

Check One:

Elementary

Middle



2021-2022
Enrollment Packet Completed _____
Staff Initials: _____ Date: _____

The MBA Experience: Growing tomorrow's leaders to transform lives and communities.

4443 S. Germantown Road -Memphis, TN 38125

Principal-Ms. Marsharee Shaw

901-505-0551

901-757-4532 (FAX)

marsharee.shaw@mbaexecutives.org

School Hours:

Monday-Friday

7:00-4:00

Required Documents for Parents:

Former Students

2. Forms of Proof of Residence
 - a. Lease agreement in the parent/guardian name
 - b. Mortgage statement in the parent/guardian name
 - c. Parent/guardian driver's license
 - d. MLGW or telephone bill
 - e. Any governmental or official court documents with parent/ guardian name and address (WIC, Families First, child support, etc.)

New Students

- Most recent report card
 - Completed Memphis Business Academy Enrollment Packet
 - Certified copy of Birth Certificate
 - Social Security card
 - Current/valid Immunization record on TN School form (completed within the last 12 months and signed by a doctor/clinic)
 - Parent/Student/Principal introduction meeting when documentation is submitted.
2. Forms of Proof of Residence
 - a. Lease agreement in the parent/guardian name
 - b. Mortgage statement in the parent/guardian name
 - c. Parent/guardian driver's license
 - d. MLGW or telephone bill
 - e. Any governmental or official court documents with parent/ guardian name and address (WIC, Families First, child support, etc.)

Are you a former MBA Student?	Is this student currently under suspension/expulsion at another school?	Has this student been adjudicating (giving a ruling) delinquent for having committed a violent crime?	Has this student ever been previously enrolled in a Shelby County School?	If yes, please list the Tennessee School/SCS School Name, City, Year
Yes _____ No _____	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____	

Student Information

First Name	Last Name	Social Security
DOB:	Race	Gender
Grade Level Entering	Student Cell Number:	Student Email Address:
<p style="text-align: center;">Custody Alert?</p> <p>Yes(<u> </u>) No(<u> </u>)</p> <p>If yes, please attach an explanation including a COPY of any court orders</p>	<p>Medic Alert</p> <p>Does the student have any medica conditions?</p> <p>Yes(<u> </u>) No(<u> </u>)</p>	<p>Is a language other than English spoken in the home?</p> <p>Yes(<u> </u>) No(<u> </u>)</p>
Country of Origin	<p>Special Education Information</p> <p>Has student ever been enrolled in a Special Education?</p> <p>(Circle One)</p> <p>Resource 504 Gifted Program</p>	
School Last Attended:		

Parent Contact

Parent Information 1:		
First Name	Last Name	Home Address
City	State	Zip
Home Phone	Cell	Employed By
Work	Email	Relationship to Child
Parent Information 2:		
First Name	Last Name	Home Address
City	State	Zip
Home Phone	Cell	Employed By
Work	Email	Relationship to Child

Emergency Contact Information & Inclement Weather

Other persons to call in case of emergency or illness:
Only parents/guardians listed below may check out your child. Emergency contacts must be 18 or older and will be required to provide ID.

Inclement Weather

Dear Parents/Guardians,

In the event we have an abbreviated school day (due to inclement weather), you can remain informed by going to the Memphis Business Academy website: <https://memphisbusinessacademy.com/>

In case school is dismissed early due to inclement weather, my child should use:

_____ *Usual transportation home (example: car rider or walker)*

Contact Person #1

Contact Person #2

Contact Person #3

Cell:

Cell:

Cell:

Relationship to the student:

Relationship to the student:

Relationship to the student:

I certify that information contained in this application is true and complete. I understand that false information may be grounds for my child to not be accepted into Memphis Business Academy and/or Memphis STEM Academy or dismissed at any point in the future if my child is accepted. I authorize the verification of any or all information listed above.

Parent Signature

Date

Confidential Executive Health Information Form-Page 1

Student's Name				Grade		DOB	
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Check 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	<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"/>	Speech Problems
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Headaches	<input type="checkbox"/>	Nosebleeds	<input type="checkbox"/>	
<input type="checkbox"/>	Back Problems	<input type="checkbox"/>	Hearing Problems	<input type="checkbox"/>	Panic attacks	<input type="checkbox"/>	Equipment (equipo):
<input type="checkbox"/>	Broken bones	<input type="checkbox"/>	Heart Problems	<input type="checkbox"/>	Reflux	<input type="checkbox"/>	Crutches/Walker
<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	Wheelchair
<input type="checkbox"/>	Contact lens	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Scoliosis	<input type="checkbox"/>	OTHER
<input type="checkbox"/>	Concussion)	<input type="checkbox"/>	Hypoglycemia	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	

Allgies/Allergic (Alerias/Alergico)

