

Registration Day – Both Campuses
Wednesday, August 4th
9:00 a.m. – 12:00 p.m.
Upper School Gymnasium
1219 W. Mississippi Avenue

Please note the following:

- Please do not arrive before 9:00 a.m. Students do not need to attend registration.
- Please complete the attached forms, print them out and bring them on registration day. Do NOT e-mail the forms back to us. They must be delivered in “hard copy” format. Do not staple your registration forms.
- **Proof of residence must be checked at the first stop at registration (new *and* returning students). Bring 2 proofs of residence with you dated no earlier than July 2010 (ex: most recent EPB bill, phone bill, etc.). If new to the zone, bring proof that utilities were cut off at the old residence. You will not be able to register without these proofs of residence.**
- The TN Dept. of Health is requiring additional immunizations for all PreK, Kindergarten, and 7th Grade students. These students must have the new immunization record in our school records in order to register!
- If your child is a PreK or Kindergarten student who is new to our school **OR** a student who is new to the Hamilton County school system, bring the following with you:
 - Social Security Card (Bring the original to be copied.)
 - Certified Birth Certificate (Bring the original to be copied.)
 - Tennessee School Immunization Certificate (shot records) and physical forms. All Kindergarteners are required to have a physical prior to the first day of school.
 - Proof of Residence (2 documents)
 - K – 8th Graders: Name and phone/fax number of last school attended
- We need ALL parents to come on registration day. There will be some additional forms, t-shirt ordering information, aftercare registration, museum passport pick up, etc.
- Remember to BRING YOUR CHECKBOOK for the following: (You may write one check for the first 3 fees listed below; you will need separate checks for the others.)
 - \$75 School Fee
 - \$25 Exhibit Fee
 - \$25 Museum Passport / Transportation Fee
 - \$10 School T-shirt (required for learning expeditions)
 - \$70 for Fall Sport (if participating; grades 6 – 8 only)
 - \$6 P.T.A. Membership (optional)
 - \$??? Donation to the Education Fund

For more information:

Normal Park Lower School
209-5900

Normal Park Upper School
209-5914

Office: ___ Proof of Res. Checked
___ Supply Fee Paid
___ Museum Passport Rcvd.

Normal Park Museum Magnet – Registration Packet

Student Name: _____, _____, _____ Teacher: _____
Last First Middle

Grade: _____ Social Security #: _____ Gender: M F Age: _____

Birth Birth Birth Birth Birth
Date: _____ City: _____ State: _____ County: _____ Country: _____

Race: Asian Black Hispanic Indian (American) Pacific Islander White

Student Address: _____ City: _____ Zip: _____

Lives with: Both Parents Mother Father Other: _____

Mother: Name (Last, First): _____ Maiden Name: _____ Home #: _____

Address, if different: _____ Cell #: _____

Employer / Occupation: _____ / _____ Work #: _____

Father: Name (Last, First): _____ Home #: _____

Address, if different: _____ Cell #: _____

Employer / Occupation: _____ / _____ Work #: _____

Legal Guardian (if other than parent): Name: _____ Home #: _____

Relationship to Student: _____

Address, if different: _____ Cell #: _____

Employer / Occupation: _____ / _____ Work #: _____

Email
Addresses: Mother: _____ Father: _____ Guardian: _____

School attended last year: _____ School address & phone #: _____

Siblings: List names, ages, and schools: _____

EMERGENCY INFORMATION:

Child's known health problems / allergies: _____

People who can be reached in case of emergency if parent cannot be reached (list at least two):

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Emergency Permission: In case of emergency and I cannot be contacted, take my child to _____ hospital. I will assume financial responsibility.

Family Doctor: _____ Phone: _____ Parent signature: _____

ARRIVAL & DISMISSAL INFORMATION: Transportation: A.M.: bus car walker before care
P.M.: bus car walker after care

Is there a court order/decreed prohibiting anyone from dismissing this child? Yes (on school file) No

Persons permitted to dismiss this child:

(1) _____ (2) _____ (3) _____

Persons **NOT** permitted to dismiss this child:

(1) _____ (2) _____ (3) _____

Child's Name (last, first): _____

Permission to Video / Photograph:

I give my permission for my child to be photographed / videotaped and for images of my child to be published or included in school publications, school website, Exhibit Nights and other school events, promotional pieces such as brochures and news articles promoting the school.

I **DO NOT** give my permission for my child to be photographed / videotaped.

Parent Signature: _____

E-Mail Addresses:

We will send important school information via e-mail throughout the school year.

We do not have e-mail access (Accommodations will be made if you do not have access to e-mail.)

Class Contact Information List:

In order for NPMM families to be in closer contact for school events and/or birthday parties, etc., the room parent will send out student/parent contact information.

Yes, I would like my family's contact information (child's name and birth date, mother/father's name, primary address, phone numbers, and email) included in the Class Contact Information List.

No, please do not include my child's information in the Class Contact Information List.

If yes, is there any contact information that you do not want us to print? _____

Pre-K & Kindergarten 2011-2012 Survey: (This is for next year.)

Do you have a child who will enroll in kindergarten in August, 2011? Yes No

If Yes, please list name: _____

Do you have a child whom you would like to place on the waiting list for Pre-K to start in August, 2011?

Yes No If Yes, please list name: _____

(Note: Pre-K tuition for the 2011-2012 school year is \$5500.)

