



MISSISSIPPI SCHOOL FOR MATHEMATICS AND SCIENCE

PARENT/GUARDIAN MEMORANDUM OF AGREEMENT 2011-2012

Student Name: _____ DOB: _____ Grade: _____
 Last First Middle

In consideration of the benefits accruing to my child, as a result of enrollment in the Mississippi School for Mathematics and Science during the 2011-2012 academic year, I, the undersigned, agree to the following:

RESIDENCY AND CUSTODIAL ARRANGEMENTS:

- I understand that the Mississippi School for Mathematics and Science is a public school governed by the Mississippi Department of Education and that all students accepted for admission **must** be residents of Mississippi and hold a legal status with regard to U.S. citizenship. I understand that as custodial parent or guardian of the above named student I must maintain Mississippi residency and if I should move out of state after my son/daughter has been accepted I must provide, within twenty-one calendar days, a judicially recorded and approved document awarding guardianship of my son/daughter to a legal resident of Mississippi.
- I understand that any custodial arrangement other than joint parental custody must be supported by legal documentation filed with the Office of Student Affairs at the time of enrollment or during the school year when there is a change in status. I also understand that as the custodial parent or guardian of the above named student it is my responsibility to inform the Office of Student Affairs as to whether non-custodial individuals may provide permissions, verify permissions, and/or sign out the student. Furthermore, I understand that MS Code § 93-5-26 establishes that unless parental rights have been legally terminated, "access to records and information pertaining to a minor child, including but not limited to medical, dental and school records, shall not be denied to a parent because the parent is not the child's custodial parent."

DECISION-MAKING AUTHORITY:

- I understand that the Mississippi School for Mathematics and Science has decision-making authority over my son/daughter. I understand that MSMS staff must consider students as a group when making decisions to place certain restrictions and/or allow certain freedoms with regard to students' behavior. I further understand that: (1) those restrictions/freedoms may be more or less restrictive/permissive than I might wish for my son/daughter; (2) I may not give more permission than MSMS policy allows; however, (3) I may be more restrictive, in which case the situation will be understood between myself and my student.
- I understand that my son/daughter should abide by all rules and policies – both those current and those added during the period of his/her enrollment – of the Mississippi School for Mathematics and Science and The Mississippi University for Women, as well as all local, state, and federal laws. I further understand that if MSMS staff determines that my son/daughter has been involved in a violation of any of the above named rules, regulations or laws, my son/daughter shall be subject to school or University discipline, including the possibility of immediate expulsion, with the loss of all rights and privileges thereto. I hereby grant permission for MSMS staff to administer discipline in accordance with the MSMS and University disciplinary procedures.

SAFETY OF PERSON & PROPERTY:

- I understand that MSMS students will be referred to the MUW Student Health Center for minor illness and during working hours for that facility, where they will be treated by an MUW Nurse Practitioner. I further understand that MSMS students may need to seek off campus medical treatment. In case of emergency, I understand that my student may be transported by MSMS personnel or emergency services as deemed necessary. I do hereby consent, authorize, and request medical personnel and any physician or medical representative to whom referral is made to conduct treatment which they may deem advisable in the event my son/daughter should require medical, dental, optical or psychological care while a student at The Mississippi School for Mathematics and Science. I understand also that efforts will be made to contact me immediately if such treatment is needed. I authorize officials of the MSMS to share any and all medical information in their possession with authorized medical personnel engaged in the care of my child. I also agree to be responsible for all charges assessed for these services.
- I understand that MSMS staff will provide more supervision and enforce more restrictive policies with MSMS students than is done with university students, BUT that the health, safety and welfare of my son/daughter and the protection of his/her personal belongings requires his/her personal commitment. I understand that MSMS strongly urges that I obtain adequate health, accident, and property insurance to cover my son/daughter for the duration of his/her enrollment at MSMS.

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- I understand that MSMS students may be involved in recreational, academic, extracurricular, and other activities which involve potential risk of injuries such as, but not limited to, strains, sprains, pulls, cramps, infection, insect bites, fractures, paralysis and, in extreme cases, death **and** that my son/daughter participates in these activities at his/her own risk. I understand that The Mississippi School for Mathematics and Science does not assume liability for injuries sustained in these activities. I understand that I should instruct my son/daughter to communicate with me regarding his/her plans to participate in activities and that I should instruct him/her not to participate in activities which, in my view, pose a possible risk to his/her health or well being.
- I understand that MSMS students bring personal belongings to campus and there exists the potential risk of theft or damage of these items. I understand that neither MSMS nor MUW can be responsible for the replacement of personal property belonging to my son/daughter. I understand that I should instruct my son/daughter to communicate with me regarding which articles of personal property he/she plans to bring to campus and that I should instruct him/her to safeguard all his/her belongings at all times.

ATTENDANCE, TRAVEL AND TRANSPORTATION:

- I understand that MSMS staff will: (1) enforce a sign in/out policy as outlined in the student handbook; (2) conduct a nightly curfew check; and (3) will notify me if my son/daughter is not in his/her room and cannot be located at curfew **BUT** that the daily whereabouts of my son/daughter between 6:30 a.m. and curfew is ultimately his/her personal responsibility. I understand that it is my responsibility to make arrangements for and to be aware of the whereabouts of my child when he/she is signed out. I understand that I will be required to notify the school if my son/daughter is unable to return to school as expected due to illness or emergency and to submit requests for pre-arranged absences no later than one week prior to the anticipated absence.
- I understand that attendance and promptness are expected with regard to MSMS classes and certain class meetings and school-sponsored events. I understand that I should schedule family activities, recurring medical appointments at home, college visits, etc. during extended weekends and school holidays to keep absences from class at an absolute minimum. I also understand that I should arrange transportation for my child so that no classes are missed. Furthermore, I understand that an exam schedule will be published each semester and that exams will not be given early except under extenuating circumstances (death in the family, scheduled elective surgery, etc.) with prior approval by the Director for Academic Affairs.
- I understand that my son/daughter will ride in a school vehicle for academic and extracurricular activities. I further understand that MSMS staff members expect me to designate my wishes regarding students' mode of transportation to and from home or other approved location on weekends and holidays, for personal reasons while on campus during the week or on weekends, and for special activities. I understand that I should instruct my son/daughter to communicate with me regarding his/her travel/transportation plans and that I should instruct him/her not to travel in any areas or by any means that, in my view, pose risks to his/her health or well being or that are in opposition to the approval on file with the Office of Student Affairs. I understand that I may make changes to driving/riding permissions by contacting the Office of Student Affairs, but that appropriate parent notification must precede travel/transportation affected by the change.

SOCIAL AND EDUCATIONAL PROGRAMS:

- I understand that MSMS may present or approve other individuals to present seminars, workshops, presentations, or other programs which are intended to enhance students' personal or social growth, academic achievement, wellness or career planning. I understand that some of these programs may address controversial issues such as diversity, dating, sexually transmitted diseases, healthy lifestyles, or values clarification.

RESEARCH:

- I understand that Mississippi School for Mathematics and Science may conduct research projects and that my son/daughter may be asked to provide data through such methods as questionnaires, interviews, computer-assisted instruction, and other non-invasive means. I further understand that the confidentiality of data collected from students will be protected in accordance with state and federal law and that all results will be presented as group data. I hereby grant permission for the Mississippi School for Mathematics and Science to collect research data from my son/daughter and to publish or display that data.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____