



Registration Form

School Year: 2020-2021

Grade: _____		Age as of Sept. 1: _____		Date of entry into U.S. Schools (if foreign born) _____	
Current Elementary School: _____			Home/Zoned Middle School: _____		
First Name		Middle Name		FULL Last Name	
Social Security Number		Birth date		<input type="checkbox"/> M <input type="checkbox"/> F Sex	
Birthplace		Race/Ethnicity			
Address: _____					
Street #		Street Name		Apt #	
City/State		Zip Code			
Parent/Legal Guardian: _____			Relation: _____		
Address: _____					
Street #		Street Name		Apt. #	
City/State		Zip Code		E-mail	
Home Phone: _____		Employer: _____		Work Phone: _____	
Cell: _____					
Parent/Legal Guardian: _____			Relation: _____		
Address: _____					
Street #		Street Name		Apt. #	
City/State		Zip Code		E-mail	
Home Phone: _____		Employer: _____		Work Phone: _____	
Cell: _____					
EMERGENCY CONTACTS					
Note: Emergency contacts must be 18 years of age or older and be prepared to show proper ID. Contacts have permission for: Emergencies Calls only, Transport Student Only or both options.					
Name: _____		Phone: _____		Relation: _____	
				<input type="checkbox"/> Emergency Calls Only <input type="checkbox"/> Transport Only <input type="checkbox"/> Both	
Name: _____		Phone: _____		Relation: _____	
				<input type="checkbox"/> Emergency Calls Only <input type="checkbox"/> Transport Only <input type="checkbox"/> Both	
Name: _____		Phone: _____		Relation: _____	
				<input type="checkbox"/> Emergency Calls Only <input type="checkbox"/> Transport Only <input type="checkbox"/> Both	
Doctor preference: _____			Phone: _____		
Hospital preference: _____			Phone: _____		
Does your child have medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What type of health insurance does your child have? _____					
Other siblings:					
1. Brother/Sister: _____		Grade: _____		School: _____	
2. Brother/Sister: _____		Grade: _____		School: _____	
3. Brother/Sister: _____		Grade: _____		School: _____	

To the parent: The information asked above is needed as a permanent school record of your child and will be used by school personnel. This is to certify the above information is correct.

I, the undersigned, do hereby authorize officials of the school to contact directly the person named on this form, and do authorize the above named physician to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physician, other person on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is necessary in their judgment, for the health of the aforesaid child. I will not hold the school district responsible for the emergency care and/or transportation for said child. Presenting false information or records for identification is a criminal offense under penal code 37.10.

Parent/ Legal Guardian Signature _____

Date _____



Home Language Survey *Cuestionario del Idioma en el Hogar*

School Year: 2020-2021

TO BE COMPLETED BY PARENT OR GUARDIAN: The State of Tennessee requires that the following information be completed for each student that enrolls for the first time in Tennessee public schools. This survey shall be kept in each student's permanent record folder.

Name _____ of _____ Student: _____
Grade _____
First Name Middle Name **FULL** Last Name

1. What language is spoken **most frequently at home**? _____

2. What language does your **child speak most of the time**? _____

3. Is your child in a Bilingual, English as a Second Language (ESL) or Dual Language Program? ☐ Yes ☐ No

4. Has your child ever been in a Bilingual, ESL or Dual Language Program? ☐ Yes ☐ No

Parent/Legal Guardian Signature

Date

Student Signature if in Grades 5-8

Date

DEBE DE COMPLETARSE POR EL PADRE/MADRE, TUTOR LEGAL. El Estado de Tennessee requiere que la siguiente información se complete para cada estudiante que se matricula por primera vez en una escuela pública de Tennessee. Este cuestionario se archivaré en el expediente del estudiante.

