

To: Mrs. Ann Rodriguez
(annrodriguez@yahoo.com)

From: Mr. William Barber
(wbarber@pineywoods.org)

Date: 01/04/2019

Pages: 5 pages (includes cover)

Re: Acceptance Letter and Required
documentation

Congrats!

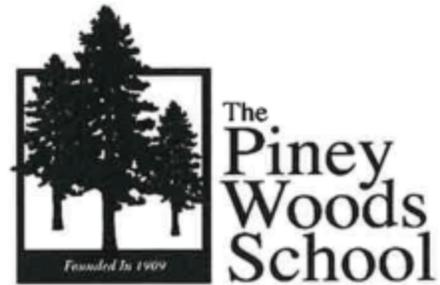
wbarber

packet emailed to mother @ 7:55 pm
on 01/04/2019.

wbarber

January 4, 2019

Mrs. Ann Rodriguez
6014 Estate Smith Bay
Saint Thomas, Virgin Islands 00802



Dear Mrs. Rodriguez:

Congratulations! We are excited to inform you that your daughter, **Sierra T. Poleon**, has been accepted to The Piney Woods School, on a *Conditional / Probationary Status*, for the **2018-2019 school year as a Freshman, starting in the Spring 2019 Semester (January 2019)**. (*In your daughter's case, "Conditional / Probationary Acceptance" refers to her ability to maintain successful academic progress and demonstrate acceptable social and behavioral skills while attending The Piney Woods School.*) In order for your daughter to complete the registration process, the enclosed forms, along with the requested documents indicated below are needed. **Please submit the required documents, on or before January 7, 2019.** Failure to submit this information, may result in the loss of your child's slot or withdrawal of their acceptance.

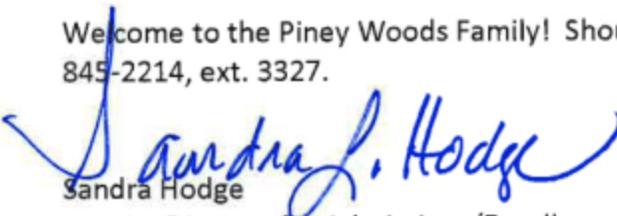
We must receive the following documents in order to complete the registration proceed:

- Medical Consent Form (enclosed, must be notarized)
- Leave Authorization Form (enclosed, must be notarized)
- Student Health History (enclosed, must be completed by a physician)
- Application Fee (\$50.00) – Non-Refundable

The above referenced documents must be mailed to:

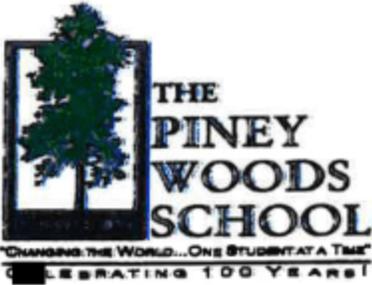
The Piney Woods School
Office of Admissions
Post Office Box 99
Piney Woods, MS 39148
Attention: Mr. William Barber

Welcome to the Piney Woods Family! Should you have any questions, please feel free to call us at 601-845-2214, ext. 3327.


Sandra Hodge
Interim Director for Admissions/Enrollment
Chief Advancement Officer

5096 Highway 49 South ♦ Piney Woods, MS 39148
Academics – Box 100 ♦ Administration – Box 99
Institutional Advancement – Box 57 ♦ Operations – Box 57
Physical Plant – Box 57 ♦ Student Support Services – Box 100
TEL: (601) 845-2214 ♦ WEB: www.pineywoods.org

EFTA00794311



MEDICAL CONSENT FORM

Box 100 • Piney Woods, MS 39148
 tel (601) 845-2214, ext. 2223 • fax (601) 845-4909 or (601) 845-6977

In consideration of the agreement by The Piney Woods School to admit _____ as a student (*social security number:* _____), the undersigned parent/guardian hereby authorizes The Piney Woods School and its agent and employees to secure for the above-named student any medical, mental health, or dental treatment which they, in their sole judgment, may deem necessary and proper for said student. We further specifically authorize The Piney Woods School and its agents and employees to execute administration of any medical, mental, or dental treatment or procedure whatsoever to said student. We also authorize *Century Life Insurance Company (or any successor company)* to pay directly to The Piney Woods School all benefits that become payable.

We hereby release and waive any claims for damages which we or the said student might have against The Piney Woods School or its agents or employees in any manner arising from or in the course of medical, mental health, or dental treatment or procedure administered to said student.

We, individually and on behalf of the student, do hereby release, acquit, and forever waive and discharge the said Piney Woods School *Century Life Insurance Company (or any successor company)* and their agents and employees from any and all action claims for compensation on account of personal injuries from instances occurring while the student is enrolled at The Piney Woods School. We will take sole responsibility for any bills incurred which are not covered by insurance. This form also authorizes the release of information pertinent to the treatment of this child.

