

CHATTANOOGA GIRLS LEADERSHIP ACADEMY - REGISTRATION CARD

Student Name _____ Teacher _____
Last First Middle

Date Enrolled _____ Grade _____ Age _____ Bus: AM _____ PM _____

Date/Birth _____ City/Birth _____ State/Birth _____ County/Birth _____ Country/Birth _____

Student Address _____ Zip _____ Sex: M () F () Social Security # _____

Race: A-Asian () B-Black () H-Hispanic () I-Indian (American) () P-Pacific Islander () W-White ()

Lives with: Both Parents () Mother () Father () Other () Custodial Parent: _____

Mother – Last Name _____ First Name _____ Maiden Name _____

Address, if different _____ Cell/Pager # _____ Home # _____

Employer _____ Work # _____ E-mail _____

Father – Last Name _____ First Name _____

Address, if different _____ Cell/Pager # _____ Home # _____

Employer _____ Work # _____ E-mail _____

Name of Legal Guardian (if other than Parent) _____

Address _____ Relationship to Student _____

Employer _____ Work # _____ Home # _____ Cell/Pager # _____ E-mail _____

Brother/Sister Name/Age _____ *Primary Language Spoken at Home _____

Last School Attended and Address _____

_____/_____/_____/_____/_____
Last Name First Name Middle Date of Birth Grade Teacher

Health/Emergency Information

Child's known health problems:

Allergies Asthma Diabetes Epilepsy Heart Other

(Provide documentation regarding any of the above health problems.)

Person who can be reached in case of an emergency, if parent cannot be reached:

Name

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: _____

Signature of Parent or Guardian

Dismissal Information:

Is there a court order/decreed prohibiting anyone from dismissing 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 _____

For students in a 5 mile radius of the Sequoyah Nuclear Plant:

Permission to give one potassium iodide tablet if necessary. Yes _____ No _____



**HAMILTON
COUNTY
SCHOOLS**

HAMILTON COUNTY SCHOOLS

3074 Hickory Valley Road

Chattanooga, TN 37421

(423) 498-7020

**HOME LANGUAGE SURVEY
CUESTIONARIO DE LENGUA NATAL**

School Name _____ **Date** _____

Nombre de la Escuela _____ **Fecha** _____

Student's Name _____ **Grade** _____

Nombre del Estudiante _____ **Grado** _____

1. What is the first language your child learned to speak?

¿Cual es el primer idioma que aprendio a hablar?

2. What language does your child speak most often outside of school?

¿Que idioma habla mas frecuentemente fuera de la escuela?

3. What language do people usually speak in your home?

¿Que idioma se habla generalmente en su casa?

4. What month/year did the student enter the U.S.?

¿En que mes / año entro el estudiante a los EE.UU.?

5. What month / year did the student enter Chattanooga?

¿En que mes / año llego el estudiante a Chattanooga?

Parent's Signature

Firma de Padre



Tennessee Migrant Education Program – Occupational Survey

Your child may qualify to receive **FREE** educational services. Please answer the following questions to help us determine their eligibility. Once completed, return this form to the school.

Student Name:	Grade:	Date:
Parent/Guardian Name:		School:

- Has your family moved within the last 3 years to another city, county, or state, in order to work in the agricultural and fishing industries? Yes No
- Do you or someone in your immediate family currently work in any of the occupations listed below?
Yes No (Check all that apply)

 Meat and Food Processing/Packing

Fruit, vegetables,
chicken, eggs,
pork, beef, etc.


 Agriculture/Field Work

Plant, pick and sort crops
(tomatoes, tobacco, cotton, and
strawberries), soil preparation,
irrigation, fumigation, etc.


 Dairy/Cattle Raising


Feeding, milking,
rounding up, etc.

 Nursery/Greenhouse


Planting, potting,
pruning, watering, etc.

 Forestry


Soil preparation, planting,
growing, cutting trees, etc.

 Fishing/Fish Processing


Catch, sort, pack,
transport fish, etc.

- If your current job is not in agriculture or fishing, did you or someone in your immediate family work in any of the occupations listed above in the last 3 years? Yes No

If yes, where? City: _____ State: _____

If you answered "YES" to any of the questions above, please answer the following questions.

How long have you been in this county in Tennessee? _____ Weeks _____ Months _____ Years			
Home Address	City	State	Zip Code
Telephone number, please include area code. _____ { } _____			
For school use only: Please send all surveys with at least one "YES" response to your district migrant liaison. All qualifying surveys should be uploaded to the TNMigrant site. Please notify the MEP that new surveys have been uploaded. Questions? Call (931)212-9539			
SCHOOL DISTRICT:	STUDENT STATE ID:	ENROLLMENT DATE:	

PHOTO/VIDEO PERMISSION FORM

STUDENT NAME: _____

AS WE PARTICIPATE IN OUR COMMUNITY, WE HAVE OPPORTUNITIES TO PROVIDE PHOTOS OF OUR STUDENTS IN NEWSWORTHY EVENTS. PHOTOS AND VIDEO FOOTAGE MAY BE USED IN NEWSPAPERS, SCHOOL PROMOTIONS, SCHOOL BROCHURES AND FLIERS, TV NEWS, AND DISTRICT PUBLICATIONS.

