



5555 Franklin Pike, Nashville, TN 37220
615-791-6467

Dear Parents and Students:

The summer break is quickly coming to an end and we anticipate an exciting and productive 2017-2018 School year! We look forward to reconnecting with our returning families and welcoming our new families. Please make note of the following important announcements:

Start Date and Hours: The first day of school is **Friday, August 11th** and will be a full day of school. The school day will operate from **8:00 am – 3:10 pm** with morning care beginning at 7:00am (no registration or charge) and aftercare open until **5:30pm** (please make sure to register if you plan to use aftercare)

1. **Mandatory Parent Orientation:** **Tuesday, August 15 at 6:00 pm** in the school gym. We will be reviewing a number of important issues for the school year. Although our returning families will have attended these meetings in the past, everyone is required to attend because we will be relaying updated information and procedures. The meeting will conclude by 7:30 PM.
2. **Dress Code:** Students must be in school uniform effective the first day of school, Friday, August 11th. All uniforms must be purchased from the Dennis Uniform Company, (dennisuniform.com or call at 615-254-1104) or must be approved by administration.
3. **School Supplies:** Each student will be required to bring a basic set of their own materials listed on the supply list. Teachers will be sending home requests for additional supplies needed throughout the year.
4. **Forms:**
 - a. **Medical Information and Permission Forms (REQUIRED):** All forms must be completed and submitted annually. Enclosed, please find the forms which should be returned prior to the first day of school. You may either mail them to the school office or scan and email them to r.hodges@bentonhallacademy.org. **Please review the enclosed protocols for medication distribution.** Students **are prohibited** from carrying or administering their own medications.
 - b. **Media Release (REQUIRED):** All information is enclosed.
 - c. **Handbook & Agreement (REQUIRED):** The handbook is available in student agenda books and on-line. A signed agreement must be submitted by the parent by September 1st.
 - d. **Bus, Aftercare and Lunch Information:** Please fill out an aftercare form if necessary.
 - i. The shuttle bus will run in the morning and afternoons to a location south of Benton Hall off of Interstate 65. Please fill out the registration if you are interested in the shuttle and we will determine a location based on greatest need. The cost is \$5.00 per one way trip or \$10.00 round trip charged to FACTS.
 - ii. Lunch will be at 11:10-11:40 for L/MS and 11:45-12:15 for HS. First day of school will be pizza. An updated lunch menu will be sent home Friday, August 11th for the following week.
 - e. **Athletic Emergency Information & Consent Form:** Complete and submit only if your student will be participating in extracurricular athletics.

We encourage you to come to the **Open House on August 8th from 5:30-7:00pm**. If you need to meet with any teachers or administrators throughout the year please call to schedule an appointment.

Sincerely,
Jimmy Purcell, Head of School

Benton Hall Academy

School Calendar 2017-2018



Friday	August 11th	First Full Day for Students
Monday (No School)	September 4	Labor Day
Wednesday (No School for Students)	September 27	Parent/Teacher Conferences
Wednesday	October 11	End of 1st Quarter
Thurs. - Fri. (No School)	October 12-13	Fall Break
Mon. - Fri. (No School)	November 20-24	Thanksgiving Holiday
Friday	December 15	End of 1st Semester
Mon. - Sun. (No School)	Dec. 18 - Jan. 3	Winter Break
Thursday	January 4	First Student Day 2nd Semester
Monday (No School)	January 15	Martin Luther King, Jr. Day
Mon-Tues (Possibility of No School)	February 19-20	Stockpiled Planning
Friday (½ Day - Possibility of Full Day Off Day)	March 2	Food For Thought (Stockpiled - Full Day)
Monday (No School for Students)	March 12	Parent/Teacher Conferences
Friday	March 16	End of 3rd Quarter
Friday (No School)	March 30	Good Friday
Mon.-Fri. (No School)	April 2-6	Spring Break
Monday	April 30	Stockpiled Planning
Wed.-Fri. (Possibility of No School)	May 23-25	Stockpiled Planning
Thursday	May 24	Graduation - 7pm
Friday (½ Day - Possibility of No School)	May 25	Last Day - End of 2nd Semester