Nombre del Estudiante: _____ Grado _____
Primer Nombre Segundo Nombre Apellido **Completo**

1. ¿Qué idioma se habla en su hogar **la mayor parte del tiempo**? _____

2. ¿Qué idioma **habla su hijo/a la mayor parte del tiempo**? _____

3. ¿Está su hijo/a en un Programa Bilingüe, inglés como Segundo Idioma (ESL) o Programa de Doble Lenguaje? ☐ Si ☐ No

4. ¿Alguna vez su hijo/a ha estado en un Programa Bilingüe, ESL o Programa de Doble Lenguaje? ☐ Si ☐ No

Firma del Padre/ Tutor Legal

Fecha

Firma del estudiante si está en los grados de 5-8

Fecha



Student's Health History

School Year: 2020-2021

The purpose of this section is to seek your assistance in developing an Individualized Health Plan (IHP) for any medical condition your child may have. We strive to protect the well-being of our students, especially those with special health problems. Completion of the IHP will enable school personnel to better provide for your child's well-being. In addition, we will ask you to help us update the plan on an annual basis.

It is important that parents or guardians share certain confidential information about the student's medical condition. This information will be used to plan for the care and health management of the student. It will be shared with those members of the professional school staff who have direct responsibility for the student when in school or participating in school activities. This program assists in providing a successful school experience for all students with special needs or medical conditions.

If your child has a chronic health problem or a medical condition that may create a need for emergency or supportive care during the school day, please complete the information below and sign for consent.

Student's Name: _____ Date of birth: _____
First Name Middle Name *FULL* Last Name Gen (i.e., Jr.)

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Please check the conditions that apply to your child:

☐ Severe Allergies ☐ Asthma ☐ Diabetes ☐ Seizures ☐ Other Medical Conditions ☐ None

If you checked one, or more than one, you must complete the section that applies to your child's conditions.

If you checked "Other Medical Conditions", please specify: _____

NOTE: Any and all medication your child is required to take during the school day, whether prescription or over-the-counter (OTC), MUST be provided by the parent/guardian. All medication MUST be accompanied by a new Medication Administration Consent Form, which can be requested from the school. All medication and documents should be provided to the school on the first day, August 3, 2020.

Parent Signature: _____

Date: _____



Section 1 – Asthma Individualized Health Plan

Medical alert bracelet or necklace: _____ YES _____ NO

Preferred Local Emergency Department: _____

Does your Child use a:

☐

SPACER

☐

MASK

☐

OTHER: _____

☐

NONE

Identify the things that start an asthma episode (triggers)

(Check each that applies to your child)

- ☐ Exercise ☐ Respiratory Infection ☐ Changes in Temperature ☐ Strong Odors
☐ Pollens ☐ Latex ☐ Molds ☐ Animals
☐ Dust Mites ☐ Chalk Dust, ☐ Bee/Insect Sting ☐ Carpet in room
☐ Cigarette smoke ☐ Emotional Stress
☐ Food (List Food) _____
☐ Other _____

Signs and Symptoms: (Please check the symptoms that occur in your child.)

- ☐ Cough ☐ Fear ☐ Bluish color skin/nails ☐ Shortness of breath
☐ Tired ☐ Wheezing ☐ Unable to speak without taking a breath
☐ Other _____

I wish to be called if: _____

My child has an Asthma Action Plan from a medical provider: _____ YES _____ NO (If Yes, please attach)

Daily Medication for Asthma

Name of Medication	Dosage and Strength	Day Schedule	Time of Day
1.			
2.			

- When the student is experiencing an asthma attack (wheezing, cyanosis, coughing, shortness of breath, unable to speak complete sentences) school personnel should administer the following medication.

Medication

Amount/# of puffs

- If the student is still experiencing symptoms after _____ minutes, administer the following medication.

Medication

Amount/# of puffs

If the Student Continues to Exhibit Symptoms Call 911 and Parent/Guardian



I understand that it is my responsibility to keep this information current. I will notify the School of any changes and provide an updated/current form on at least an annual basis.

To the best of my knowledge all the information provided here is true, correct and accurate.

Parent/Guardian Signature

Date



Section 2 – Allergy Individualized Health Plan

Medical alert bracelet or necklace: _____ YES _____ NO

Preferred Local Emergency Department: _____

My child has the following other chronic illnesses/disabilities: _____

My child has an Action Plan from a medical provider: _____ YES _____ NO (If Yes, please attach)

Asthmatic Yes ☐ No ☐ *High risk for severe reaction

Student is allergic to:

Name of Medication	Dosage and Strength	Purpose	Day Schedule	Time of Day
1.				
2.				