<input type="checkbox"/>	Medication (name	<input type="checkbox"/>	Dyes (Red-Yellow)	<input type="checkbox"/>	Food (Tree nuts-Peanuts- Fish-Milk-Eggs)	<input type="checkbox"/>	Environmental (Trees— Grass-Dust-Dirt)
<input type="checkbox"/>	Insects (Bees- Wasps)	<input type="checkbox"/>	Allergies	If you have checked any of the aboved please provide specific information			
<input type="checkbox"/>	Latex	<input type="checkbox"/>	Smoke				

Confidential Executive Health Information Form-Page 2

Student's Name	Grade	DOB
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Medical

Does your child require health care procedures such as Catheterization—Tube Feeding	Yes	No
Does your child routinely take medicine at home or at school?	Yes	No
Does your child require an Epi Pen for an allergic reaction?	Yes	No
Does your child have severe allergies	Yes	No
My child has stopped breathing because of an allergic reaction.	Yes	No

Medications- Name medications your child takes in additon for the Epi Pen to treat an allergic reaction

Home(Give name, dose, and time taken)	School (Give name, does, and time taken)
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Physicians

Physician-Name	Physician Phone Number
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Parental Permission	Parenta IProhibit
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Parent signature indicates permission to release health information to appropriate school system staff.	Parent signature prohibits disclosure of health information to school staff.
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Parent Signature:	Parent Signature:
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Lunch Information

School Name Memphis Business Academy Hickory Hill	School Address 4443 S. Germantown Road Memphis, TN 38125	
Do not fill out this section. For school use only		
Student ID:	Y	N

Parent Name	Street Address	City, State, Zip

Students Name	Social Security	Upcoming Grade Levels	Attending Schools	Date of Birth	Race	Gender

Please check TWO boxes below:

Check One	Household Size	Check One	Annual Gross Income	Check One	Annual Gross Income
	1		Between \$0-\$21,590		Above \$21,590
	2		Between \$0-\$29,101		Above \$29,101
	3		Between \$0-\$36,612		Above 36,612
	4		Between \$0-\$44,123		Above \$ 44,123
	5		Between \$0-\$51,634		Above \$51,634
	6		Between \$0-\$59,145		Above \$59,145
	7		Between \$0-\$66,656		Above \$66,656
	8		Between \$0-\$74,167		Above \$74,167

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

Sign and Date:

Tennessee Parent Occupational Survey-Page 1

In order to better serve your child, our school district wants to identify students who may qualify to receive additional educational services, such as tutoring, school supplies, free or reduced-price lunch, summer camps, and other services. The information provided below will be kept confidential. Please answer the following questions and return this form to your child's school.

Today's Date	School Name: Memphis Business Academy Hickory Hill
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Parent/Guardian First & Last Name

Student First & Last Name	Student Grade Level:
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Have you or an immediate family member performed any of the jobs listed below temporarily or seasonally, in any part of the United States, in the past three years?

() No () Yes Check all that apply and list the total number of months worked.

	Agriculture/Field Work (planting, picking, sorting crops; soil preparation; irrigation; fumigation)		Processing & Packaging (fruit, vegetables, chicken, eggs, pork, beef)
	Total Months Worked:		Total Months Worked
	Dairy/Cattle Raising (feeding, milking, rounding up)		Nursery/Greenhouse (planting, potting, pruning, watering, harvesting)
	Total Months Worked		Total Months Worked
	Forestry (soil preparation, planting, cutting trees; landscaping not included)		Commercial Fishing & Processing (catching, sorting, packing, transporting)
	Total Months Worked		Total Months Worked

Tennessee Parent Occupational Survey-Page 2

In order to better serve your child, our school district wants to identify students who may qualify to receive additional educational services, such as tutoring, school supplies, free or reduced-price lunch, summer camps, and other services. The information provided below will be kept confidential. Please answer the following questions and return this form to your child's school.

Months

Years

Weeks

Home Street Address/City/State/Zip code/Telephone Number

Best Day of the Week & Time of Day to Call

For School Use Only: Please send survey with two YES responses to your district migrant liaison. If you have questions, call (931) 212-9539 to speak with the Tennessee Migrant Education Program

Student State ID:

Enrollment Date:

District ID:

TRANSFORM FORM

Student Name:

Student Enrollment and Records-also to be used for other select transfers
 All applications received between March 26 through April 30 will be sorted by priority category (Sibling, Choice, etc.) and processed "first come, first served" within priority category. All applications submitted after April 30 will be processed in order of receipt. Applications will be accepted between January-May.

Please select the appropriate legal residency of the Parent/Legal Guardian:

City of Memphis Non-City Shelby County Resident*
 Other TN County* State other than TN*

* All non-city residents, except SCS employees who reside within Tennessee, are required to pay tuition and to present receipt at registration.

Type of Transfer Requested

Open Enrollment Sp Ed Sibling Psych/Med Other : _____

We must have current and accurate contact information. Any inaccurate information at the time of processing may result in the inability to process your request. If any contact information changes, you must call the Office of Student Enrollment and Records at 416-5830.

