



FALL SPIRIT WEAR 2024-2025 BUNDLE FORM

Please fill out your spirit wear form completely and email to einsteinspiritwear@theinsteinschool.com.
Fall spirit wear orders will be delivered 1 September 2024.

Student Name: _____ Parent Name: _____
Email: _____ Phone: _____

Please select 1 option from **each** section

A. Please select 1 option and size



B. Please select 1 option and size



C. Please select 1 option and size



If you would like to purchase additional items, please visit our website at www.theinsteinschool.com.

Please fill out form completely and email to einsteinspiritwear@theinsteinschool.com.



SPRING SPIRIT WEAR 2024-2025 BUNDLE FORM

Please fill out your spirit wear form completely and email to einsteinspiritwear@theinsteinschool.com.
Spring spirit wear will be delivered January 2025, in the 2nd Semester.

Student Name: _____ Parent Name: _____
Email: _____ Phone: _____

Please choose a **shirt** and **1 additional** item from Section A or choose only **1** item from Section B.

Section A

		Front	Back						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	<i>New!</i>		<i>New!</i>						
Tote Bag	Red Plaid Blanket	Baseball Hat	Beach Towel	Golf Towel	Umbrella	Golf Balls	Ear Warmer Headband		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<i>New!</i>			<i>New!</i>				<i>New!</i>		

If you select items from Section A, **DO NOT** complete Section B.

Section B

	<input type="checkbox"/>	<input type="checkbox"/>				
	Navy Blue Blanket	Baseball Jersey				
		<i>New!</i>				

Please note: Orders are placed for sizes selected. If you would like to exchange a size, you must wait until all semester orders are fulfilled; then, exchanges are subject to availability. If you would like to purchase additional items, please visit our website:
www.theinsteinschool.com

Please fill out form completely and email to einsteinspiritwear@theinsteinschool.com

Einstein School Student Driver Registration Form

Student Name: _____

Student Driver's License State/Number: _____

Student Vehicle Make & Model: _____

Student Vehicle Color: _____

Student Vehicle License Plate Number: _____

State Registered: _____

Student Phone Number: _____

Parent Name & Phone Number: _____

Decal Number (**Einstein Staff Only**): _____

On-Campus Parking (\$100)

Parking on campus is limited and available only with prior registration and a parking decal. Students must submit this registration form to the school along with a copy of the student driver's license, vehicle registration, and \$50.00 fee for the parking decal. It is the student's responsibility to keep up with the parking sticker, and it must be returned to the Einstein School at the end of the school year. A \$100.00 fee will be charged to the student's account for replacement or unreturned parking stickers. Towing is strictly enforced by the landlord and the Einstein School cannot prevent towing or waive any towing fees. Students are responsible for complying with all building parking rules and Einstein policies. **Parking fees may be paid by check, cash, or Venmo to the Einstein School account.**

By signing below, I agree to abide by the Einstein School's and building management's parking lot policies described in the Einstein Parent/Student Handbook, as well as the restrictions posted on signage throughout the parking lots. **I acknowledge that I am responsible for any towing fees that are incurred should a parking infraction occur.** I agree not to share my parking pass with anyone. **I further acknowledge that the Einstein School is not responsible for any damage to my vehicle or losses from my vehicle that may occur while parked on or off campus.**

*If you will be driving multiple vehicles during the school year, you must register each vehicle, but you will not get an additional decal. Only one parking decal will be issued to each student.

Name of Student (Printed)

Student Signature

Date

Name of Parent/Guardian (Printed)

Parent/Guardian Signature

Date





Einstein School ("School")
AUTHORIZATION AND PERMISSION FOR ADMINISTRATION OF MEDICATION

Student Full Name ("Student"): _____

Medication Name: _____ Time: _____ Dosage: _____

Start/End Date: _____ Allergies: _____

Does the Medication require refrigeration? Yes _____ No _____

Special Instructions:

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Prescription medication given more than 10 days, non-prescription medication given more than 4 times in a month, or non-prescription medication when dosage is more than the recommended dosage on the container require a signed physician's order for administration of the medication by the Einstein School. The Einstein School will not administer experimental medications or medication doses that exceed those approved by the US Food and Drug Administration.

All prescription medications must be brought to school in the current original container with pharmacy label intact. The label must have the student's name, name of medication, dosage, and time to be given. All over-the-counter medications must be in an unopened original container. Student's name must be written on the box/bottle, and the dosage and frequency to be given must be consistent with label instructions.

*****Medication cannot and will not be accepted in baggies or envelopes*****

PHYSICIANS: PLEASE WRITE ORDER FOR SCHOOL ADMINISTRATION

PLEASE USE A SEPARATE FORM FOR EACH MEDICATION.

Medication: _____ / _____ Trade Name / Generic Name
Dosage: _____ Time(s) to be given at School: _____
Method of Administration: ORAL: Liquid Tablet Inhaler DROPS: Eye: R L Ear: R L
TOPICAL: Apply where: _____ OTHER: _____
Effective Dates: From ____/____/____ To ____/____/____
Possible Side Effects: _____
Signs and Symptoms _____
If Medication is PRN (as needed), please specify: _____

Can Medication be Repeated? Yes No How Many Times? _____ Frequency of Administration

Does the Medication require refrigeration? Yes _____ No _____

Special Instructions:

Physician's name (print):

Physician's signature:

Phone number:

Fax number:

Date:

The Student has not experienced any side effects from the medication I am asking the School to administer. The Student does not have any allergies, medical conditions, illnesses, injuries or any other condition which could adversely affect the Student taking the medication I am asking the School to administer. I understand, if the School needs to contact the Student's physician, I may need to complete paperwork to do so, and in the meantime, I understand the School may not administer any medication. I further understand the School, in its sole and absolute discretion, may cease administration of medication to the Student for any reason at any time.

