homework assignments for Executive enrichment
- Provide necessary assistance to parents so they can help with assignments
- Encourage Executive and parents by providing information about progress
- Use special activities to enrich teaching and make learning enjoyable
- Inform parents and Executives of MBA classroom policies and procedures
- Encourage parents to visit MBA regularly, and ask them to assist in activities
- Provide instruction that fosters high academic expectations, and challenging and exciting classroom assignments
- Maintain ongoing communication with MBA Executive parents by providing information about their child's progress
- Be a model of a life learner for MBA Executives
- Determine the educational needs of the Executives and adjust instruction accordingly
- Demand higher participation from MBA Executive Students and parents

MBA Executive Homeroom Teacher

MBA Executive Principal's Agreement

I support parental involvement and the school/parent compact. Therefore, I strive to do the following:

- Provide a supportive, safe, and effective learning environment that allows for positive communication among the teachers, parents, and Students on an ongoing basis
- Encourage teachers to regularly provide homework assignments that reinforce classroom instruction
- Provide time to listen to child and parent concerns
- Provide multiple/flexible opportunities for parent-teacher conferences
- Enforce MBA school uniform policies
- Provide high-quality curriculum and instruction in a supportive and effective learning environment that enable the children to meet the state academic achievement standard
- Encourage MBA Family to have high expectations academically, socially, and physically
- Encourage teachers and Students to always respect self, others and property
- Make expectations widely known when Students and parents enter the school
- Maintain open communication with parents
- Involve parents as assistants at MBA's day-to-day activities
- Help foster an environment where educators work collaboratively daily so that child achievement is attained at a higher level

MBA Principal's Signature Dr. Mentha P. Clark



Memphis Business Academy Textbook Care Policy 2017-2018
ALL TEXTBOOKS ARE THE PROPERTY OF MEMPHIS
BUSINESS ACADEMY

TEXTBOOKS MUST NOT BE DAMAGED

Some damages to textbooks are:

- A. One or more pages of the content are missing.
- B. Water soaked books causing the backs or pages to be swollen or molded.
- C. Physically marked books with pencils, pens, crayons, etc anywhere on the book- the outside, inside, ends, or any page.

PENALTY FOR LOST/DAMAGED TEXTBOOKS

The Executive will pay as follows:

- A. Full replacement price, if a new book is issued.
- B. Three-fourths (3/4) of the replacement price, if used when issued.

PENALTY FOR TEXTBOOKS DAMAGED BEYOND USE

The Executive will pay as follows:

- A. Full replacement price, if new issued.
- B. Three-fourths (3/4) of replacement price, if used when issued.
- C. Books severely damaged will become the property of the child after payment.

SANCTIONS

- A. Additional textbooks may not be issued until restitution is made.
- B. All report cards, certificates of progress or diplomas will be withheld until restitution is made.
- C. A suspension may be used in extreme circumstances.

Executive's Name _____

Executive Signature _____

Executive Parent Name _____

Executive Parent Signature _____

Date _____



Memphis Business Academy Technology Policy 2017-2018

ACCESS RELEASE AND AUTHORIZATION FORM

As a condition of using the MBA network, I agree to comply with the E-mail and Internet Acceptable User Agreement (“Agreement”). I have read, and I understand the Agreement. Should I commit any violation, my access privileges may be revoked, and disciplinary action may be taken, including suspension or expulsion.

I UNDERSTAND THAT MY MBA NETWORK ACCOUNT IS NOT PRIVATE. I CONSENT TO MBA MONITORING ALL MY ACTIVITIES ON THE NETWORK, INCLUDING E-MAIL, INTERNET ACTIVITY, AND ALL FILES AND DOCUMENTS STORED IN THE MBA NETWORK.

Executive’s Name _____

Executive’s Signature _____

As a parent or legal guardian of the child who signed above, I grant permission for him/her to access networked computer services such as e-mail and the internet. I understand that (s)he is expected to use good judgment and follow rules and guidelines set forth in the Acceptable Use Agreement (“Agreement”). MBA cannot be responsible for the child’s use of the MBA network, including any ideas and concepts that (s)he may gain by his/her use of the Internet or for the actions that (s)he takes through the use of the Internet. I release MBA, the school, their officers, agents, and employees, from all costs, claims, and liability resulting from the use of the MBA network by the child.