1. PLEASE INDICATE IF WE HAVE YOUR PERMISSION TO PUBLISH YOUR CHILD'S PHOTO AND/OR VIDEO FOOTAGE (SELECT ONE):

YES NO

2. MY CHILD HAS PERMISSION TO BE PHOTOGRAPHED OR VIDEO-RECORDED FOR SOCIAL MEDIA* ACCOUNTS (SELECT ONE):

YES NO

PARENT/GUARDIAN NAME (PRINTED)

PARENT/GUARDIAN SIGNATURE

___/___/_____
DATE

***SOCIAL MEDIA IS DEFINED AS FORMS OF ELECTRONIC COMMUNICATION (AS WEBSITES FOR SOCIAL NETWORKING, FACEBOOK, TWITTER, AND MICROBLOGGING) THROUGH WHICH USERS CREATE ONLINE COMMUNITIES TO SHARE INFORMATION, IDEAS, PERSONAL MESSAGES, AND OTHER CONTENT INCLUDING PICTURES AND VIDEOS, DEEMED APPROPRIATE BY SCHOOL STAFF.**

CHATTANOOGA GIRLS LEADERSHIP ACADEMY

21st CENTURY/CGLA AFTER-SCHOOL TUTORING

Program Dates: September 9, 2024 - April 17, 2025

All students at CGLA are expected to attend tutoring as requested. Students that are failing or need extra help in math, language arts, social studies and/or science must attend tutoring. Teachers will be calling parents and emailing students to remind them to attend tutoring. The daily schedule is as follows:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
3:30 - 5:30 pm Science Social Studies	3:30 – 5:30 pm Homework help/ACT	3:30 - 5:30 pm Math	3:30 - 5:30 pm ELA	No tutoring No late bus	8:30 am - 12:30 pm Parent provides transportation

FALL SPORTS: SOCCER, BASKETBALL, VOLLEYBALL, CHEERLEADING SPRING SPORTS: TRACK, SOFTBALL, VOLLEYBALL, CHEERLEADING

IMPORTANT NOTE TO PARENTS:

This program meets after school from 3:30 pm - 5:30 pm every Monday, Tuesday, Wednesday, and Thursday per the weekly schedule. The schedule is on the website, newsletter and is also posted in the main hallways at CGLA.

During this time, we will work to help your daughter improve grades in math, language arts, science, and reading/social studies. We will also offer ACT prep classes. We will announce dates of ACT prep at least two weeks prior to the class. 21st Century/CGLA provides transportation home each day along with a snack, free of charge. Buses will depart CGLA at 5:30 pm. Please complete the attached application, including transportation plans. We only ask that your child attend the program as directed.

For more information, please contact Della Taylor, *Assistant Principal* at dellataylor@cglonline.com or 423-702-7230 EXT. 105.

21ST CENTURY TUTORING APPLICATION

2024-2025

STUDENT NAME:

GRADE:

PLEASE LIST ANY AFTERSCHOOL ACTIVITIES YOUR CHILD PARTICIPATES IN:

PARENT AGREEMENT

I agree to all 21st Century/CGLA after-school policies and conditions of enrollment, including the following:

- My child has permission to enter in all program activities
- I understand that 21st Century/CGLA staff has the right to dismiss any student who does not comply with program rules
- I agree to take responsibility for all damage to 21st Century/CGLA property
- I understand my child's attendance is expected on a daily basis
- 21st Century and CGLA employees have permission to access student records (grades, attendance, etc.,) for instructional and evaluation purposes

By signing this agreement, I give my child permission to attend all 21st Century-sponsored field trips.

Parent's Signature: _____

Date _____

STUDENT AGREEMENT

As a student at 21st Century/CGLA after-school, I understand and agree to the following:

- I will participate
- I will be ready to work every day with my 21st Century teacher CGLA
- I will listen to my 21st Century teacher CGLA teacher and follow their directions
- By signing this, I agree with the expectations listed above

Student's Signature: _____

Date: _____

DOES 21ST CENTURY/CGLA HAVE YOUR PERMISSION TO USE YOUR CHILD'S PICTURE FOR PROMOTIONAL PURPOSES?

Yes No

COMMENTS/OBSERVATIONS YOU WANT YOUR CHILD'S TUTOR TO KNOW:

HOW WILL YOUR CHILD RETURN HOME AFTER THE TUTORING SESSION?

Bus Car Walk

EMERGENCY CONTACTS:

1. Name: _____ Phone Number: (_____) _____ - _____

2. Name: _____ Phone Number: (_____) _____ - _____

3. Name: _____ Phone Number: (_____) _____ - _____

PUBLIC LIBRARY CARD PERMISSION FORM

My child has permission to register for a public library card. In order for him/her to receive library card privileges and/or services, the Chattanooga Public Library has permission to access my child's information from the Hamilton County Department of Education.

I understand that I will be responsible for all fines and charges associated with this card.

It is the policy of the Chattanooga Public Library that parents or guardians, not the library staff, are responsible for monitoring and approving the selection of materials made by their children. It is the parent or guardian only who may restrict their children from access to library materials and services.

Parents or guardians who wish to block their children from borrowing items from the young adult and adult collections should visit any public library location and request for library staff to issue a card limited to borrowing materials with a juvenile designation.

Replacement cost for a lost card is \$1.00. If your child loses his/her card, please visit any public library location with your picture ID to purchase a replacement.