School Hours: 8:00 am - 3:10 pm

For half days: Dismissal will be at 11:35, there will be NO LUNCH or AFTERCARE services

Instructional Days: 176

Professional Development Days: 8/7, 8/8, 8/9, 8/10, 1/3

Stockpiled Days:

SNOW: 7 days built in

PLANNING: 2/19, 2/20, 3/2 (½), 4/30, 5/23, 5/24, 5/25(½)

*If we do not exceed 7 snow days by these dates there will be no school on these dates. If we exceed 7 snow days we will add days back as follows: 4/30, 5/23, 3/2, 5/24, 5/25, 2/20, 2/19

Benton Hall Academy School Supplies

Lower/Middle School:

These items are students' personal items, which will be stored in their cubby, backpack or binder and must have their names on them. Please provide at least:

- 1 3-ring binder 2"(any type)
- 6 pocket folders without brads (variety of colors) (may be placed in binder)
- 1 pack of 200 sheets wide ruled paper (may be placed in binder)
- 1 sketch pad
- 1 pencil pouch
- 24 count colored pencils
- 24 #2 pencils (may be placed in pencil pouch)
- 12 cap erasers (may be placed in pencil pouch)
- 1 set of headphones for use with chromebook (any type including earbuds)
- Chromebook case (at least as big as for an 11 inch computer)
- Optional Individual Item:** TI-15 Math Explorer Calculator
- Optional Individual Item:** FitBit or Pedometer

High School:

Teachers will provide specific class supply lists at parent teacher night but students will need the following basics:

- 1 3-ring binder 2"(any type)
- 6 pocket folders without brads (variety of colors) (may be placed in binder)
- 6 spiral notebooks
- 1 pack of 200 sheets wide ruled paper (may be placed in binder)
- 1 pencil pouch
- 24 count colored pencils
- 24 #2 pencils (may be placed in pencil pouch)
- 12 cap erasers (may be placed in pencil pouch)
- 8-12 pens (blue or black)
- 200 Notecards
- 1 set of headphones for use with chromebook (any type including earbuds)
- Chromebook case (any kind but at least as big as for an 11 inch computer)
- TI-83 Calculator
- Optional Individual Item:** FitBit or Pedometer

Classroom Supplies (All Grades):

- Clorox Wipes (3 containers)
- Tissue (3 boxes)
- Paper Towels (2 rolls)

Donations (All Grades):

- Quiet free time activities (magazines, comic books, board games, dice, cards, VHS tapes, DVD's, etc.)
- PE equipment (soccer balls, bases, foam balls, wiffle ball set, kick balls, etc.)
- First aid supplies (assorted band aids, reusable ice packs, etc)

Benton Hall Academy Emergency Medical Release Form

Student Name: _____ **DOB:** _____

Address: _____ **SSN:** _____

Home Phone: _____

Mother: _____ **Address:** _____

Home Phone: _____ **Cell:** _____ **Work:** _____

Father: _____ **Address:** _____

Home Phone: _____ **Cell:** _____ **Work:** _____

In the event of illness, injury, or when a Parent or Guardian cannot be reached, please call:

Name: _____ **Phone:** _____

Relationship to Student: _____

Name: _____ **Phone:** _____

Relationship to Student: _____

Physician's name: _____ **Phone:** _____

Health Insurance Information:

Insurance Company: _____ **Insured ID:** _____

Group No. and/or Policy No.: _____

In the event that emergency medical treatment is required, and a parent or guardian cannot be reached, can the above named people give permission for treatment? Yes No

Does your child wear corrective eyewear? Contacts Glasses

Does your child have any special medical needs of which we should be aware? If so, what is your usual treatment for this? _____

Please list child's ALLERGIES: _____

Does your child routinely take any type of medication? Name of medication(s) and does(s)

Will your child be taking medication(s) while at school? If so, what medication, dosage, and when?