Typical symptoms seen in previous reactions:

Systems

- ☐ MOUTH
- ☐ THROAT
- ☐ SKIN
- ☐ GUT
- ☐ LUNG
- ☐ HEART
- ☐ OTHER

Symptoms

Itching & swelling of the lips, tongue, or mouth
Itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
Hives, itchy rash, and/or swelling about the face or extremities
Nausea, abdominal cramps, vomiting, and/or diarrhea
Shortness of breath, repetitive coughing, and/or wheezing
“Thready” pulse, “passing-out”

I wish to be called if: _____

Child's Limitations or Special Needs during School Hours: _____

Call 911 and Parent/Guardian when _____

I understand that it is my responsibility to keep this information current. I will notify the School of any changes and provide an updated/current form on at least an annual basis.

To the best of my knowledge all the information provided here is true, correct and accurate.

Parent/Guardian Signature

Date



Section 3 – Diabetes Individual Health Plan

Medical alert bracelet or necklace: _____ YES _____ NO

Preferred Local Emergency Department: _____

My child has an Action Plan from a medical provider: _____ YES _____ NO (If Yes, please attach)

Allergies: _____

ALL CURRENT MEDICATIONS

Name of Medication	Dosage and Strength	Purpose	Day Schedule	Time of Day
1.				
2.				

Is your child able to recognize symptoms of high and low blood glucose? _____ YES _____ NO

Signs and Symptoms of Low Blood Glucose:

(Please check the symptoms that occur in your child.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Shakiness, nervousness | <input type="checkbox"/> Speech Difficulty | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Blurred vision |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Mood changes, irritability, crying, confusion | <input type="checkbox"/> Unusual paleness |
| <input type="checkbox"/> Moist, clammy skin; cold sweat | <input type="checkbox"/> Other | |

Signs and Symptoms of High Blood Glucose:

(Please check the symptoms that occur in your child.)

- | | | |
|--|----------------------------------|---|
| <input type="checkbox"/> Frequent thirst | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Frequent urination |
| <input type="checkbox"/> Inappropriate responses | <input type="checkbox"/> Nausea | <input type="checkbox"/> Mood changes, irritability, crying confusion |
| <input type="checkbox"/> Other | | |

I wish to be called if: _____

Child's Limitations or Special Needs during School Hours: _____

Call 911 and Parent/Guardian when: _____

I understand that it is my responsibility to keep this information current. I will notify the School of any changes and provide an updated/current form on at least an annual basis.

To the best of my knowledge all the information provided here is true, correct and accurate.

Parent/Guardian Signature

Date



STUDENT RESIDENCY QUESTIONNAIRE

School Year: 2020-2021

This questionnaire is intended to address the **McKinney-Vento Homeless Education Assistance Improvements Act 42 U.S.C. 11435**. The answers to this residency information help determine the services the student may be eligible to receive.

Name of Student: _____ Grade _____
First Name Middle Name **FULL** Last Name Gen (Jr., I, II)

1. Is your current address a temporary living arrangement? ☐ Yes ☐ No
2. Is this temporary living arrangement due to loss of housing or economic hardship?..... ☐ Yes ☐ No
3. *If you **answered YES** to questions **1 and 2**, please complete the remainder of this form.*
4. *If you **answered NO**, you may stop here. Please Sign:*

Parent/Legal Guardian Signature

Date

****If you answered NO to questions 1 and 2, you do not need to complete the bottom of this form.****

Where is the student presently living (Check one box.)

- ☐ Temporarily in a shelter
- ☐ With relatives or others due to lack of housing
- ☐ At a train or bus station, park, or in a car
- ☐ In an abandoned apartment/building
- ☐ In a motel/hotel, camping ground, or other similar situation due to lack of an alternative, adequate housing
- ☐ In a temporary setting awaiting DCS foster placement
- ☐ None of the above

Name of Student: _____ ☐ Male ☐ Female
First Name Middle Name **FULL** Last Name Gen (Jr., I, II)

Birth Date: ____/____/____ Age: _____ Social Security #: _____

Name of Parent(s)/Legal Guardian(s) _____

Address: _____
Street # Street Name Apt. # City State Zip Code Telephone

I understand that the information provided above is correct, true and current. I also understand that enrolling a child in a Tennessee public school under false pretense is punishable by law.