HOMEROOM TEACHER: _____ GRADE: ____

CHILD'S FULL NAME: _____

CHILD'S BIRTHDATE: ____ / ____ / _____

SCHOOL: _____

By signing this form, I acknowledge that I have read and understand the information above and give my child permission to obtain a library card.

PARENT/GUARDIAN NAME (PRINTED)

PARENT/GUARDIAN SIGNATURE

____ / ____ / _____
DATE

LIBRARY CONTENT PERMISSION FORM

GRADE: ____

STUDENT NAME: _____

Because CGLA is a school that serves both middle and high school students, there are materials in our library that contain more mature language and themes. For example, *I Know Why the Caged Bird Sings* by Maya Angelou, *Their Eyes Were Watching God* by Zora Neale Hurston, *The Fault in our Stars* by John Green, or *Speak* by Laurie Halse Anderson.

Titles like these contain more mature relationships, language that some may find offensive, or controversial topics like death, suicide, abuse, or LGBTQ characters. Be assured that books in the library will be cautiously and sensible chosen with literary merit at the forefront of the selection process.

Books with more mature content will be labeled with a **Young Adult (YA)** sticker.

By selecting "yes" below, you are choosing the maturity level of the books your girl(s) are allowed to check out. If you have any questions, please contact the librarian.

YES NO

PARENT/GUARDIAN NAME (PRINTED)

PARENT/GUARDIAN SIGNATURE

____/____/_____
DATE

CHATTANOOGA GIRLS LEADERSHIP ACADEMY
TECHNOLOGY CONTRACT

STUDENT NAME: _____ GRADE: ____

CGLA 1:1 TECHNOLOGY INTEGRATION EXPECTATIONS

- All students will have their own Google account that is for school purposes only
- Social Media (Facebook, Twitter, Instagram, Snapchat, etc.) is not allowed on school devices
- Devices will be treated like school property, even when at home. All devices are the property of CGLA.
- Parents will monitor use at home
- Devices will be kept away from food and drink
- Devices must be charged overnight
- The body of the device cannot be personalized
- If a student leaves CGLA, the device is to be returned to CGLA
- Students cannot download apps. Devices are on a management system and monitored while at school and home
- I understand that the device I am using is subject to inspection at any time and without notice
- I will follow the policies always outlined in the CGLA Technology Contract, both at school and outside the school day

PARENT/GUARDIAN RESPONSIBILITIES:

- I will file a police report if the device is stolen; I will file a damage report if the device is vandalized
- I will be responsible for all damages or loss caused by neglect or abuse
- I agree to the full replacement cost of the device and charger if any of these items are lost or intentionally/irresponsibly damaged

STUDENT RESPONSIBILITIES AND CODE OF CONDUCT:

- I will notify my teacher or other adult immediately if I read or see something on my device that is inappropriate or makes me feel uncomfortable
- I will not give my personal information (last name, address, phone number, or name/address of school) to anyone without my teacher's permission
- I will be responsible with my device:
 - a. I will not eat or drink near my device
 - b. I will not duplicate or download any copyrighted software to my device
 - c. I will remain on educationally appropriate sites at all times
 - d. I will use my device as directed by my teachers for classwork, homework, and any other required use
 - e. Passwords will be required and are to be CONFIDENTIAL
 - f. No photos or videos will be taken without specific permission from the teacher

CHECK OFF THE BOXES AS YOU COMPLETE EACH SECTION AND SIGN BELOW:

- I have read, understand, and agree to Chattanooga Girls Leadership Academy's one-to-one technology integration expectations.
- I have read, understand, and agree to Chattanooga Girls Leadership Academy's one-to-one technology parent responsibilities.
- I have read, understand, and agree to Chattanooga Girls Leadership Academy's one-to-one technology student responsibilities and code of conduct.

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

TECHNOLOGY FEE AGREEMENT

STUDENT NAME: _____

GRADE: ____

The parent/guardian/student is responsible for making a non-refundable annual payment of \$30.00 to cover the cost of insurance on Chromebook devices.

- All 1:1 participants are required to make payment in full by the assigned distribution day determined by the school
- If the technology fee is not received, the parent/guardian/student will be responsible for the market cost of replacement of the Chromebook or cost for repairs
- Charging cords are not covered under the technology fee. Lost or damaged chargers will require an additional \$30.00 fee
- Damage caused by deliberate action of the student is not covered by insurance. If a Chromebook is lost or damaged due to neglect, the parent/guardian/student may be liable for the full purchase price or repair of the device

Items NOT covered by insurance:

- Damage, loss, or other product failure caused by negligence or abuse
- Non-functional parts or defects, such as cosmetic defects
- Preventative maintenance
- Data lost, corrupted, damaged, or otherwise unusable
- Accessories that are non-essential to the function of the product
- Software including, but not limited to, personalized data or customized software, such as Personal Information Managers (PIMs), games, or screen savers

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

2024-25 TRANSPORTATION FORM

GRADE: ____

STUDENT NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: ____ ZIP CODE: _____

PLEASE INDICATE WHICH METHOD OF TRANSPORTATION YOUR CHILD WILL BE USING:

MORNING (SELECT ONE):

- WALKER
- CAR RIDER
- BUS RIDER

AFTERNOON (SELECT ONE):

- WALKER
- CAR RIDER
- BUS RIDER

*IF YOU INDICATED YOUR CHILD WILL BE RIDING THE BUS, PLEASE COMPLETE THE FOLLOWING INFORMATION:

BUS STOP: _____ BUS #: _____

ATTESTATION

BY SIGNING THIS FORM, I CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT AND COMPLETE. ANY CHANGES OR UPDATES WILL REQUIRE AN UPDATED FORM BEFORE GOING INTO EFFECT.