I understand any remaining medication must be picked up by me on or before the last day of school or the medication will be destroyed. I agree to provide medication and any ancillary items connected with administering medication at my expense. I will promptly notify the School of any change in the administration of this medication and will provide the school with new prescriptions and/or bottles, as well as a new Authorization and Permission for Administration of Medication. I understand that written or verbal changes to medications from me will not be accepted.

I hereby request and consent to personnel at the School administering over the counter and/or prescription medication to the Student and authorize the School to share the Student's health/medical information with appropriate personnel for purposes of educational evaluation/planning, program evaluation/planning, health assessment, planning for health care services and/or treatment, and medical evaluation or treatment by other health care providers and facilities. I acknowledge that the School is not a health care facility and that the School's personnel is comprised of non-licensed health care professionals and a nurse(s). The School has made no guarantees to me as to the qualifications of School personnel or to the School's ability to respond to any serious or emergency medical needs of Student.

In consideration of the School administering over the counter and/or prescription medication to the Student, I agree that, in the event of any injury or damage to the Student that may relate to, arise out of, or in any way concern the medication given to the Student and/or medical support to the Student, I release the School and its employees and agents from any and all liability whatsoever that may arise from any accident, injury or property loss occurring as a result of the medication given to the Student and/or medical support services provided and from any responsibility and/or liability for the acts or conduct of the Student. Further, I WILL HOLD HARMLESS AND WILL INDEMNIFY THE SCHOOL AND ITS AGENTS AND EMPLOYEES AGAINST CLAIMS, CAUSES OF ACTIONS, AND DAMAGES FOR WHICH THE SCHOOL MAY BE SUED OR BECOME LIABLE BY REASON OF SUCH INJURY OR DAMAGE, WHETHER BROUGHT BY THE STUDENT OR AGAINST THE STUDENT OR BY ANY PERSON HAVING A LEGAL INTEREST IN THE PROPERTY OR PERSON OF THE STUDENT.

Parent Name: _____

Parent Signature: _____ **Date:** _____

TAPPS PREPARTICIPATION PHYSICAL EVALUATION

STUDENT'S FULL NAME: _____ **GRADE LEVEL:** 9 10 11 12
GENDER: Male / Female **AGE:** _____ **DATE OF BIRTH:** ____/____/_____
HEIGHT: ____feet ____inches **WEIGHT:** _____ **% BODY FAT:** _____%
PULSE: _____ **BLOOD PRESSURE:** ____/____ **BRACHIAL BP WHILE SITTING:** ____/____, ____/____

In keeping with the requirements of the Texas Association of Private and Parochial Schools (TAPPS), the physical examination form must be completed prior entrance to high school and prior to athletic participation each year. The form is good for one year from the date of physician signature shown below.

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Appearance			
Eyes / Ears / Nose / Throat			
Lymph Nodes			
Heart – Auscultation of the heart in supine position			
Heart – Auscultation of the heart in standing position			
Heart – Lower Extremity Pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (Males Only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hyper mobility, or scoliosis)			
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Neck			
Back			
Shoulder / Arm			
Elbow / Forearm			
Wrist / Hand			
Hip / Thigh			
Knee			
Leg / Ankle			
Foot			
Other as noted			

*station-based examination only

Clearance:

Cleared for all participation.
 Cleared after completing rehabilitation / examination for: _____
 Not cleared for: _____ Reason: _____

Recommendations:

Provider Name: _____ Provider Address: _____

Provider Signature: _____ Date of Examination: ____/____/____



The Einstein Chargers Parent Boosters

Interests & Preferences

2024-25 opportunities are now available for Einstein families interested in joining our Parent Booster Club! Planning is underway so tell us about your special skills and talents and how you would like to be involved!

Name *

First Name

Last Name

Email *

example@example.com

Phone Number

Please enter a valid phone number.

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

What field do you work in (or know about) and which of your abilities would you like to share with Einstein?

What is your availability (Select all that apply) *

- Weekdays
- Weekends
- Mornings
- Afternoons
- Evenings

Is there anything else you would like us to know about your availability or contact information?

Once we have matched you with volunteering roles that capitalize on your strengths and preferences, we will reach out with event dates and invitations about specific ways to be involved.

Thank you! Your time, energy, and talents enrich our community!

Please list the clubs your child plans to be involved with this year. If your child has special interests that are not addressed by our current club offerings, please tell us about them here:

Would you like to hear more about our Booster Club committees before deciding? Tell us which and we will get in touch! *

- Yes, please!
- No, I know what I want to sign up for!
- I know what I want to sign up for, but I do want some more information, please!

Please select all Booster Club committees you are interested in volunteering for or learning more about! *

- | | | |
|----------------------------|---|--------------------------------------|
| Teacher/Staff Appreciation | Activity Event Organizing (e.g., bowling night) | School Event Organizing (e.g., prom) |
| Student Club Booster | Event Set Up | Event Tear Down |
| New Parent Welcome | Holiday Door Decorating | Einstein "Cookbook" Development |
| Snack Shack | Spirit Wear Store | Career Day |

Fundraising (e.g., North Texas Giving Day)

Parent Social Events

Parent Involvement Recruiting

Flower & Plant Maintenance

Misc. Inventory Assistance

Would you prefer to volunteer on campus, off-site, or both/no preference? *

In-School Activities

Off-Site Activities

Are you interested in leading/chairing one of the committees? *

Yes

No

Maybe

Are you interested in parent workshops that cover issues such as emotional intelligence, effective learning techniques, or interpersonal communication?

Yes

No

Other topic suggestions?

Would you like to offer any additional interests, ideas, or suggestions? Let us know here!

Is there anything else you would like us to know?