I have read the Agreement and accept the rules and conditions in the Agreement. I release MBA, the school, their officers, employees, and agents from any claim arising out of the child’s use of the MBA network. I agree to indemnify and to hold harmless MBA, the school, their officers, employees, and agents from any costs, liability, or claims arising from the child’s use of the MBA network.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____



Memphis Business Academy Media & Video Release Policy 2017-2018

To protect the privacy of your Executive while enrolled at Memphis Business Academy, there is a policy governing the confidentiality of child information. As part of the policy, we will not allow your child to be videotaped or photographed by anyone who is not a Board or Staff member of MBA, without your permission.

The purpose of this form is to provide you with the opportunity to deny permission for your child to be videotaped or photographed as a normal part of school activities from outside groups, such as the newspaper, media, or special programs within the district.

If you agree, your child may participate in programs or other activities that could be videotaped or photographed for publicity or news stories. Your child may appear in or on the following media: brochures, videos, newsletter, radio talk shows, newspaper articles or television news, which may be used to promote MBA or the school district.

I understand that any media and video opportunities will be in line with the mission and educational philosophy of MBA and MCS.

Please check one box:
 Yes, my Child may participate.

No, my Child may not participate.

Comments:

Executive Name _____

Signature of Parent/Guardian _____

Date _____



Migrant Education Program
Occupational Survey
STATE OF TENNESSEE
DEPARTMENT OF EDUCATION
6th FLOOR, ANDREW JOHNSON TOWER
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243-0375

BILL HASLAM
GOVERNOR

KEVIN HUFFMAN
COMMISSIONER

Student Information: _____
Last Name First Name Gender Race

District _____ School: _____ Grade _____ Year _____

Migrant students may be eligible for additional services and assistance. Please answer the following questions and return the survey to the school so that we can determine if your child qualifies for migrant services.

1. Did you or someone in your family come to Tennessee looking for temporary or seasonal work in agriculture, fishing, dairy, or in any plant processing foods (examples: working with tobacco, tomatoes, cotton, strawberries, nurseries, trees, pork, chickens, vegetables, etc)?

YES _____ NO _____

If yes, please mark which member of the family does or did this kind of work:

Mother _____ Father _____ Children _____ Other _____

2. Do you or someone in your family currently work in agriculture fishing, dairy, or in any plant processing foods (examples: working with tobacco tomatoes, cotton, strawberries, nurseries, trees, pork, chicken, vegetables, etc).

YES _____ NO _____

If yes, please mark which member of the family does this kind of work:

Mother _____ Father _____ Children _____ Other _____

3. If your current job is not temporary work in agriculture or fishing, did you or someone in your family work in a temporary or seasonal agriculture or fishing in the last 3 years?

YES _____ NO _____

If yes, where?

_____ City State Country

If you answered "yes" to any of the questions above, please answer questions 4, 5 and 6.

4. How long have you been in this county? _____
months years

5. What is your current address? _____

6. What is your current telephone number? _____

NOTE TO SCHOOLS: PLEASE RETURN ONLY SURVEYS WITH ONE OR MORE "YES" RESPONSES TO PATRICIA WRIGHT FEDERAL PROGRAMS GRANTS AND COMPLIANCE. CALL 901-416-4310 IF YOU HAVE QUESTIONS



**REQUIRED AT
REGISTRATION
FOR ALL NEW STUDENTS**

SHELBY COUNTY SCHOOLS

Primary Home Language Identification Form

This form must be completed by the parent or legal guardian during registration on ALL NEW STUDENTS.

Date _____
Student _____ Sex _____ Date of Birth _____
School _____ Grade _____ Student # _____
Home Telephone _____

The native/home language of each student must be recorded in his/her permanent record. Please answer the following questions about your child's language background:

1. What was the first language this child learned to speak? _____
2. What language does this child speak most often outside of school? _____
3. What language do people usually speak in this child's home? _____

Collected for funding purposes only

Was this child born in the United States? Yes No If No, complete the following:

- a. Country of birth _____
- b. Date entered United States _____
Month / Day / Year
- c. Date entered U.S. schools _____
Month / Day / Year
- d. Does your child have Refugee Status? Yes No

Signature of Parent/Guardian

Signature of Questioner

This section is to be completed only for students who answered any questions 1-3 with a language other than English.