PARENT/GUARDIAN NAME (PRINTED)

PARENT/GUARDIAN SIGNATURE

____/____/_____
DATE

2024-25 SCHOOL BUS AGREEMENT

GRADE: ____

STUDENT NAME: _____

RELEASE OF INFORMATION AND ACCEPTANCE OF TERMS AND CONDITIONS

- I HAVE READ AND AGREE TO THE TERMS OF THE STUDENT SCHOOL BUS SAEFTY RULES LOCATED IN THE STUDENT HANDBOOK ONLINE. I UNDERSTAND THAT POLICIES MAY BE CHANGED, WITH OR WITHOUT NOTICE, FOR THE SAFETY OF OUR POPULATION. ALL CHANGE NOTIFICATIONS WILL BE SHARED AS QUICKLY AS POSSIBLE.
- I AM GIVING PERMISSION FOR SCHOOL ADMINISTRATORS TO SHARE MY INFORMATION WITH THE TRANSPORTATION PROVIDER FOR THE PURPOSE OF TRANSPORTATION PLANNING AND ADMINISTRATION.
- I AM RESPONSIBLE FOR KEEPING THE SCHOOL INFORMED OF PERTINENT INFORMATION RELATED TO A CHANGE OF ADDRESS, BUS STOP OR TRANSPORTATION ELECTIONS OF ANY KIND.

STUDENT NAME (PRINTED)

STUDENT SIGNATURE

___/___/___
DATE

PARENT/GUARDIAN NAME (PRINTED)

PARENT/GUARDIAN SIGNATURE

___/___/___
DATE

CHATTANOOGA GIRLS LEADERSHIP ACADEMY

2023-24 BUS ROUTES

ROUTE 1:

BUS NUMBER: 1220

DRIVER: MICHAEL WEEMS

#	LOCATION	AM	PM
1	Central Dr. @ Nelson Rd.	6:20	4:18
2	Taj International Foods (7341 Lee Highway)	6:27	4:11
3	Mount Canaan Church (4801 TN-58)	6:37	4:01
4	Hillcrest Elementary (4302 Bonny Oaks Dr.)	6:41	3:56
5	Bonny Oaks Dr. @ Countryside Dr.	6:45	3:52
6	Dollar General (3101 Dodson Ave.)	6:47	3:50
8	Hardy Elementary (2100 Glass St.)	6:50	3:47
9	Roanoke Ave. @ Sherman St.	6:51	3:46
10	Olive St. @ Hickory St.	6:53	3:45
11	N. Chamberlain Ave. @ Gilbert St.	6:56	3:41
12	Taylor St. @ Gilbert St.	6:57	3:40
13	Wilson St. @ Dodson Ave.	6:59	3:39
14	Wilson St. @ Sheridan Ave.	7:00	3:37
15	Carson Ave. @ N. Orchard Knob Ave.	7:02	3:35
17	Carver Community Center (600 N. Orchard Knob Ave.)	7:04	3:34
19	E. 4 th St. @ N. Orchard Knob Ave.	7:05	3:33
22	Duncan Ave @ S. Lyerly St.	7:07	3:30
23	Chattanooga Girls Leadership Academy	7:13	2:54

CHATTANOOGA GIRLS LEADERSHIP ACADEMY

2023-24 BUS ROUTES

ROUTE 2:

BUS NUMBER: 1211

DRIVER: SHUNEIKA RICKS (AM); JAMES MARAGANO (PM)

#	LOCATION	AM	PM
1	S. Hawthorne St. @ E. 26 th St.	6:19	4:14
2	East Lake Courts (2600 4 th Ave.)	6:22	4:12
3	Clifton Hills Elementary (1815 E. 32 nd St.)	6:24	4:10
4	3300 Brannon Ave.	6:27	4:08
5	East Lake Academy of Fine Arts (2700 E. 34 th St.)	6:31	4:03
6	East Lake Elementary (3600 13 th Ave.)	6:32	4:02
7	Dodds Ave. @ E. 38 th St.	6:33	4:01
8	Dodds Ave. @ 42 nd St.	6:34	4:00
9	E. 44 th St. @ 14 th Ave.	6:35	3:59
10	E. 50th St. @ 14 Ave.	6:37	3:57
11	Calhoun Ave. @ E. 48 th St.	6:39	3:55
12	E. 49 th St. @ Divine Ave.	6:40	3:54
13	Piney Woods Family Resource Center (701 Hooker Rd.)	6:44	3:50
14	Halsey St. @ Central Ave.	6:48	3:47
15	St. Elmo Ave. @ W. 46 th St.	6:51	3:43
16	Bethlehem Center (200 W. 38 th St.)	6:55	3:39
17	South Chattanooga Community Center (1151 W. 40 th St.)	6:57	3:36
18	Chestnut St. @ W. 21 st . St.	7:02	3:31
19	Mitchell Ave. @ E. 19 th St.	7:04	3:30
20	Grove St. @ W. 12 th St.	7:07	3:27
21	Chattanooga Girls Leadership Academy	7:13	3:20