If neither parent or guardian, physician, or persons named above are available in an emergency requiring immediate medical attention, do you grant permission to Benton Hall Academy to seek treatment from a physician selected by the school? Yes No

In such an eventuality, which hospital emergency facilities would you prefer the school to use?

Please understand that in the case of an emergency, and an ambulance is called, your child may be taken to the closest emergency room, which may or may not be located at the hospital of your choice.

I hereby release Benton Hall Academy from responsibility for illness or injury sustained during school activities.

Parent or Guardian Signature

Date

Benton Hall Academy
General Field Trip/Sponsored Event Permission Form

I hereby acknowledge consent for my child/ward _____ to attend all Benton Hall Academy- sponsored events and field trips during the course of the 2017-2018 school year.

I hereby grant my complete and explicit permission for the child identified above to attend ALL events and field trips, even in the instance where a specific field trip permission form has NOT been returned to Benton Hall Academy with my signature.

I understand that Benton Hall Academy will not be held liable for any bodily injury incurred during any field trip, event, or other Benton Hall Academy-sponsored activity, and/or hereby indemnify and relieve Benton Hall staff of any such liability. I authorize Benton Hall Academy staff, (paid or volunteer), to authorize any reasonable action designed to ensure the safety, health and welfare of my child/ward, and absolve the staff of any liability relating to such actions.

Medical Authorization Form

I hereby authorize the Staff of Benton Hall Academy, (paid or volunteer), to deliver any reasonable action to obtain emergency medical care for the identified child, and/or absolve them of any liability for such action. I hereby authorize any emergency medical, surgical, diagnostic and hospital care, treatment, and/or procedures deemed immediately necessary and/or advisable by emergency medical technicians, a physician, and/or a hospital to safeguard my child/ward's health when I cannot be readily contacted/informed.

My child has the following allergies, dietary restrictions, or medical conditions:

Medications: _____

In case of emergency, I can be reached at (____) ____-____ or (____) ____-____

If unable to reach me, please contact:

Name: _____ Relationship: _____

Phone (____) ____-____

I understand and agree that I may revoke this General Permission and Medical Authorization at any time by submitting a written revocation to the Office Manager.

Parent/Guardian Signature _____ Date: ____/____/____

Internal Controls & Procedures for Medication Distribution

Students who require medication administration at school must have his/her parents complete and submit the Assisted Self-Administration of Medications Form. **All medication will be dispensed from the office. Students who refuse to accept prescribed medication may be sent home.** Students may not self-administer prescription and/or over the counter medications. All medication will be secured in the office, including over the counter medication.

All medications must be transported and submitted to the school by a parent or guardian.

Distribution of medication will be completed only by the administrative staff.

Medication will not be distributed to any child whose parent has not completed and submitted a Medication Authorization waiver.

All prescription medication must be transported to the school in the original, pharmacy- labeled container. The container must display:

- a. Student's name
- b. Medication name and dosage
- c. Administration instructions
- d. Date filled/expiration date
- e. Licensed prescriber's name and phone number

Over the counter (OTC) drugs to include lotions, salves, Tylenol, Ibuprofen, etc.:

- a. Must be submitted to the main office by an adult
- b. Must be provided in the original, unopened container with the manufacturer's original label affixed, as well as the student's name.
- c. Only recommended doses indicated on the OTC labels will be administered by BHA staff unless otherwise authorized by a physician, (including a written order or prescription from the licensed prescriber).

Medication must be retrieved by the last day of school. All medications not retrieved by Friday June 1, 2018, will be submitted to the Williamson County Sheriff's department to ensure authorized disposal, as prescribed by law.

Benton Hall Academy

Assisted Self-Administration of Medications Form

Student Name: _____ DOB: _____

Health Care Provider Statement: The healthcare provider may be a medical doctor (M.D.), physician assistant (P.A.) or a registered nurse practitioner/clinician (RN CS). To be completed by the health care provider for prescription medication (If nonprescription medication, parent must complete).