- a. In what language do you want notices sent to you from the school? _____
- b. LAU Category of student (check one)
 - Category A – speaks only the language other than English
 - Category B – speaks mostly the language other than English
 - Category C – speaks English and the other language equally well
 - Category D – speaks mostly English
 - Category E – speaks only English

Please file original copy in the cumulative folder and distribute copy to the assigned ESL teacher if another language other than English is listed in any blank on this form or send a copy of this form to the ESL Program at Florida-Kansas Annex, 2nd FL, Rt. 4, Telephone #416-5411. (Revised 6-24-14)

Parents' Right to Know Military Recruiters

The No Child Left Behind Act of 2001 requires schools to release your child's name, address and telephone number to military recruiters unless you request in writing that this information not be released for your child. If you would like for your child's name to be omitted from the list which is released to military recruiters, please complete the information below and return to the school office. Students eighteen or older may complete the form on their own.

____ As a parent, I am exercising the right to request that you do not release the name, address and telephone number to the Armed Services, Military Recruiters, or Military Schools of the following student.

____ As a student, I am requesting that my name, address and telephone number not be released to the Armed Forces, Military Recruiters or Military Schools.

Student Name: _____

Name of School: _____

Print Name: _____
(Parent's name if student is under 18; student's name if over 18)

Signature: _____
(Parent's signature if student is under 18; student's signature if over 18)

Date: _____

Parents/Students: Please return this form to the school office.





2014-2015

**Department of Coordinated School Health
Confidential Student Health Information**

PLEASE PRINT
Student
 Name _____
 Gender: M or F Date of Birth: M D Yr _____
 Race: _____
 School: _____
 Teacher _____ Grade: _____

General Information:

- The request for identifiable health information will enable us to provide safe and appropriate health care if your child becomes ill or injured at school or on the bus. The information that you provide will be maintained confidentially and is limited to individuals that work with your child within the school setting with a legitimate need to know. If you have any questions or would like to discuss specific health issues with Health Services staff, please call your school directly during school hours or call the Department of Coordinated School Health at (901) 473-2693.

RELEASE OF HEALTH INFORMATION: (PLEASE INITIAL)

	Parent gives permission to release health information to appropriate school system staff for medical alert notification and health care management
	Parent prohibits disclosure of sensitive health information to school staff unless medically necessary without specific request and school nurse involvement

PARENT/GUARDIAN INFORMATION (PLEASE PRINT)

Last Name	First Name	Relationship	Phone

EMERGENCY CONTACTS (PLEASE PRINT)

Last Name	First Name	Relationship	Phone

PHYSICIAN CONTACTS (PLEASE PRINT)

Physician Name or Office	Clinic/Practice Name & Address	Phone

PLEASE REVIEW THE FOLLOWING LIST AND CHECK ANY AND ALL THAT APPLY.

<input type="checkbox"/> ADHD	<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Kidney Problems	<input type="checkbox"/> Sickle Cell anemia
<input type="checkbox"/> Anemia	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Leukemia	<input type="checkbox"/> Sinus Problems
<input type="checkbox"/> Anxiety attack	<input type="checkbox"/> Depression	<input type="checkbox"/> Low Blood Pressure	<input type="checkbox"/> Stroke
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Dialysis	<input type="checkbox"/> Meningitis	<input type="checkbox"/> Vision Problems
<input type="checkbox"/> Artificial joints	<input type="checkbox"/> Fractures (Skull)	<input type="checkbox"/> Menstrual cramps	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Artificial valves (heart)	<input type="checkbox"/> Glasses	<input type="checkbox"/> Migraine Headache	<input type="checkbox"/> Procedure:
<input type="checkbox"/> Asthma	<input type="checkbox"/> Headaches	<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Catheterization **
<input type="checkbox"/> Back Problems	<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> Panic attacks	<input type="checkbox"/> Tube Feeding **
<input type="checkbox"/> Broken bones	<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Reflux	<input type="checkbox"/> Equipment:
<input type="checkbox"/> Cancer	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Crutches
<input type="checkbox"/> Contact lenses	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Scoliosis	<input type="checkbox"/> Walker
<input type="checkbox"/> Concussion	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Seizures	<input type="checkbox"/> Wheelchair
Other, including health procedures:			
**If any are checked, please provide specific information:			

PLEASE COMPLETE REVERSE

Shelby County Schools offers educational and employment opportunities without regard to race, color, religion, sex, creed, age, disability, national origin, or genetic information.