CHATTANOOGA GIRLS LEADERSHIP ACADEMY

2023-24 BUS ROUTES

ROUTE 3:

BUS NUMBER: 1208

DRIVER: EDITH WOODLY

#	LOCATION	AM	PM
1	Highland Plaza Dolar Tree (3901 Hixson Pike)	6:21	4:13
2	Eastdale Recreation Center (1312 Moss St.)	6:32	4:02
3	Juandale Dr. @ Dogwood Dr.	6:36	3:58
4	Eastwood Manor Apartments (3831 Wilcox Blvd.)	6:39	3:55
5	Shepherd Community Center (2124 Shepherd Rd.)	6:47	3:47
6	Glenwood Community Center (2610 E. 3 rd St.)	6:59	3:34
7	Glenwood Dr. @ Citico Ave.	7:01	3:33
8	Glenwood Dr. @ Mission Ave.	7:02	3:32
9	N. Chamberlain Ave. @ Cooley St.	7:03	3:31
10	N. Chamberlain Ave. @ Judson Ln.	7:03	3:31
11	Old Ringgold Rd. @ E. Main St.	7:05	3:26
12	S. Watkins St. @ E. 19 th St.	7:10	3:24
13	S. Orchard Knob Ave. @ E. 19 th St.	7:13	3:22
14	Chattanooga Girls Leadership Academy	7:18	3:20

CHATTANOOGA GIRLS LEADERSHIP ACADEMY

2023-24 BUS ROUTES

ROUTE 4:

BUS NUMBER: 1221

DRIVER: NIKKI PARIS

#	LOCATION	AM	PM
1	John Ross Rd. @ Sunrise Ter.	6:27	4:12
2	East Ridge Elementary (1014 John Ross Rd.)	6:31	4:07
3	Brainerd High Tennis Courts (1020 N Moore Rd.)	6:39	4:00
4	Woodvale Ave. @ Ellis Ave.	6:41	3:57
5	Woodmore Elementary (800 Woodmore Ln.)	6:46	3:53
6	East Ave. @ Cross St.	6:49	3:50
7	Ridgeside Rd. @ Tunnel Blvd.	6:53	3:46
8	Union Ave. @ S. Watkins St.	6:57	3:42
9	S. Watkins St. @ E. 13 th St.	7:00	3:40
10	S. Watkins St. @ E. 14 th St.	7:01	3:40
11	Eastside Elementary (1603 S. Lyerly St.)	7:03	3:38
12	S. Willow St. @ E. 17 th St.	7:04	3:37
13	E. 21 st St. @ Huff Pl.	7:06	3:34
14	S. Highland Park Ave. @ E. 17 th St.	7:09	3:32
15	Chattanooga Girls Leadership Academy	7:12	3:04

MEDICAL RELEASE AND CONSENT TO TREATMENT OF CHILD

STUDENT:	DATE OF BIRTH:
SCHOOL:	SOCIAL SECURITY NUMBER:
PARENT/GUARDIAN NAME:	PHONE NUMBER:
EMAIL:	

- DOES YOUR CHILD HAVE MEDICAID/TENNCARE (SELECT ONE): YES NO
- MEDICAID/TENNCARE TYPE (SELECT ONE):
 BLUECARE TENNCARE SELECT AMERICHOICE AMERIGROUP
- TENNCARE ID#: _____

I am a parent or legal guardian of (INSERT NAME OF CHILD) _____ (“my child”), who is a student at Chattanooga Girls Leadership Academy (CGLA). I have read, understood, and consent to the following for my child:

1. FIRST AID/EMERGENCY TREATMENT:

Without limiting other emergency powers that may be provided by law, I authorize the school physician and medical assistant to administer first aid to my child if the school administration and physician deems it necessary and appropriate to preserve the life, limb, or well-being of my child. If the school administration believes, in its sole discretion, that a medical necessity exists beyond that which can reasonably be dealt with on school grounds by school personnel, I authorize the school to contact and engage qualified medical personnel and arrange for emergency treatment of my child, including transportation either by school staff or by professional transport for medical, dental, surgical, or hospital care of diagnosis, and I consent to that treatment for my child. Arrangements will be made in the following order of priority: 1) The CGLA “emergency physician”; 2) the “family primary physician”; 3) another physician or healthcare professional licensed by the State of Tennessee. I understand and agree that I will be finally responsible for any such medical treatment.

2. MEDICAL SUPERVISION/ADMINISTRATION OF MEDICATION:

I understand that the school is not legally obligated to store or administer medication for students and will not do so, either on a temporary or ongoing basis, except by special agreement. If I have indicated, by signing this consent below, that the school may administer medications to my child, and if the school has agreed to administer medications by signing below, I authorize the school to administer the medicines listed on this form, as indicated, but recognize that the school does not thereby undertake any ongoing duty to administer drugs or medicine, or supervise or participate in any self-medication or medical program or ongoing, routine or non-emergency needs of my child, all of which remain my responsibility. Before any medication is given by the school, I will provide those medications in their original pharmacy containers with the child’s name and doctor’s instructions on the label, and I will provide a written, signed authorization from a physician, including complete instructions.