Signature of Parent/Legal Guardian _____ Date _____



Special Needs Questionnaire

School Year: 2020-2021

We need to know as much as possible about your child so we can provide an educational program that meets his or her needs. It is very important for us to know if your child has received any special education services in the past. The fact that your child has been in a special education program will not affect his/her enrollment at our charter school. In fact, it will aid us in serving your child in the best possible way. The information you provide will be kept confidential.

Child's Name: _____ Grade: _____
First Name Middle Name *FULL* Last Name Gen (i.e., Jr)

Current Elementary School: _____

Address of previous school:

Street # / Street Name City State Zip Code Telephone

Other previous Schools Attended: _____

Please answer the following:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Is your child in a Dyslexia program at their current school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does your child receive services under Section 504? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is your child in a Bilingual, English as a Second Language (ESL) or Dual Language Program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Has your child been placed in a special education program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. If no, is your child in the process of being referred for Special Education services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Does your child receive Speech Therapy at their current school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

****If you answered Yes to any of these questions, please provide the school with all updated documentation.****

Do you have any concerns about your child's school performance? Check all statement that applies to your child:

- ☐ Have they ever been retained?
- ☐ May need extra help in reading
- ☐ May need extra help in math
- ☐ May need extra help in writing
- ☐ Sometimes has a difficult time getting along with other people
- ☐ Has a difficult time focusing
- ☐ Sometimes has difficulty sitting still
- ☐ Becomes frustrated with school work

The information I have given is correct to the best of my knowledge.

Parent/Legal Guardian Signature

Date

Home #: _____

Work # _____

Cell # _____



STRIVE COMMITMENT To EXCELLENCE

Values	Student	STRIVE Staff	Families
	<i>As a student at STRIVE Collegiate Academy, I commit to do everything I can to keep STRIVING towards Excellence, in the following ways:</i>	<i>As a teacher at STRIVE Collegiate Academy, I commit to do everything in my power to keep STRIVING toward Excellence, in the following ways:</i>	<i>As a parent or guardian of a STRIVE Collegiate Academy students, I commit to do everything in my power to keep STRIVING towards Excellence, in the following ways:</i>
Self-Advocacy	<ul style="list-style-type: none"> I will raise my hand and ask questions in class if I do not understand something. I will call my teachers if I have a problem with the homework. I will leverage my strengths to reach my goals. I will work to improve my areas of growth accessing resources to support my development. 	<ul style="list-style-type: none"> We will reach out to our student's parents for positive and areas of concern. We will reach out to our peers and leadership team when we don't understand or have a new idea. 	<ul style="list-style-type: none"> We will reach out to our child's teacher whenever we have a question or don't understand something. We will always help our child in the best way we know how, and we will do whatever it takes for him/her to learn. This means that we will check our child's homework every night, let him/her call a teacher if there is a problem with the homework, and try to read with him/her every night.
Teamwork	<ul style="list-style-type: none"> I will always make myself available to my family, teachers, and any concerns they might have. I will work with all of my teammates and take responsibility for helping them to learn. I will work together collaboratively to find a solution(s) to issues that may arise. 	<ul style="list-style-type: none"> We will always make ourselves available to students, parents, and any concerns they might have. We will work closely with our colleagues and with families in support of the success of every STRIVE student. 	<ul style="list-style-type: none"> We will always make ourselves available to our child, the school, and any concerns they might have. This means that if our child is going to miss school, we will notify the teacher as soon as possible, and we will read carefully all the papers that the school sends home to us. We will attend the school-led events to support our child's academic & leadership goals.
Resilience	<ul style="list-style-type: none"> I will start and complete my work (homework & class work) every night, at the appropriate time, without an adult reminder. When I don't get something right, I will find other ways to get to the right solution. I will maximize my learning time and double check my work to ensure I have given it my all. 	<ul style="list-style-type: none"> We will always protect the safety, interests and rights of all individuals in the classroom. We will never give up. 	<ul style="list-style-type: none"> We will ensure our child starts his/her homework, at the appropriate time and will gradually stop reminding him/her to begin. When our child doesn't understand, we will use questions to push his/her thinking versus giving him/her the answer.