I **AUTHORIZE** any doctor, medical practitioner, hospital, clinic, other medical or medically related facility or insurance company, the Medical Information Bureau, Inc., consumer reporting agency or employer, having information available regarding either: (a) benefits for which either I, or the minor child for whom I am either parent or guardian, may be entitled to from this claim, or (b) the diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment of me or the minor child for whom I am the parent or guardian; to give to *Century Life Insurance Company*, or its legal representatives, any and all such information. I **AGREE** that a photographic copy of this Authorization will be valid as the original.

Parent/Guardian: _____
 Address: _____
 City/State/Zip: _____
 Home #: _____
 Work #: _____
 Cell #: _____

Insurance Carrier: _____
 Address: _____
 City/State/Zip: _____
 Policy/Medicaid: _____
 Claim Service #: _____

WITNESS our signatures this the _____ day of _____, 20__.

Signature of Parent/Guardian

Signature of Student

Subscribed and sworn before me this _____ day of _____, 20__
 in _____ County and the State of _____

(SEAL)

Notary Public

My Commission Expires



**THE
PINEY
WOODS
SCHOOL**

CHANGING THE WORLD...ONE STUDENT AT A TIME
CELEBRATING OVER 100 YEARS

OFFICE OF ADMISSIONS

P. O. Box 100 • Piney Woods, MS 39148 • tel (601) 845-2214 • fax (601) 845-4909 or 601.845-69

* If both parents/guardians are authorized to pickup, please be sure to list both names

Student _____ Date of Birth _____ Grade _____

Parent/Legal Guardian* _____

Home Address _____

Telephone () _____ home () _____ work () _____ cell _____

E-Mail Address _____

Authorization To Attend Events and Participate in Media Activities

As parent/legal guardian of the above student, I hereby grant permission to The Piney Woods School for my child to:

- Attend the following events, on or off campus, sponsored by The Piney Woods School: field trips (class, athletic events, special events, concerts, plays, state fairs, park events, etc.).
- Appear in or on the following medium: brochures, videos, newsletters, radio talk shows, television ads, etc., all of which are used to promote the school. I understand that such promotions will be in keeping with the mission and educational philosophy of The Piney Woods School, and that The Piney Woods School reserves the right to utilize such material in current and future promotional projects.

Please return this entire form to:

The Piney Woods School
Office of Admissions
P. O. Box 100
Piney Woods, MS 39148

Parent / Guardian Signature

Leave Authorization Form

In order to insure the safety of our students in regard to leaving campus to travel home or elsewhere, we are asking you to complete the following form, in it's entirety, indicating those individuals authorized to check out your child. If you would like to change or add any names at a later date, you must complete a Change of Authorization Form (which has to be mailed to you).

Please include the complete name, complete address, and telephone number of each person authorized to pick up your child (no additional sheets may be used).

1. _____ _____ _____ RELATIONSHIP TO STUDENT _____	5. _____ _____ _____ RELATIONSHIP TO STUDENT _____
2. _____ _____ _____ RELATIONSHIP TO STUDENT _____	6. _____ _____ _____ RELATIONSHIP TO STUDENT _____
3. _____ _____ _____ RELATIONSHIP TO STUDENT _____	7. _____ _____ _____ RELATIONSHIP TO STUDENT _____
4. _____ _____ _____ RELATIONSHIP TO STUDENT _____	8. _____ _____ _____ RELATIONSHIP TO STUDENT _____

Sworn to and subscribed before me this ____ day of _____, 2016, in the county of _____ and the state of _____.

(seal)

My Commission Expires

Notary



STUDENT HEALTH HISTORY

Highway 49 South • P. O. Box 69 • Piney Woods, MS 39148
tel 601.845.2214 • fax 601.845.0287

Student's Last Name _____ First _____ Middle _____ Grade _____ Male Female

Home Address _____ Post Office Box _____

City _____ State _____ Zip _____

(Area/Country Code) Telephone Number _____

1. How is health care provided for this student? employment insurance private insurance social security insurance
 Medicaid Other _____

2. With whom does this student live? _____

TO BE COMPLETED BY PHYSICIAN

3. Does this student have any of the following health conditions: asthma diabetes ADHD vision heart
 hearing allergies anemia seizures/convulsions

Explain all checked: _____

4. Does any close relative of this student have a history of (check and indicate relationship to this student): diabetes _____
 anemia _____ epilepsy _____ cancer _____ heart disease _____
 high blood pressure _____ sickle cell anemia _____ other _____

5. WEIGHT _____ HEIGHT _____ PULSE _____ BLOOD PRESSURE _____

6. SKIN _____ EYE _____ EAR _____ NOSE _____ THROAT _____ TEETH _____
NECK _____ LUNGS _____ HEART _____ CHEST _____

7. TB SKIN TEST (required) _____

8. Description of abnormal findings: _____

9. Special instructions or special limitations: _____

I certify that I have examined this student and he/she may compete in supervised school athletic activities.

Type or print physician's name _____ Physician's signature _____ Date _____

Address _____ City _____ State _____ Zip _____ Telephone # _____

TO BE COMPLETED BY PARENT/GUARDIAN

Does your child take medication? yes no If yes, list medication(s): _____

Parent / Guardian Signature _____ Exam Date _____