3. RELEASE OF STUDENT TO QUALIFIED EMERGENCY/MEDICAL PERSONNEL AND THIRD PARTIES:

Without limiting other emergency powers as may be allowed by law, in the event of a disaster or medical necessity involving the life, limb or well-being of my child in which it is necessary in the opinion of the school administration to transport my child from school property, or if it is necessary to evacuate the school grounds, the school will make reasonable effort (in view of the nature of necessity) to first contact a parent or legal guardian. If no parent/legal guardian is available, I authorize the school to release my child into the custody of third parties for the purpose of transporting my child from school grounds and arranging for such care as my child may need, in the following order of priority: 1) the persons listed above as emergency contacts; 2) qualified medical/emergency professionals; 3) another responsible adult.

4. GATHERING, USE, AND RELEASE OF MEDICAL INFORMATION

Without limiting other emergency powers that may be provided by law, in the event of disaster or medical emergencies, I specifically authorize the gathering, use and release to, from, and among the school personnel and to, from, and among any medical professionals, of any medical information reasonably necessary to provide emergency medical care and otherwise ensure the life,

limb, and well-being of my child, including without limitation, the information contained in this form, until I can be reasonably notified and take custody of my child. I understand that this information will be requested, gathered, and/or released only for the purpose of providing first aid or emergency medical care necessary in the absence of the parent or legal guardian, or as otherwise allowed by law.

5. SCHOOL ATHLETICS:

As a condition of participating in school athletics, the school reserves the right to obtain medical information regarding any physical or emotional condition or injury that pertains to my child's ability to participate safely and constructively in school sports, and to require a written medical clearance at any time before my child may participate in, or return to participation in, school sport activities during the school year. This information will be used solely for the purpose of evaluating my child's ability to participate in school sports activities and will not be obtained by or disseminated to any third parties, except the school's coaches, administrators, trainers, and athletic staff, and only for these purposes or as otherwise allowed by law.

6. MEDICATIONS:

Medications should be given at home whenever possible. Medications must comply with the HCDE Medication Policy. Medications and medical assistance may only be administered by the school Physician or designated medical assistant and trained non-medical school personnel.

This authorization allows for the release and exchange of information between Physician, Designee, CGLA staff, the health care provider, and for insurance billing (parents/guardians are never billed for clinic services). Documents that may be included are the IEP, medical records, psychological records, educational records, and relevant test results. If your child has TennCare coverage in the future and is receiving Medicaid-reimbursable services as defined in Section 300.154 of the Individuals with Disabilities Education Act (IDEA), the Department of Education (DOE) is authorized to seek reimbursement for these services.

I have received notice of rights to privacy for personal health information, including HIPAA policies.

The above information provided establishes the student's treatment plan and parental and medical provider signatures provide consent to implement this plan.

Parent/Guardian Signature: _____ **Date:** _____

Physician's Signature: _____ **Physician Phone:** _____

Physician's Name or Stamp: _____ **Physician Fax:** _____

Remark(s): _____

THE SCHOOL WILL NOT ADMINISTER MEDICATION UNLESS A PHYSICIAN'S WRITTEN AND SIGNED AUTHORIZATION

In consideration of the arrangement indicated in this consent, the undersigned hereby releases and discharges CGLA, its constituent organizations, including but not limited to CGLA and the school, and their respective officers, agents, and employees for any and all claims for personal injuries or property damage that I or my child may suffer as a result of this arrangement whether or not such injuries or damages were caused by the negligence (whether active or passive) of any of the entities or individuals named or described above, accepting only injuries or damages resulting from willful misconduct, authorize and request the school to administer the above medications to my child on these terms.

Signature of Parent/Legal Guardian: _____ **Date:** _____

On behalf of the school, I agree to supervise administration of the above medications, consistent with the terms contained herein.

Signature of School Physician

Date

Signature of School Principal

Date

HEALTH MANAGEMENT AUTHORIZATION FORM

*Medical Release and Consent to Treatment of Child (pages 1 and 2) must accompany this form, as they contain required signatures for consent.

STUDENT NAME: _____

SCHOOL: _____

DATE OF BIRTH: ____ / ____ / _____

MEDICATIONS AT SCHOOL (Pill counts for all controlled substances are required; parent or employee witness required):

NAME OF MEDICATION	INDICATION	DOSAGE	ROUTE	TIME	SIDE EFFECTS

INDIVIDUAL HEALTH MANAGEMENT PLAN (IHP):

ASTHMA

SELF-CARRY INHALER: YES NO

SIGNS: Short of breath, cough, vomiting, can't speak, bluish around lips, anxious, need to stand or lead forward, decreased consciousness.

Other: _____

ACTIONS: Have student use inhaler. Encourage to breathe deep and relax.

If symptoms resolve in ____ minutes, student may return to class.

If symptoms increase in severity, no pulse or respirations are present, or if level on consciousness decreases, call 9-1-1 and start CPR if needed. Call parent.

Other: _____

ALLERGIES

SELF-CARRY TREATMENT: YES NO

HX OF ANAPHYLAXIS? YES NO

SIGNS: Wheezing, short of breath, hoarse, swelling of face or other area, bluish around lips.

Other: _____

ACTIONS: _____

ADMINISTER: _____

If Epinephrine given, call 9-1-1. Call parent.

Other: _____

SEIZURES

SIGNS: Stiffening or jerking of body parts, lips/skin bluish color. Loss of bladder or bowel control, unconsciousness.

Other: _____

ACTIONS: Call for help; protect from injury; loosen tight clothing.