Integrity	<ul style="list-style-type: none"> • If I make a mistake, I will tell the truth to my teachers and accept responsibility for my actions. • I will make great choices when I am not accompanied by an adult (i.e. restroom, hallway, homework, etc.). • I will be honest about what I know and what I don't know. 	<ul style="list-style-type: none"> • We will act with the utmost integrity, no matter where we are or who is watching us. • We will tell the truth to all members of the STRIVE Collegiate Academy community. • We will treat all members of the STRIVE community fairly, regardless of race, gender, religion, appearance, or other distinguishing features. • We will follow through on all of the commitments and promises that we make, and admit mistakes when we make them. • We will listen to our conscience and do the right thing. 	<ul style="list-style-type: none"> • We will check our child's homework every night and will sign our name indicating we have checked his/her assignment(s) and it is complete.
Virtue	<ul style="list-style-type: none"> • I will follow the STRIVE Collegiate Academy's dress code. • I am responsible for my own behavior, and I will follow all directions, acknowledging they are in my best interests. • I will always behave so as to protect the safety, interests and rights of all individuals in the classroom. This means that I will always listen to all my teammates and give everyone my respect. 	<ul style="list-style-type: none"> • We will follow the STRIVE Collegiate Academy professional dress code (Monday-Friday). • We will model all STRIVE values inside and outside of the school-setting. 	<ul style="list-style-type: none"> • We will make sure our child follows the STRIVE Collegiate Academy dress code. • We understand that our child must follow STRIVE Collegiate Academy's rules so as to protect the safety, interests and rights of all individuals in the classroom. We, not the school, are responsible for the behavior and actions of our child.
Excellence	<ul style="list-style-type: none"> • I will always work, think and behave in the best way I know how, and I will do whatever it takes for my fellow students and me to learn. • I will speak loudly and proudly when presenting. • I will keep my work and materials organized and ensure that I turn in work that's been checked for quality and clarity. • I will attend school daily and will arrive on time prepared for all classes. 	<ul style="list-style-type: none"> • We will do whatever it takes to ensure that ALL students learn as much as we can teach them, and that ALL students make progress toward being prepared for top-notch high schools, colleges, and the world beyond the classroom. • We will teach every lesson to the best of our ability. • We will arrive at STRIVE Collegiate Academy every day by 7:00 a.m. (Monday-Friday) • We will remain at STRIVE Collegiate Academy every day until 5:00 p.m. (Monday-Friday) • We will teach at STRIVE Collegiate Academy during the Summer Leadership Academy. 	<ul style="list-style-type: none"> • We will ensure our child is maximizing his/her learning time and double checking his/her work to ensure he/she has given it his/her all. • We will make sure our child arrives at STRIVE Collegiate Academy every day by 7:30 a.m. (Monday-Friday) or boards a bus at the scheduled time. • We will make arrangements so our child can remain at STRIVE Collegiate Academy until 4:00 p.m. on Monday-Tuesday and Thursday-Friday. 1:45 p.m. on Wednesday. • We will ensure that our child attends STRIVE Collegiate Academy's Summer Leadership Academy.
	Signature	Signature	Signature



Student Technology Agreement

Cell Phone Policy

STRIVE Collegiate Academy allows cell phones to be used ONLY before and after school. Phones must be turned off and turned into the front office upon arrival to school every day. Students will be able to retrieve their phones as they are dismissed daily. The cell phone policy below indicates the progressive consequences of violating this policy. Cell phones may be confiscated from students who violate this policy.

Consequences

- ☐ *First Offense:* Phone taken away. Parent picks up the phone and signs a cell phone release statement.
- ☐ *Second Offense:* Phone taken away. Phone will be returned to parent/guardian after three (3) school days and parent will sign the 2nd cell phone release statement.
- ☐ *Third Offense:* Phone taken away. Student must attend detention. After the completion and after verification of attending detention, parent may retrieve the phone (signing the 3rd cell phone release statement) and the student will lose all cell phone privileges for the current school year.