Name of Drug/Purpose of Drug: _____

Date to Start: _____ through _____

Dosage and Times at School: _____

Does this medication absolutely need to be administered during school hours? Yes No

If yes, explain: _____

Special instructions for storage and handling: _____

Possible side effects: _____

Health care Provider Name: _____ Phone: _____

Address: _____

For Prescription Medications:

Health Care Provider Signature: _____ Date: _____

Student and Parent Statements: I accept full responsibility for administering my own medication during school hours as prescribed by my healthcare provider. Prescription medication bottles must have affixed the pharmacy-issued labeling. If non-prescription medication, its contents must be retained in the original container.

Student Signature: _____ Date: _____

I give consent for my child _____ (name) to administer his/her own medication during the school day, witnessed and assisted by school personnel, as necessary.

I, _____ (Parent's Name), agree that Benton Hall Academy, its employees and agents, shall not be held liable for any injury resulting from my student's possession and self-administration of the above described medication while on school property or at a school-related event. I shall indemnify and hold harmless Benton Hall Academy, its employees and agents, against claims against the possession and self-administration of the above described medication by my student. My child is competent to self-administer the medication described in detail above, with assistance. Yes No

Parent Signature: _____ Date: _____

Phone Number (in case of emergency): _____

Media Release

I hereby do/do not (as marked below) grant permission to the rights of my/my child's image, likeness and sound of my/my child's voice as recorded on audio or video without payment or any other consideration. I understand that my/my child's image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my/my child's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my/my child's image or recording. By electronically signing this release I understand this permission signifies that photographic or video recordings of me/my child may be electronically displayed via the Internet including social media including but not limited to Facebook, Instagram and Twitter. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed. This release applies to photographic, audio or video recordings. By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material.

Minor/s Media Release:

Child/Children's Printed Name/s

- I DO grant permission for my child's media release.
- I DO NOT grant permission for my child's media release.

I hereby certify that I am the parent or guardian of the child/children listed above that is/are under the age of eighteen and to whom this release applies and that I have the legal authority to execute this release.

Printed Parent/Guardian Name

Parent/Guardian Signature

Date

Adult Media Release:

Parent/Adult 1:

- I DO grant permission for my own media release.
- I DO NOT grant permission for my own media release.

I am signing this release on behalf of myself.

Printed Name

Signature

Date

Parent/Adult 2:

- I DO grant permission for my own media release.
- I DO NOT grant permission for my own media release.

I am signing this release on behalf of myself.

Printed Name

Signature

Date

Shuttle Bus Registration

Student Name: _____

My student will ride the Shuttle: (Circle one)

To & From School

One Way - Mornings Only

One Way - Afternoons Only

Only Occasionally

Certain Days of the Week: M Tu W Th F

Primary Contact Information

Parent Name(s): _____

Address: _____

Cell Phone 1: _____

Cell Phone 2: _____

Work Phone: _____

Emergency Contact Information (Other than parent)

Name: _____

Phone: _____

AFTERCARE PROGRAM REGISTRATION

After school care is available for Benton Hall Academy students following dismissal each regularly scheduled school day. The hours for aftercare are from **3:10pm** until **5:30pm**. For a student to be eligible to receive this additional service, please complete this form in full and submit, along with the registration fee.

Applying for: Full-time or weekly Aftercare: _____ Part-time or drop-in Aftercare _____

STUDENT INFORMATION:

Name: _____ Age _____ Grade _____

Street Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

PARENT or GUARDIAN INFORMATION:

Mother or Guardian Name: _____

Work Phone: _____ Cell Phone: _____

Father or Guardian Name: _____

Work Phone: _____ Cell Phone: _____

If parents are divorced, who has custody? _____

Please list other persons to whom your child may be released:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

EMERGENCY AND MEDICAL INFORMATION:

In case of emergency, if unable to reach a parent or guardian, Benton Hall Academy staff may call:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Please list any medication(s) and health issues which the staff should be aware:

In case of emergency, which hospital do you prefer? _____ Please understand that in the case of an emergency, and an ambulance is dispatched, your child may be transported to the nearest emergency room, which may or may not be your preferred hospital.