For Sibling Transfer Brother/sister must have been enrolled in the sibling's requested school and must be returning	Schools Requested: First Request <input type="checkbox"/> MBA Hickory Hill Elementary <input type="checkbox"/> MBA Hickory Hill Middle <input type="checkbox"/> MBAE Berclair <input type="checkbox"/> MSA <input type="checkbox"/> MBA Middle (Overton) <input type="checkbox"/> MBA High (Overton)
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Siblings Name	Siblings Current School	DOB	Grade

For School and Office Use only

Student PIN Number:	Previous PIN:	Approved By: Date:	Transfer is denied due to: No Space Available Behavior Attendance
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Parent Signature & Date:

Primary Home Language Survey

Former Students
Do not have to complete this form!

New Students
This form must be completed by the parent or legal guardian during registration for ALL NEW MBA/MSA EXECUTIVES

Student Name:

What is the first language this child speaks most often outside of school?

What language do people usually speak most often outside of school?

What language do people usually speak in the child's home?

The child entered the United States when?

Month

Day

Year

Does your child have Refugee Status?
Yes No

In what language do you want notices sent to you from the school?

Was this child born in the United States? Yes No
If no, list the birth country:

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

- Category C-Speaks English and the other language equally well.
- Category D-Speaks mostly English
- Category E-Speaks only English

LAU Category (check one)

- Category A-Speaks only the language other than English
- Category B-Speaks mostly the language other than English

Signature of Parent/Guardian

Signature of Questioner

Parents' Right to Know

Student Name:

_____ A teacher's professional qualifications, licensure, grade s certification, and/or waivers.

_____ A teacher's baccalaureate and/or graduate degree, fields of endorsements, and previous teaching experience.

_____ A paraprofessional's qualifications.

_____ An annual notice of Student Education Records, Privacy and notice for disclosure of School Directory Information.

_____ Their child's level of achievement of each of the state's academic assessments.

_____ Notification of right to transfer their child to another school in the district if the student becomes the victim of a violent crime or is assigned to an unsafe school.

_____ District Family Involvement Policy and School Parent Involvement Policy.

_____ Their right to public school choice, and more effective involvement if their child's school is identified for school improvement.

Parent Signature

Date

No Child Left Behind School Parent/Student Compact

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/MSA, 10 per semester
- See that my child is punctual, has necessary supplies, and attends school regularly
- Support MBA in the its efforts to maintain proper discipline
- Establish a time and quiet well-lit place for homework and review it regularly
- 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
- Make sure that my child wears proper uniform attire every day
- Develop a partnership with MBA to help my child achieve the highest standards
- Attend schedule parent meetings, conferences, and workshops

Parent Signature:

MBA/MSA Executive 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
- Respect myself/all adults/others and Conform to rules of MBA Executive conduct and follow classroom policies and procedures.
- Wear uniforms everyday
- Take responsibility for my actions and grades

Student Name:

Technology Policy

Students Name:

- @ACCESS RELEASE AND AUTHORIZATION FORM
- As a condition of using the MBA/MSA 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/expulsion.
- @I UNDERSTAND THAT MY MBA NETWORK ACCOUNT IS NOT PRIVATE. I CONSENT TO MBA/MSA MONITORING ALL MY ACTIVITIES ON THE NETWORK, INCLUDING E-MAIL, INTERNET ACTIVITY, AND ALL FILES AND DOCUMENTS STORED IN THE MBA NETWORK.
- @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 judge and follow rules and guidelines set forth in the Acceptable Use Agreement (“Agreement”). MBA/MSA cannot be responsible for the child’s use of the MBA/MSA 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 MBAE/MSA, the school, their officers, agents, and employees, from all costs, claims, and liability resulting from the use of the MBA/MSA network by the child.
- I have read the Agreement and accept the rules and conditions in the Agreement. I release MBAE/MSA, the school, their officers, employees, and agents from any claim arising out of the child’s use of the MBA/MSA network. I agree to indemnify and to hold harmless MBAE/MSA, the school, their officers, employees, and agents from any costs, liability, or claims arising from the child’s use of the MBA/MSA network.

Parent Signature & Date

MEDIA AND VIDEO POLICY

Student Name:

- @To protect the privacy of your Executive while enrolled at Memphis Business Academy/Memphis STEM 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 SCS Board, MBA/MSA Approved Organization, and/or Staff member of MBA/MSA, 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/MSA or the school district.
- @I understand that any media and video opportunities will be in line with the mission and educational philosophy of MBA/MSA and SCS.

Check One

Yes, my Child may participate.

No, my Child may not participate

Parent Signature & Date

CODE OF CONDUCT

Student Name:

Parent Consent for Corporal Punishment

In addition to the MBA/MSA Code of Conduct that is available in the MBA/MSA Handbook, I am aware that MBA has instituted a Corporal Punishment as a form of discipline with parent consent.

Check One

_____ I agree that my child will receive corporal punishment for discipline infractions.

_____ I do not agree that my child will receive corporal punishment for discipline infractions.

Comments:

Parent Signature & Date