Other Electronic Devices Policy

Students are not allowed to bring the following electronic devices to school: non-school related electronic devices including but not limited to iPods, sidekicks, disc/MP3 players or game devices. Non-school related electronic devices will be confiscated if they are brought to school. Confiscated electronic items will only be returned to parents after a week waiting period. If found two or more times, the item will not be returned until the end of the current school year.

Technology and Internet Policy

STRIVE incorporates technology into our educational program. We expect students to use technology for educational purposes only. Student use of computers and the internet will be under supervision of STRIVE teachers. The following are acceptable uses of technology: research for school assignment, including academics, service or college-related; word processing or database software for a school assignment; educational software program.

The following are NOT acceptable uses of technology: accessing material that is defamatory, pornographic, harassing, illegal; using the internet for any illegal activities; tampering with or altering the computer system; violating copyright laws; accessing social networking sites; and using Instant Messaging or chat functions.

I have read and understand the policies above. I agree to adhere to these policies and potential consequences associated with them.

Parent Signature

Date



Transportation Form

School Year: 2020-2021

Dear Parents, we would like to get a head start on the bus schedules for the new school year. Please select how your child will arrive at school and return home on a daily basis. **If these plans change, parents must notify the school in writing. We will not accept changes over the phone unless there is a major emergency.**

Student Name: _____
First Name Middle Name FULL Last Name Gen (i.e., Jr.) Grade

Address: _____
Street # Street Name Apt. # City State Zip

Home # _____ Work # _____ Cell # _____

Mom/Guardian's Name: _____ Dad/Guardian's Name: _____

Mom/Guardian's Cell # _____ Dad/Guardian's Cell: _____

Please mark the appropriate box:

- ☐ Student will ride the **BUS to school** from designated bus stop. **Bus stops are determined by your need of this transportation*
- ☐ Student will ride the **BUS from school** to designated bus stop.
- ☐ My child **will be a car rider** in the **morning**. ☐ My child **will be a car rider** in the **afternoon**
- ☐ Student will be **picked up** from school by a **DAY CARE CENTER / AFTER SCHOOL CARE PROGRAM**.

Name of Day Care: _____ Day Care Contact Person: _____

Day Care Address: _____ Phone: _____
Street Address City State Zip

Only persons listed below are authorized to pick up my child; a valid ID must be shown before the student's dismissal.

Name: _____ Relation: _____ Phone/Cell: _____

Name: _____ Relation: _____ Phone/Cell: _____

Name: _____ Relation: _____ Phone/Cell: _____

Note: If someone other than the parent/legal guardian is picking up your child, their name MUST be listed on the child's registration form.

- ☐ My child will **walk to and from school** every day.

Please note that if you choose to allow your child to walk, STRIVE relinquishes all responsibility once the child leaves the school premises.

Signature of Parent/Legal Guardian

Date



STRIVE Collegiate Academy Dress Code

In order to minimize distractions and to foster a sense of unity at the school, STRIVE students will wear uniforms. The STRIVE uniform will help foster a professional culture focused on learning and avoid distractions. Having students wear uniforms will also promote a sense of belonging for students, which can help increase student effort and investment. Students will be expected to be in full uniform every day. Positive behavior will be fostered through dress code and uniform privileges as decided by student input. For example, those students who have received a certain distinction for model behavior may be allowed to wear an alternative dress code such as jean day; students will be able to wear professional attire on their birthdays. We will also hold occasional dress-for-success days during which students can wear professional clothing to allow students to learn to make appropriate choices for interviews and the workplace. The following outlines STRIVE's uniform:

Shirts	<ul style="list-style-type: none">• A STRIVE Collegiate Academy polo shirt or a STRIVE sweatshirt is visible at all times as the outer layer (Monday-Friday).• ONE polo shirt will be provided free of charge.• Additional polo shirts may be purchased at TBA• ALL FRIDAYS! Students may wear a college t-shirt or polo shirt.• Students may wear a solid color white or black long-sleeved shirt under their STRIVE Collegiate polo shirt.• Students are not allowed to wear a shirt with any additional writings on it outside of the original school logo.• Shirts (with the exception of sweatshirts) MUST be tucked in at all times!
Sweaters	<ul style="list-style-type: none">• Solid-colored sweatshirts (dark blue, white or gray) may be worn over the normal uniform shirt prior to a student purchasing a STRIVE Collegiate Academy polo shirt.• Sweatshirts may be purchased at TBA
Khaki pants, shorts, skirt, or jumper	<ul style="list-style-type: none">• Purchased by the parent at store of choice.• No designs or embellishments.• No tights or leggings/jeggings allowed in the place of khaki pants.• No baggy pants. Pants must fit around the waist and not sag.• Shorts, skirts, skorts, and jumpers should <u>not be more than 1 inch above the knee.</u>• Skirts may not have slits that are above the knee.• When girls wear skirts or jumpers, they must wear shorts underneath.
Belts	<ul style="list-style-type: none">• Belts are required for all items that have belt loops.• Must be black or brown.• Belt buckles may not be larger than 2 inches.
Shoes	<ul style="list-style-type: none">• Tennis shoes that cover the students' toes and the backs and tops of their feet.• Shoes with laces must be tied.• When students wear knee-high socks, stockings, or tights with skirts or shorts, these socks, stockings, or tights must be solid colored black, white, or brown• Solid-colored boots with a rubber sole (without fur on the outside) can be worn• No flip flops or slippers.• Pants may not be tucked inside shoes or socks.

Students and parents should make every effort to ensure that the uniform shirts and pants are cleaned regularly and are in professional condition.



Questions about jewelry?

- Female students may wear earrings smaller than a quarter in circumference and diameter.
- Male students are not allowed to wear earrings.
- No noisy jewelry is allowed.
 - If jewelry distracts staff members and/or other students, the student will not be allowed to wear that piece of jewelry again.

STRIVE students may NOT:

- Have tattoos (permanent or temporary).
- Have body piercings (other than ears).
- Wear make-up other than clear chapstick.
- Wear or have any gang-related attire or jewelry.
- Wear inappropriately tight clothing.
- Wear bandanas or hats.
- Wear hoods inside the building.
- Wear jackets or coats inside the building.
- Profanity, vulgar or sexually explicit writing.

*** The school reserves the right to add to this list as concerns or problems arise. ***



STRIVE Collegiate Academy Dress Code

I have read and understand the Dress Code for STRIVE Collegiate Academy. By signing below, I agree to abide by the guidelines stated in this code.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____

Student Printed Name: _____

Student Signature: _____

Date: _____

STRIVE provides ONE polo free of charge. In an effort to get a head start on this order, we are asking parents to provide the shirt size their child typically wears.

Youth: Small ____ Medium ____ Large ____ X-Large ____

Adult: Small ____ Medium ____ Large ____ X-Large ____

****Students are required to tuck in their polos, so you may size up if you wish.**



Request for Cumulative Records

MUST be completed by parent/guardian in order to receive student records

School Year: 2020-2021

School: STRIVE Collegiate Academy

**Escuela*

**Letra en español inclinada para su conveniencia.*

Address: 3055 Lebanon Pike, Ste #2300 Nashville TN 37214

**Dirección*

Number/Street Name

City

State

Zip Code

Phone: (615) 645-6440

**Telefono*

Fax: (615) 645-6455

Name of Student _____

**Nombre del alumno*

First Name

Middle Name

FULL Last Name

Gen (i.e., Jr.)

Date of Birth _____

**Fecha de nacimiento*

Grade _____

**Grado*

I, _____ give STRIVE Collegiate Academy permission to receive my child's educational records.

Yo, _____ dar permiso para STRIVE Collegiate Academy recibir los registros escolares de mi hijo.

Parent Signature/ *Firma del Padre o Tutor Legal*

Date/ *Fecha*

INFORMATION ABOUT PREVIOUS SCHOOL

**Información sobre la escuela anterior a la que asistió*

School Last Attended _____

**Nombre de la escuela*

Address of School _____

**Dirección*

Phone No. of School _____

**Número de teléfono de la escuela*