ADMINISTER: _____

Call 9-1-1 IF 1ST seizure, different or prolonged seizure pattern, repeated seizure, no breathing or pulse (start CPR), or if Diastat given and a) administered by non-medical staff, b) nursing judgement indicates medical emergency based on situation and assessment, c) parent or MD request 9-1-1 call with seizure.

OTHER: _____

**Parents must notify school if Diastat given

OTHER HEALTH CONDITIONS

SIGNS: _____

ACTIONS: _____

OTHER: _____

MEDICAL REQUEST FOR SCHOOL MEAL MODIFICATIONS

This form is required to be completed for modifications to school meals, which includes monitoring and restricting a student's meal options. Part B must be completed by a recognized medical authority, which includes a medical doctor, physician assistant, nurse practitioner, doctor of osteopathy, dentist, optometrist, or podiatrist. Actions will be taken to ensure the student receives safe meals; however, full accommodation can take up to 3 weeks to implement, especially if special foods need to be ordered.

SCHOOL (SELECT ONE): CGLA MEHP GRADE: ____

PART A (TO BE COMPLETED BY PARENT/GUARDIAN)

Student Name: _____ DOB: ____/____/____

Sex (Select One): FEMALE MALE

Parent/Guardian Name (Please Print): _____

Street Address: _____

City: _____ State: ____ Zip Code: _____

Phone: (____) _____ - _____ Home Work Cell

Email address: _____

I give permission to school administration to contact the recognized medical authority listed below on these orders if clarification is needed.

PARENT/GUARDIAN SIGNATURE: _____ DATE: ____/____/____

PART B (TO BE COMPLETED BY A PHYSICIAN/MEDICAL AUTHORITY ONLY. PARENTS/GUARDIANS MAY NOT COMPLETE)

Please state the physical or mental condition/impairment(s) that affect this student's diet (REQUIRED):

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Food Intolerance |
| <input type="checkbox"/> Celiac's Disease | <input type="checkbox"/> Dental Condition | <input type="checkbox"/> Failure-to-Thrive | <input type="checkbox"/> IBS or Crohn's disease |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Dysphagia | <input type="checkbox"/> Food Allergy | <input type="checkbox"/> In-born Error of Metabolism |
| <input type="checkbox"/> Other (Specify): _____ | | | |

Please describe how the physical or mental condition/impairment(s) listed above restricts the student's diet (REQUIRED):

- | | | |
|---|---|--|
| <input type="checkbox"/> Food/texture aversion | <input type="checkbox"/> Ingestion causes choking | <input type="checkbox"/> Ingestion causes organ damage |
| <input type="checkbox"/> High caloric needs | <input type="checkbox"/> Ingestion causes GI distress | <input type="checkbox"/> Limits ability to chew |
| <input type="checkbox"/> Ingestion causes anaphylaxis | <input type="checkbox"/> Ingestion causes hives/rash | <input type="checkbox"/> Specific nutrient of concern: _____ |
| <input type="checkbox"/> Other (Specify): _____ | | |

If the impairment restricts specific foods, please specify below:

- | | | | | | |
|---|--|---------------------------------|---|---------------------------------|--|
| <input type="checkbox"/> Milk (please clarify): | <input type="checkbox"/> Fluid Milk | <input type="checkbox"/> Cheese | <input type="checkbox"/> Ice Cream | <input type="checkbox"/> Yogurt | <input type="checkbox"/> Casein & Whey |
| <input type="checkbox"/> Eggs (please clarify): | <input type="checkbox"/> Whole eggs (scrambled, hard boiled, etc.) | | <input type="checkbox"/> All foods with egg/egg derivatives | | |
| <input type="checkbox"/> Soy | | | | | |
| <input type="checkbox"/> Fish | | | | | |
| <input type="checkbox"/> Wheat | | | | | |
| <input type="checkbox"/> Gluten | | | | | |
| <input type="checkbox"/> Shellfish | | | | | |

- Peanuts
- Tree Nuts (almond, pecan, walnut, etc.)
- Sesame
- Other (Specify): _____

Please indicate the accommodation(s) for the student’s meals that is/are requested (REQUIRED). If foods are to be eliminated from the diet, please recommend substitutions or alternatives.

If a student needs texture or liquid modifications, please indicate below:

- Pureed solids & meats (Dysphagia Level 1)
- Fork-mashable solids & ground meats (Dysphagia Level 2)
- Mechanical soft solids & chopped meats (Dysphagia Level 3)
- Other (Specify): _____

Liquid Consistency: Thin Nectar-thick Honey-thick Pudding-thick

Physician’s Printed Name: _____ Phone: _____

Physician or Medical Authority’s Signature (REQUIRED): _____ Date: _____

USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter to USDA by:

1. mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
2. fax: (202) 690-7442; or
3. email: program.intake@usda.gov.

This institution is an equal opportunity provider.

FOOD PREFERENCE FORM

This form is required for any student who should not be served a particular food due to cultural, religious, vegetarian or vegan reasons, but excluding medical causes (i.e., allergies) or personal preferences (i.e., dislike of certain foods).

Where possible, our Food Service Management Company offers vegetarian options or food substitutions. The choices available will vary by location. As permitted by licensing, families may bring in their own food from home if it does not contain peanuts or tree nuts. I understand that there is no guarantee that my child will not be exposed to a particular food.

I understand that any changes to the preferences stated below must be made in writing.