Child's Name (last, first): _____

Commitment to Adhere to NPMM School Policies:

I, _____, hereby commit to following all school rules and policies, including those listed below. I also commit to informing other family members (particularly those involved with drop off and pick up) of these rules. I understand that by following school rules, I am setting a good example for my child. I also understand that failure to comply with school policies will result in losing my child's magnet spot in the school.

Parent Signature: _____

Please initial on each line to indicate your understanding of each policy:

_____ Students are required to maintain good attendance. This includes being on time for school and remaining in school until dismissal. Ten (10) or more absences or Twenty (20) or more tardies will result in a student (and siblings) losing his/her magnet spot in any Hamilton County School. After the first three absences, all additional absences will be counted "excused" only if a doctor's note is sent to the office.

_____ Parents are required to volunteer at least 18 hours a year (per family) and attend two parent/teacher conferences at our school. Failure to complete this requirement by April 30, 2011 will result in the student (and siblings) losing his/her magnet spot in any Hamilton County School. All parents receive a copy of Hamilton County Magnet Schools' Parent Volunteer Guidelines at school registration.

_____ Students may not be dismissed from the office the last 30 minutes of school. To dismiss a child from school, the adult must sign him/her out in the office and the teacher will be notified. Parents should not go to the classroom to dismiss their child.

_____ All school visitors must report to the office to sign in and get a pass before going anywhere else in the building.

_____ School t-shirts (in grade level colors) must be worn on all Learning Expeditions. (Tuesdays at the Lower School and Thursdays at the Upper School.)

_____ Parents should read the entire student handbook in order to have a clear understanding of all other school procedures, plans and policies.

_____ Parents must follow proper car rider drop-off and pick-up procedures as outlined in the student handbook.

Parent Volunteer Information Child's Name (last,first): _____ **Grade:** _____

List all other siblings (name, school, and grade) who are attending a Magnet School (including those at NPMM):

Please fill out the following parent volunteer survey to help us better match you interests with volunteer opportunities at NPMM.

What special skills/training do you have? Name: _____

Skills: _____

What special skills/training does your spouse have? Name: _____

Skills: _____

Is there a grandparent or friend who would also like to volunteer?

Name: _____ Phone: _____ Email: _____

Interest / Skills: _____

Do you have access to a truck? Yes No **Do you have handyman skills?** Yes No

Which of the following volunteer activities interest you? (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Exhibit Building | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Happy Cart Delivery |
| <input type="checkbox"/> Theater/Musical Assistance | <input type="checkbox"/> Baking / Food for Events | <input type="checkbox"/> Decorating for School Events |
| <input type="checkbox"/> Technology Assistance | <input type="checkbox"/> Cleaning / Organizing | <input type="checkbox"/> Car Rider / Bus Duty (LS) |
| <input type="checkbox"/> Telephone Tree | <input type="checkbox"/> Sewing | <input type="checkbox"/> Teacher Appreciation Week |
| <input type="checkbox"/> Room Parent | <input type="checkbox"/> Painting | <input type="checkbox"/> Science Assistance |
| <input type="checkbox"/> Box Tops / Label Collection | <input type="checkbox"/> Normal-Palooza Arts Festival | <input type="checkbox"/> Classroom Assistance |
| <input type="checkbox"/> Clerical/Office Work | <input type="checkbox"/> School Auction | <input type="checkbox"/> Library Assistance |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Landscape / Gardening | <input type="checkbox"/> Tutoring/Mentoring Students |
| <input type="checkbox"/> Sport Field Maintenance (US) | <input type="checkbox"/> Choir Assistance | <input type="checkbox"/> Moving/Hauling Furniture |
| <input type="checkbox"/> Sports Booster Club (US) | <input type="checkbox"/> Band Assistance (US) | <input type="checkbox"/> Facility Maintenance |
| <input type="checkbox"/> Concession Stand Help (US) | <input type="checkbox"/> Music Booster Club (US) | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Playground Maintenance | <input type="checkbox"/> Art Projects/Art Dept. Help | <input type="checkbox"/> Public Relations / Marketing |
| <input type="checkbox"/> Other: _____ | | |

L.S.: Are you available to help with Academies (2 -3:00 on Fridays)? Yes No

Is there an Academy that you would like to sponsor or assist with? _____

U.S: Is there a Sport that you would like to sponsor or assist with? _____

Child's Name (last, first): _____

NORMAL PARK MUSEUM MAGNET UPPER SCHOOL
CELL PHONE & ELECTRONIC DEVICE POLICY

Cell phone and electronic devices should NOT be seen or heard during the school day. If a student is in possession of a cell phone and/or an electronic device, the items should be kept in the student's backpack or locker for the duration of the school day.

If a student's electronic device is seen or heard during the school day, the device will be taken by the teacher and sent to the office. Violations of the school's policy shall include the following consequences as affirmed by the Hamilton County Department of Education:

- 1st Violation - Confiscated for 10 school days
- 2nd Violation - Confiscated for 20 school days
- 3rd Violation — Confiscated for the remainder of the school year

- Any phones not picked up within 1 week after the last school day in a school year become the property of the school.
- Schools are not responsible for any theft or loss of any electronic device whether it is confiscated or in the student's possession.

My signature below indicates that I have read and understand Normal Park Museum Magnet's Cell Phone Policy.

Parent Signature _____

Student Signature _____