ALLERGY INFORMATION: IS YOUR CHILD ALLERGIC TO ANY OF THE FOLLOWING?

Medication (name)	Environmental - (Trees - Grass)-	Does your child require an epinephrine for an allergic reaction? Y or N If Yes, what type and dose level:	Name of medications your child takes in addition to the Epinephrine to treat an allergic reaction:
Food (Tree nuts - Peanuts - Fish - Milk)	Dyes (Red - Yellow)		
Insects (Bees - Wasps)	Other		
Latex			

MEDICATION INFORMATION: DOES YOUR CHILD ROUTINELY TAKE MEDICINE AT HOME OR SCHOOL? Y OR N

IF YES, PLEASE PROVIDE INFORMATION BELOW:

DIAGNOSIS FOR WHICH MEDICINE IS GIVEN	NAME OF MEDICATION	FORM (PILL, LIQUID, INHALER)	DOSAGE	SPECIFIC TIME (S) TO BE GIVEN	GIVEN AT HOME	GIVEN AT SCHOOL

PARENT/ GUARDIAN ACKNOWLEDGEMENT: I understand that my child may be allowed to take his/her medication according to SCS Health Care Management Policy #6043. I also understand that I must personally bring all medications that are deemed medically necessary for administration during the school day to the school and complete a Parent Authorization Form for Administration of Medication. This document will be placed on file in the school office.

I understand that although a reasonable attempt will be made to remind the student about medications, it is expected that the student will be responsible for obtaining his/her medication if required for self-administration during the school day.

I agree to indemnify and hold harmless SCS and its employees from claims relating to the possession or self-administration of asthma inhalers, and understand that SCS, its employees and agents shall incur no liability as a result of injury to a student or any other person as a result of possession or self-administration of asthma inhalers.

I also authorize the school nurse and district health services staff to consult with the prescribing physician to clarify medication orders, or, in the interest of the student's health, to discuss his/her response to the prescribed medication. All health information will be kept confidential.

_____ Date

_____ Parent/Guardian Signature

_____ Telephone

FOR SCHOOL STAFF ONLY

Note: The School Nurse will review this form to determine the level of disclosure and appropriate action:

Medical Alert _____ IHP to be developed _____ Other _____

School Nurse review date and signature: _____



**Household Information Survey
2015-16 School Year**

Click here to enter text.
Click here to enter text.
Click here to enter text.
Click here to enter text.

Parent Name:

Street Address:

City:

State:

Zip:

Student's Legal Name (As on Birth Certificate)	Student ID	Date of Birth	School Name	Grade
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Number in Household _____ **(Fill in the blank)**

Please check the box below that represents your Annual Gross Income:

<input type="checkbox"/> Less than \$21,775	
<input type="checkbox"/> Between \$21,775 and \$29,471	<input type="checkbox"/> Between \$67,951 and \$75,647
<input type="checkbox"/> Between \$29,471 and \$37,167	<input type="checkbox"/> Between \$75,647 and \$83,343
<input type="checkbox"/> Between \$37,167 and \$44,863	<input type="checkbox"/> Between \$83,343 and \$91,039
<input type="checkbox"/> Between \$44,863 and \$52,559	<input type="checkbox"/> Between \$91,039 and \$98,735
<input type="checkbox"/> Between \$52,559 and \$60,255	<input type="checkbox"/> Between \$98,735 and \$106,431
<input type="checkbox"/> Between \$60,255 and \$67,951	<input type="checkbox"/> Over \$106,431

Signature: An adult household member must sign the application.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive federal funding and state funding based on the information provided.

Sign here:

Date:



Student Information Form

Student Name

First _____ Last _____ MI _____

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Parent/Guardian (Mother) _____

Cell _____ Home _____ Work _____

Parent/Guardian (Father) _____

Cell _____ Home _____ Work _____

Additional Persons Authorized to pick up student:

Name _____ Relationship _____

Cell _____ Home _____

Name _____ Relationship _____

Cell _____ Home _____

Name _____ Relationship _____

Cell _____ Home _____