SCHOOL (SELECT ONE): CGLA MEHP

GRADE: ____ ____

STUDENT NAME: _____

Due to cultural, religious, vegetarian, or vegan reasons, I request that my child is not served the following foods:

PARENT/GUARDIAN NAME (PLEASE PRINT)

PARENT/GUARDIAN SIGNATURE

DATE

USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
2. fax: (202) 690-7442; or
3. email: program.intake@usda.gov.

This institution is an equal opportunity provider.

2024-25 CGLA Household Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

<p>Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."</p> <p>Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.</p>	Child's First Name	MI	Child's Last Name	Grade	Student?		Homeless, Migrant, Runaway	
					Yes	No	Foster Child	

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP or Families First?

If NO > Go to STEP 3. **If YES >** Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income: \$

How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
<input style="width: 100%;" type="text"/>	\$ <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN

Are you unsure what income to include here?
Flip the page and review the charts titled "Sources of Income" for more information.
The "Sources of Income for Children" chart will help you with the Child Income section.
The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

STEP 4 Contact information and adult signature.

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

<input style="width: 95%;" type="text"/>	Apt #	<input style="width: 95%;" type="text"/>	City	<input style="width: 95%;" type="text"/>	State	<input style="width: 95%;" type="text"/>	Zip	<input style="width: 95%;" type="text"/>	Daytime Phone and Email (optional)
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Printed name of adult signing the form		Signature of adult		Today's date					

2024-25 TITLE I FAMILY ENGAGEMENT POLICY

STANDARD 1: WELCOMING ALL FAMILIES

Registration/Annual Meeting

Tuesday, July 23, 2024 at 8:30 am OR 4:00 pm

Families are invited to attend the Annual Meeting to learn about our school's Title I programs and requirements. Families will have opportunities to review and provide feedback in the following areas:

- Title I school status (priority, focus, etc.)
- Rights of Title I parents
- School data
- Overall school budget
- Overview of Parent Involvement Plan

STANDARD 2: COMMUNICATING EFFECTIVELY

We will communicate with all families through:

- Monthly newsletter, weekly calling post message, the school website, and social media.
- Parent-Teacher Conferences
- Student-Led Conferences
- Family Nights and Events
- Parent and Community Meetings

*All communication is available in English and Spanish; other languages available upon request

STANDARD 3: SUPPORTING STUDENT SUCCESS

School-Family Compact

The School-Family Compact is a communication tool used to support achievement for parents, school staff, and students. The Compact defines each members role in supporting every student's path to success. This compact is reviewed each year.

Please read, sign, and return the Compact.

Family Involvement Workshops

- Parent Meetings
- Student-Led Conferences

STANDARD 4: SPEAKING UP FOR EVERY CHILD

We will accommodate families by providing:

- Providing interpreters and translated documents
- Offering a variety of meeting dates and times

STANDARD 5: SHARING POWER

Title I Parent Involvement Budget

As part of our Title I program, we receive a set amount of money each year to implement our Family Engagement Plan.

CGLA administrators met with parents and community members on 7/25/23 for input on how these dollars will be spent.

Funds will be used for parent meeting expenses and expenses related to the communication of upcoming school and community events.

STANDARD 6: COLLABORATING WITH COMMUNITY

Please join our school community partners who help provide events that support achievement for our students and families:

- Blue Cross Blue Shield
- Boys and Girls Club
- CHI Memorial
- Girls, Inc.
- Girl Scouts
- Girls Who Code
- TRIO
- Urban League

*The Family Engagement Policy must be jointly developed with parent(s) (not a CGLA employee), and a community member (does not have a child at the school). Opportunities for parents to provide input must be documented and attached to the plan at the time of submission for the plan to be approved.

CHATTANOOGA GIRLS LEADERSHIP ACADEMY
SCHOOL-PARENT COMPACT

PARENT/GUARDIAN NAME: _____ STUDENT NAME: _____

PARENT/GUARDIAN AGREEMENT

I want my child to achieve; therefore, I will encourage them by doing the following:

- Seeing that my child is punctual and attends school regularly
- Support the school in its efforts to maintain proper discipline
- Ensure that my child attends afterschool tutoring support as prescribed by teachers and staff.
- Encourage my child's efforts and be available for questions
- Establish a time for homework and review the work regularly
- Provide a quiet, well-lit place for study
- Stay aware of what my child is learning
- Read with my child and let them see me reading
- Attend all required school meetings or events
- Encourage my daughter to participate in extracurricular activities

PARENT/GUARDIAN SIGNATURE

_____/_____/_____
DATE

STUDENT AGREEMENT

It is important that I work to the best of my ability; therefore, I will do the following:

- Attend school regularly
- Come to school each day with necessary supplies
- Complete and return homework assignments
- Observe regular study hours
- Follow the rules of student conduct
- Attend afterschool tutoring as needed

STUDENT SIGNATURE

_____/_____/_____
DATE

TEACHER AGREEMENT

It is important that students achieve; therefore, I will do the following:

- Ensure that students are actively engaged in learning
- Provide reasonable homework assignments for students as practice
- Communicate regularly with parents about their child's learning and achievements

TEACHER SIGNATURE

_____/_____/_____
DATE

PRINCIPAL AGREEMENT

I will provide an environment that encourages positive communication and set high expectations for learning; therefore, I will do the following:

- Obtain a library card for all students
- Assure communication from teachers to parents

PRINCIPAL SIGNATURE

_____/_____/_____
DATE