Any additional information you feel is necessary to share in order for your child to have a positive experience in aftercare: _____

TERMS OF USE

1. All payments for aftercare will be made thru the FACTS billing system.
2. A one-time, non-refundable registration fee of \$30 must be paid before the use of Aftercare services.
3. Aftercare fees are \$13 per day for part-time and/or drop-in Aftercare , for registered students.
4. The fee for unregistered students attending Aftercare is \$45 per day.
5. **A \$1 per minute late pickup fee,(\$5 minimum fee), will be assessed for students picked up after 6pm. This fee is due at the time of the late pickup. If this is not paid, the account will be billed and payment required at the end of that month, for the late pickup fee.**
6. A \$35 fee will be assessed for any returned checks.
7. For part-time or drop-in Aftercare services, the school office should be called prior to 2pm to inform the Aftercare staff that your child will be in Aftercare on a particular day.
8. Noncompliance with the TERMS OF USE and/or inappropriate behavior, the sole judgment of Benton Hall Academy, regarding the student named above, may lead to his or her dismissal from the aftercare program.

I have read and agree to the above TERMS OF USE.

Parent signature(s)

Parent signature(s)

Benton Hall Academy Lunch Program

Every Friday, a lunch menu form for the following week will be distributed to the middle and lower school students for parents to complete and return on Monday. High school students will receive their menu options on Thursday and submit their forms on Friday. The menu will include the selections available for each day of that upcoming week. If forms are not returned by 8:15 am Monday morning, a desired lunch may not be available on an intended date.

Meals and ala carte prices will be indicated on the menu and payment is due daily or will be charged monthly on FACTS. Parents will have to pre-pay for their students' lunch through FACTS. **Students will no longer be able to charge lunch.**

Snacks (chips, Little Debbie, cookies, ice cream) will be limited to two (2) each. Also, soda will not be allowed at lunch for any student unless permission is given by administration/teachers. No energy drinks will be allowed on campus.

***PLEASE COMPLETE THE ENCLOSED MENU FORM FOR THE FIRST DAY OF SCHOOL, (HIGH SCHOOL ALSO), AND RETURN BY AUGUST 11th.**

The lunch form will be available on our website as well.

Benton Hall Lunch Order Form (No special orders)

Name: _____ Week of: _____

Friday: Pizza

<input type="checkbox"/> Cheese (\$2) <input type="checkbox"/> Pepperoni (\$2.50)	<input type="checkbox"/> Chips (\$1) <input type="checkbox"/> Little Debbie (\$1) <input type="checkbox"/> Cookies (\$1) <input type="checkbox"/> Ice Cream (\$1)	<input type="checkbox"/> Canned Lemonade (\$1) <input type="checkbox"/> Canned Tea (\$1) <input type="checkbox"/> Bottled Water (\$1)	Daily Total:
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Total:

Benton Hall Academy Sports Medical Release

I hereby grant permission for my child, _____, to participate in the Interscholastic Sports program at Benton Hall Academy. I acknowledge that if he/she is injured and/or property is damaged during participation in any Benton Hall Academy sports practice and/or games, I have knowingly and willingly waived my right to generate and/or advance any lawsuit against Benton Hall Academy on the basis of any claim for which I have released responsibility herein.

Name: _____ Social Security #: _____

Mother's Name: _____ Father's Name: _____

Home Address: _____ City: _____

Home Phone: _____ Zip Code: _____

Mother's Work Phone: _____ Cell Phone: _____

Father's Work Phone: _____ Cell Phone: _____

If neither parent can be reached call:

Name: _____ Relationship: _____

Phone: _____

Local Physician: _____ Phone: _____

Medical conditions, allergies or other information specific to your child. List details:

Medications:

Insurance Company: _____ Policy Holder: _____

Policy Holder's Social Security # _____ Policy #: _____

Medical Release: Although every attempt will be made to contact a parent/legal guardian, should the need arise, any Benton Hall Staff member has permission to act in lieu of parent/legal guardian in the case of a medical emergency. This permission is granted for the duration of the calendar years 2017 and 2018.

Signature of parent/legal guardian: _____ Date: _____